FOUNDATION OF THE SOCIETY FOR THE STUDY OF NEUROPROTECTION AND NEUROPLASTICITY

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10th CONGRESS OF THE SOCIETY FOR THE STUDY OF NEUROPROTECTION AND NEUROPLASTICITY

30 OCTOBER - 2 NOVEMBER 2014
Hilton Hotel | ATHENS | GREECE

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SCIENTIFIC PROGRAM

31ST OCTOBER, 2014

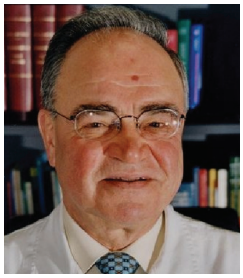
08:45 – 09:00	Welcome Address Dafin Muresanu (Romania), Natan Bornstein (Israel), Hari Shanker Sharma (Sweden)
Presidential Session	Chairperson: Dafin Muresanu (Romania), Natan Bornstein (Israel), Hari Shanker Sharma (Sweden)
09:00 – 09:30	Dafin Muresanu (Romania) The levels of endogenous neuromodulation in normal and pathological brain conditions
09:30 – 10:00	Natan Bornstein (Israel) Early mobilization following stroke
10:00 – 10:30	Hari Shanker Sharma (Sweden) Dose and time related neuroprotective effects of neurotrophic factors in concussive head injury
10:30 – 11:00	Coffee Break
Session 1	Chairperson: Antonio Federico (Italy), Stephen Skaper (Italy)
11:00 – 11:20	Michael Chopp (USA) Neurorestorative treatments of experimental TBI
11:20 – 11:40	Heinrich Binder (Austria) How neurorehabilitation benefits from cooperation among visionscience and neuroscience?
11:40 – 12:00	Mihaela Baciut (Romania) Can we control surgical nerve injury in maxillofacial surgery?
12:00 – 12:10	Discussions

Session 2	Chairperson: Michael Chopp (USA), Heinrich Binder (Austria)
12:10 – 12:30	Christian Stadler (Austria) Beyond revascularisation – comprehensive treatment of acute stroke
12:30 – 12:50	Jong S. Kim (Korea) CASTA revisited - new insights into acute stroke treatment with neurotrophic factors
12:50 – 13:10	Anca Buzoianu (Romania) A clinical-genetic algorithm for calculating the stable therapeutic dose of acenocoumarol
13:10 – 13:20	Discussions
13:20 – 14:30	Lunch
Session 3	Chairperson: Amos Korczyn (Israel), Leontino Battistin (Italy)
14:30 – 14:50	Antonio Federico (Italy) CADASIL and CARASIL: update on the clinical and molecular aspects
14:50 – 15:10	Matthias Endres (Germany) Of mice and man: Modelling post-stroke depression experimentally
15:10 – 15:30	Alla Guekht (Russia) Enhancing restoration after stroke: therapeutic approaches
15:30 – 15:40	Discussions

ESCNP Scientific Session	Chairperson: Peter Riederer (Germany), Johannes Thome (Germany)
15:40 – 16:00	Johannes Vester (Germany) Towards a multidimensional approach in clinical neuroscience research - advances and challenges
16:00 – 16:20	Stephen Skaper (Italy) Mast cells and amyotrophic lateral sclerosis: at the crossroads?
16:20 – 16:40	Amos Korczyn (Israel) The modern treatment of Parkinson's disease
16:50 – 17:20	Coffee Break
ESCNP Scientific Session	Chairperson: Matthias Endres (Germany), Alla Guekht (Russia)
17:20 – 17:40	Peter Riederer (Germany) Lack of innovation in neuropsychopharmacotherapy
17:40 – 18:00	Leontino Battistin (Italy) The non-motor Parkinson's disease; clinical and therapeutic approach
18:00 – 18:20	Johannes Thome (Germany) CLOCK genes and neuropsychiatric disorders
18:20 – 18:30	Discussions
18:30 – 19:30	SSNN and ESCNP Board Meeting
20:30	Gala Dinner

ABSTRACTS

THE NON-MOTOR PARKINSON'S DISEASE; CLINICAL AND THERAPEUTIC APPROACH



LEONTINO BATTISTIN[1]

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Non-motor symptoms (NMS) are getting more and more relevance in the management of patients with Parkinson's disease (PD) and there are now several studies that have explored their prevalence in large cohorts and their relationship with other clinical features.

Overall almost all PD patients complain of at least one NMS while the average number of NMS per patients is between 7 and 9. NMS also negatively impact on motor features as well as on quality of life. The most frequent NMS are sleep disturbances, urinary dysfunction, apathy and cognitive and behaviour alterations. Frequently NMS fluctuate and maybe responsive to dopaminergic therapy. Infusion of dopaminergic drugs (levodopa and apomorphine) helps providing continuous receptor stimulation that in turn would minimize fluctuations and also improve NMS. The rationale for favoring a continuous dopaminergic delivery instead of pulsatile regimen regards primarily the avoidance of peaks and troughs in plasma. Such therapeutic strategy may also result in economic benefits because of reduced costs for medical care, physician visits and hospitalization. Apomorphine is the most potent dopamine agonist and its administration can provide symptom relief comparable to levodopa. Intermittent subcutaneous apomorphine (penjet) are suitable for the long-term acute treatment of OFF episodes in advanced PD. Apomorphine infusion is instead an effective option for patients with PD and severe fluctuations, poorly controlled by conventional oral drug treatment, and may markedly reduce OFF-time. While the benefit on off time is consistent across all studies, dyskinesia improvement generally occurs after a few weeks or months of continuous dopaminergic stimulation as a result of wider therapeutic window. Recently benefit on non-motor symptoms has also been demonstrated particularly on mood and urinary function.

CAN WE CONTROL SURGICAL NERVE INJURY IN MAXILLOFACIAL SURGERY?

MIHAELA BACIUT[1]

Grigore Baciut[1]
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1. Department of Maxillofacial Surgery and Oral Implantology, Cluj-Napoca, Romania

2. Department of Neurosciences "Iuliu Haţieganu" University of Medicine and Pharmacy, Cluj-Napoca, Romania

A large variety of surgical procedures performed in maxillofacial surgery imply dissection in the immediate vicinity of motor (facial nerve) or sensitive (trigeminal nerve) trunks or branches. Such procedures can affect the nerve function postoperatively, with serious consequences altering the life quality of the patient.

The present study analyzes two of the dominant fields of maxillofacial surgery from this point of view, parotid tumor surgery and orthognathic surgery. With the increasing number of parotid gland tumors, this surgery has become a daily routine in our center. Various branches of the facial nerve crossing the implied region can be involved in the tumor and require surgical dissection or extirpation. Orthognathic surgery, on the other hand, is performed increasingly for correction of maxillofacial deformities. It implies osteotomies of the maxillary bones to correct their position and/or dimension in cases of maxillofacial deformities. The branches of the trigeminal nerve can suffer from intraoperative trauma or in the postoperative period.

Healing is monitored during the follow-up interval and is supposed to imply multiple mechanisms as well. Clinically, progressive improvement of the motoric dysfunctional region and anesthetized region respectively is observed.

In order to support the healing, regenerative and anti-inflammatory drugs of different categories and vitamins of the B group are administered routinely according to various protocols. Their action is controversial when considering the various regeneration mechanisms. In this regard, healing should be supported with drugs of different categories.

The present study intends to evaluate and discuss the regenerative neurological capacity in patients having undergone maxillofacial surgery procedures.

HOW NEUROREHABILITATION BENEFITS FROM COOPERATION AMONG VISIONSCIENCE AND NEUROSCIENCE

HEINRICH BINDER

Neurological Centre,
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Vienna, Austria

Knowledge of complex interdependency of retina and visual cortex has enormously proliferated since the indicative publications of Zeki and Cowey in the mid 60s. Awareness of adverse effects of retinal damages on organization of visual maps is of practical importance for visual rehabilitation just like the recognition of degenerative and adaptive retinal changes in consequence of occipital lesions. Timing and procedure of rehabilitation measurements have to consider these pathophysiological coherences.

EARLY MOBILIZATION FOLLOWING STROKE

NATAN BORNSTEIN

Stroke unit, Neurology Department of Neurology, Tel Aviv Sourasky Medical Center, Sackler Faculty of Medicine,
Tel Aviv University, Israel

Stroke can have both immediate and ongoing physical effects. Disability and mortality represent the most relevant clinical outcomes. Within 12 months of stroke, one third of stroke patients will die and another third are left with restriction in performing simple activities of daily living (ADLs). Considering the high prevalence of the disease, the burden of poststroke disability is of primary public health importance, translating to a substantial cost worldwideAny treatment that improves functional outcome can significantly reduce disability and costs, setting regaining of functional independence, defined as improvement in mobility and activities of ADL, as an important goal. Rehabilitation is nowadays recognized as a corner stone of multidisciplinary stroke care and can reduce the number of patients who are left handicapped. Comprehensive rehabilitation programs appear to improve functional recovery over standard care with respect to speed and extent of recovery.

Rehabilitation intensity depends on the status of the patient and degree of disability.. However, there is still debate regard the optimal intensity of physical therapy following stroke with conflicting results across the different studies..

The rationale behind very early mobilization

Very early mobilization (VEM) is a distinctive characteristic of care that involves starting mobilization including sitting up, getting out of bed, standing, and walking, early after stroke and continuing at frequent intervals. The exact meaning of VEM however is not well established and varies between 1 days -3 months following symptoms onset.
Previous studies have shown that induction of proteins such as neurotrophic factors is associated with neural repair within the first 2 weeks after stroke and thus, modulate greater plasticity that may restore function in the peri-infarct tissue and supplementary motor areas. This experience dependent cortical plasticity has been well documented in normal and injured brains. It may also enable the brain to better respond to rehabilitation, suggesting that efficacy of therapy may vary considerably with timeline of initiation. The interaction between plasticity and recovery is, however, complicated and individualistic, therefore it is of importance to apply the appropriate rehabilitation strategy at the appropriate time. Efforts are being made to develop more efficient rehabilitate strategies that utilize current knowledge of cortical plasticity. In addition to enhance plasticity, VEM may prevent complications carrying high risk of causing harm such as deep vein thrombosis, pulmonary embolism, contractures, infections, sores, muscle atrophy, deterioration in cardiorespiratory function. These immobility associated complications were shown to be responsible to51% of deaths In patients with cerebral infarction. In a further analysis of the stroke unit systemic review stroke unit care appeared to reduce complications of immobility, infections, in particular. Early mobilization may also have important psychological effects on patient`s motivation, well-being and quality of life.

A CLINICAL-GENETIC ALGORITHM FOR CALCULATING THE STABLE THERAPEUTIC DOSE OF ACENOCOUMAROL

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Aim: To develop and validate an algorithm for calculating the stable dose in patients diagnosed with acute deep vein thrombosis, atrial fibrillation or valvular prostheses.

Material and methods: The study included 301 patients that necessitated treatment with acenocoumarol for a prolonged time (> three months). The patients were selected from those admitted within the internal medicine, geriatric and cardiology wards of Municipal Hospital of Cluj-Napoca and the Heart Institute "Niculae Stănciou" in Cluj-Napoca, Romania, between October 2009 and December 2011. For each patient we recorded demographic, clinical and pharmacological data that could have influenced the stabile dose of acenocoumarol. The genetic analysis included genotyping the CYP2C9 gene and the VKORC1 gene. Through randomization, patients were included in the algorithm group (200 (66.4%) patients) and in the validation groups (101 (33.6%) patients).

Results: The age and body mass index were responsible for 18.8% (R2 coefficient) of the acenocoumarol weekly dose variability in patients within the algorithm group. After the inclusion of CYP2C9 and VKORC1 mutations, the R2 coefficient increased at 43.1%. For the algorithm group we calculated a mean error of -0.6 (±6.4) mg/week and a mean absolute error of 5 mg/week (0.71 mg /day). In the validation group, the clinical parameters explained 22.2% of the acenocoumarol weekly dose variability, and, after adding the genetic factors, the R2 coefficient increased at 32.8%.

Conclusion: We created and validated an adequate algorithm for the prediction of acenocoumarol therapeutic stable dose.

Key words: algorithm, CYP2C9, VKORC1

NEURORESTORATIVE TREATMENTS OF EXPERIMENTAL TBI

MICHAEL CHOPP

Distinguished Professor, Department of Physics, Oakland University, Rochester, MIVice Chairman, Department of Neurology, Henry Ford Hospital, Detroit, Michigan, USA

The pervasive focus of the treatment of traumatic brain injury (TBI) has been directed towards neuroprotection. Unfortunately, this has not resulted in clinically relevant therapy for TBI in the patient. Here, I will describe some of our work for the neurorestorative treatment of mild TBI is ubiquitous with millions of people of all ages per year experiencing a head trauma without clear evidence of tissue/cellular damage. Using a laboratory model of closed head injury in the rat, we demonstrate that these rats experience cognitive/learning dysfunction. Treatment of these rats with neurotrophic factors, instituted 1 hour after the onset of TBI significantly ameliorated cognitive / learning dysfunction and reduced APP levels. It stimulates the expression of sonic hedgehog (Shh), which plays a vital role in the developing brain, and which we have shown is a highly effective restorative agent. Shh, and thus, activate cellular expression of tissue plasminogen activator (TPA). tPA induces neurite outgrowth, and contributes to brain development. We therefore treated rats with moderate/severe controlled cortical contusion (CCI), by administering tPA intranasally, and thereby significantly improved neurological function and learning/memory in the rat. Complementing these studies, we have shown that restorative cell-based therapies promote neurological improvement by releasing exosomes (small 40-100nm) lipid particles containing microRNA, non-coding RNA. We therefore, treated CCI in the rat with exosomes derived from MSCs and thereby significantly improved neurological outcome. These studies show that a restorative focus of therapy for TBI may provide the long sought efficacy of treatment for this pervasive form of neurological injury.

OF MICE AND MAN: MODELLING POST-STROKE DEPRESSION EXPERIMENTALLY

MATTHIAS ENDRES

Professor and Chairman of the Department of Neurology, Charité, Berlin, Germany

Background: Although poststroke depression (PSD) is a frequent chronic complication of stroke with high relevance for outcome and survival, underlying pathomechanisms remain inadequately understood. This may be due to the fact that suitable animal models are largely lacking while existing models are poorly characterized.

Methods: 129/SV mice were subjected to 30 min middle cerebral artery occlusion (MCAo)/reperfusion and serial MRI scans. A subset of animals received selective serotonin reuptake inhibitor citalopram starting seven days after MCAo. Behavioral assessment was performed at 14 weeks. To identify biological correlates of PSD, we then quantified corticosterone levels in serum and BDNF levels in brain. The integrity of the mesolimbic dopaminergic system was assessed using tyrosine hydroxylase and dynorphin in situ hybridizations as well as dopamine transporter autoradiography.

Results: Left, but not right, MCAo, elicited anhedonia, increased anxiety and despair. This depression-like syndrome was associated with alterations in the mesolimbic reward system. MCAo resulted in delayed degeneration of dopaminergic neurons in ipsilateral midbrain, which was accompanied by reduced dopamine concentrations and decreased levels of dopamine transporter density along with increased BDNF protein levels in ischemic striatum and increased dynorphin mRNA expression in nucleus accumbens. Chronic antidepressant treatment initiated as late as seven days after stroke reversed the behavioral phenotype, prevented degeneration of dopaminergic midbrain neurons and attenuated striatal atrophy at four months.

Conclusions: Our results highlight the importance of the dopaminergic system for the development of PSD. Prevention of secondary neurodegeneration by antidepressants may provide a novel target for subacute stroke therapy.

Kronenberg G, Gertz K, Heinz A, Endres M. Of mice and men: modelling post-stroke depression experimentally. Br J Pharmacol 2014; epub

Kronenberg G, Balkaya M, Prinz V, Gertz K, Ji S, Kirste I, Heuser I, Kampmann B, Hellmann-Regen J, Gass OP, Sohr R, Hellweg R, Waeber C, Juckel G, Hörtnagl U, Stumm R, Endres M. Exofical dopaminergic degeneration as antidepressant target in mouse model of poststroke depression. Biol Psychiatray 2012; 72:273-281

CADASIL AND CARASIL: UPDATE ON THE CLINICAL AND MOLECULAR ASPECTS

ANTONIO FEDERICO

Dept Medicine, Surgery and Neurosciences, Medical School, University of Siena, Italy

We will report our experience in the clinical and molecular findings of two genetic small vessel brain pathologies, CADASIL (Cerebral autosomal dominant arteriopathy with subcortical infarts and leucoencephalopathy) and CARASIL (Cerebral autosomal recessive arteriopathy with subcortical infarts and leucoencephalopathy), the first related to Notch 3 mutation, the second to HtrA serine protease 1 (HTRA1) gene mutation.

We will stress the major clinical presentation, the neuroimaging findins and the secondary clinical aspects that may help in the clinical suspicion and diagnosis and the possible differences between the two forms and the differential diagnosis with the other known genetic small vessels diseases.

Main clinical and biological findings in CADASIL and CARASIL

	CADASIL	CARASIL
Onset (years)	40–50	20–30
Clinical features	Migraine, TIA/strokes, psychiatric disorders, cognitive impairment	Cerebrovascular disturbances and strokes (gait and cognitive deficits)
Additional signs	–	Arthropathy, lumbago, spondylosis *deformans*, disc herniation and alopecia in some cases
Inheritance	Autosomal dominant	Autosomal recessive
Cerebral MRI	Involvement of temporal lobe and/or externe capsules	White matter lesions in the periventricular and deep white matter, with sparing of U-fibres.
Gene	*NOTCH3* (chromosome 19q12)	*HTRA1* (chromosome 10q26)
GOMs	+	–

We will report some epidemiological data on the genetic aspects mainly of the CADASIL, for which we are collected data belonging from more than 200 families.

Finally we will report some data on the pathogenesic mechanisms of the primary genetic disorder and the small vessel functions.

ENHANCING RESTORATION AFTER STROKE: THERAPEUTIC APPROACHES

ALLA GUEKHT

Moscow Research and Clinical Center for Neuropsychiatry & Russian National Research Medical University, Russia

For the last decades there has been substantial growth in the number and quality of experimental, translational and clinical studies looking at improving recovery and restoration of patients. Animal studies suggest that post- stroke recovery may be enhanced by a number of compounds with an impact on brain plasticity. The combination of these compounds with rehabilitative training looked promising.

Biologic plausibility has been shown for the noradrenergic agonists, implicating norepinephrine as a neurochemical mediator of recovery; drugs decreasing noradrenergic activity impair recovery. Amphetamine induced physiological or structural changes in the brain that may be relevant to recovery, for instance, sprouting and synaptogenesis and facilitate long-term potentiation. However, the effectiveness of amphetamine combined with physiotherapy varies across clinical trials. The "gold standard" therapy for Parkinson's disease, was evaluated in stroke as another pharmacological intervention that affects the norepinephrine system; some clinical studies suggest that it can be recommended in conjunction with exercise therapy to improve the functional outcome in stroke rehabilitation.

Selective serotonin reuptake inhibitors (SSRIs) have been in use for many years for the treatment of mood disorders. Animal studies have shown that SSRIs may have other direct effects on the brain, such as encouraging the neurogenesis. Recently published Cochrane review found promising clinical evidence that SSRIs might improve recovery after stroke, even in patients who were not depressed. Large trials are now needed to confirm or refute these findings.

The NMDA receptor antagonist, has been proved to stabilize progression of in vascular dementia compared with placebo; placebo-controlled study of memantine for enhanced stroke recovery is ongoing.

Another ongoing study (ARTEMIDA) evaluates the efficacy and safety of Actovegin for the symptomatic treatment of post-stroke cognitive impairment and explores whether the drug has any disease-modifying effect; other stroke-related outcomes are also analysed.

Cerebrolysin is a peptide preparation with neurotrophic activity demonstrated in various models in vitro and in vivo. It increased levels of NGF in the neocortex and hippocampus. Results of the CARS - a large prospective, randomized, placebo-controlled, multicenter trial on the impact of neurotrophic factors on stroke recovery – are expected soon.

Further studies of compound enhancing recovery of stroke survivors are needed. Proven efficacy and safety of these medications in the vulnerably stroke patients is important.

CASTA REVISITED – NEW INSIGHTS INTO ACUTE STROKE TREATMENT WITH NEUROTROPHIC FACTORS

JONG S. KIM

Department of Neurology, Asan Medical Center, Seoul, South Korea

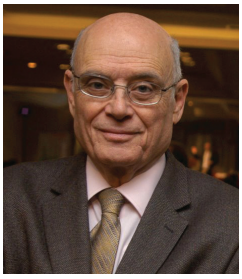
Cerebrolysin is a neuropeptide agent which mimics the action of endogenous neurotrophic factors. Experimental studies using animal stroke models have shown that the neurotrophic factors stabilizes the structural integrity of cells by inhibition of calpain and reduces the number of apoptotic cells. Stroke-induced neurogenesis in the subventricular zone was also promoted by cerebrolysin, thus supporting the brain's self-repair mechanism after stroke. A previous, large clinical trial (CASTA) examining the efficacy of cerebolysin on the functional improvement of stroke patients provided negative results. However, a post-hoc analysis of patients with the initial NIHSS >12, showed a minor but significant superiority in the changes of NIHSS score in patients who received neurotrophic factors.

Recently, early mobilization and rehabilitation therapy are considered an important strategy for the recovery of stroke patients. We hypothesized that neurotrophic factors may have a synergistic effect on the recovery of stroke patients when it is combined with early rehabilitation therapy. To examine this issue, we re-analyzed the patients from centers in which the hospital policy includes encouragement of early mobilization and rehabilitation therapy for stroke patients. Patients from South Korea (n=16) and Hong Kong (n=3) were enrolled in this way. Because patients with early, rapid improvements do not need rehabilitation therapy, we included 15 patients whose mRS was 2-5 at day 5. For the functional outcome, the changes of mRS and Barthel index during the study period were assessed.

We first compared the patients who received rehabilitation (n=11) and those who did not (n=4). The mRS change was -0.82 (±1.1) in the former group and 0.5 (±1.3) in the latter group (p=0.07). Barthel index change was 30 (±22.6) vs. 16.3 (±23.2) (p=0.32). Next, patients who received neurotrophic factors (n=5) were compared with those who did not (n=10). The mRS change was -1.4 [±1.52] vs. 0 [±0.82] (p=0.76), and the Barthel index change was 39.0 [±24.6] vs. 20.0 [±20.0] (p=0.03). Third, we compared the patients who received both neurotrophic factors and rehabilitation, those receiving either neurotrophic factors or rehab, and those who received none of them. The mRS change was -2.00 [±0.82], 0.00 [±0.54], and 0.33 [±1.53], respectively (p=0.004), and the Barthel index change was 48.8 [±13.2], 16.7 [±19.6] and 21.7 [±25.2], respectively (p=0.06). Finally, we analyzed patients from one of the Chinese centers where there was no rehabilitation policy or facility. Twenty-nine patients were enrolled whose mRS was 2-5 at day 5. When the patients who received neurotrophic factors (n=15) were compared with those who did not (n=14), the mRS change was -1.9 [±1.6] vs. -1.1 [±1.7] (p=0.17), and the Barthel index change was 18.3 [±24.2] vs. 35.0 [±29.9] (p= 0.11).

Our results demonstrated that in centers where early mobilization and rehabilitation are administered, neurotrophic factors showed marginal benefit, and that the efficacy became more obvious when neurotrophic factors was combined with rehabilitation. On the other hand, the neurotrophic factors were not effective in patients from a center where rehabilitation was not performed. Our data have limitations in that this is a post-hoc analysis on a small number of patients. Therefore, the results are not adequately powered. Nevertheless, our results suggest that neurotrophic factors may have synergistic effect in relatively severe patients who undergo early rehabilitation therapy. Large clinical trials may be needed that enroll appropriate patients (i.e., relatively severe cases) from appropriate centers (i.e., centers having a policy for early mobilization and rehabilitation therapy.)

THE MODERN TREATMENT OF PARKINSON'S DISEASE



AMOS KORCZYN

The Sieratzki Chair of Neurology, Sackler School of Medicine

Tel-Aviv University, Ramat-Aviv, Israel

Since the discovery that levodopa can ameliorate the symptoms of Parkinson's disease (PD), there have been extensive discussions about its long-term safely and possible adverse effects. Among the additions to the armamentarium, dopamine agonists have a central role. Although these drugs are efficacious, they are less potent that levodopa and have their own list of adverse events. Other agents including amantadine, memantine, selegiline and rasagiline, play a secondary role. However, all these therapies address mainly the motor impairment and do not contribute to other issues which the patients face.

In advanced stages of PD, the motor symptoms need special attention. These include apomorphine injections, intraduodenal levodopa administration and subthalamic electrical stimulation. Each of these will be discussed.

Nevertheless, it becomes increasingly recognized that PD patients suffer from important nonmotor problems. These include affective, cognitive and autonomic dysfunctions. Each of these should be identified and treated.

THE LEVELS OF ENDOGENOUS NEUROMODULATION IN NORMAL AND PATHOLOGICAL BRAIN CONDITIONS

DAFIN F. MURESANU

Chairman
Department of Clinical Neurosciences,
"Iuliu Hatieganu" University of Medicine and Pharmacy,
Cluj-Napoca, Romania

This presentation briefly reviews some of the mechanisms involved in the pathogenesis of neurological diseases, i.e. damage mechanisms, and their interactions and overlap with protection and reparatory processes (i.e., endogenous defense activities). A relationship between damage mechanism (DM) and endogenous defense activity (EDA) regarding therapy principles will also be described.

Currently, it is difficult to find the correct therapeutic approach for brain protection and recovery, especially because we do not fully understand all of the endogenous neurobiological processes, the complete nature of the pathophysiological mechanisms and the links between these two categories. Moreover, we continue to use a simplistic and reductionist approach in this respect.

Endogenous neurobiological processes, such as neurotrophicity, neuroprotection, neuroplasticity and neurogenesis, are central to protection and recovery and represent the background of EDA.

The biological reality of the nervous system is far more complex. In fact, there is an endogenous holistic process of neuroprotection and neurorecovery that should be approached therapeutically in an integrated way.

The current tendency to exclusively frame drug activity in terms of single mechanisms and single focus effect might distract from other paradigms with greater explanatory power and hinder the development of more effective treatment strategies. A change of concept is required in pharmacological brain protection and recovery. This presentation will also highlight some prospective considerations including an integrated pharmacological approach, focusing on drugs with multimodal activity and pleiotropic neuroprotective effect which are biological drugs, rather than single mechanism drugs, which usually are chemical drugs.

The development of the concept of brain protection and recovery in stroke will be also highlighted. Relevant clinical trials in the field will be commented as well.

LACK OF INNOVATION IN NEUROPSYCHOPHARMACOTHERAPY

PETER RIEDERER

University Hospital, Center of Mental Health, Clinic and Policlinic for Psychiatry, Psychosomatics and Psychotherapy, Wuerzburg, Germany

Neuropsychiatric disorders are the most frequent ones belong to the most cost intensive diseases. Dementias, Parkinson's disease, stroke, depression, alcohol- und drug dependences to mention only a few all are devastating disorders which need much better pharmacotherapeutic strategies than currently available. Therefore it is surprising and it cannot be overlooked that there is lack of innovation in the development of CNS-medical drugs. The crisis in neuropsychopharmacotherapy is based on several reasons:

(1) lack of innovation due to non existing validated targets and biomarkers due to multiple genetic and molecular cell death mechanisms causing sporadic neuropsychiatric disorders, heterogeneous instead of homogeneous groups of patients in clinical protocols, lack of suitable experimental models

(2) increasing evidence for more bureaucratic hurdles and drug permission postulates with legally sanctioned regulations and modifications for drug prescriptions all leading to limitations in planning safeties for drug developing industries

(3) there is an enormous crisis in the public for the acceptance of psychopharmacological treatment strategies

(4) there is a burden of costs in the medical services budgets

(5) there is missing flexibility in the drug developing companies to rethink strategies for drug development as there is accumulating evidence from experimental work and clinical need for multifunctional medicine drugs instead of selective/specific drugs.

These complicated issues can be solved only in close interaction between regulatory authorities, drug developing companies, clinicians and lay organizations.

DOSE AND TIME RELATED NEUROPROTECTIVE EFFECTS OF NEUROTROPHIC FACTORS IN CONCUSSIVE HEAD INJURY

HARI SHANKER SHARMA[1]
Dafin Fior Muresanu[2], José Vicente Lafuente[3], Ranjana Patnaik[4], Z Ryan Tian[5], Herbert Mössler[6], Aruna Sharma[1]

1. Laboratory of Cerebrovascular Research, Institute of Surgical Sciences, Department of Anesthesiology & Intensive Care, University Hospital, Uppsala University, SE-75185 Uppsala, Sweden,

2. Dept. of Clinical Neurosciences, University Hospital, University of Medicine & Pharmacy, Cluj-Napoca, Romania

3. Dept of Neurosciences, University of Basque Country, Bilbao, Spain

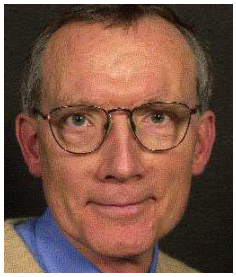
4. Dept. of Biomaterials, School of Biomedical Engineering, Indian Institute of Technology, Banaras Hindu University, Varanasi-221005, India

5. Dept. Chemistry & Biochemistry, University of Arkansas Fayetteville, AR, USA

Concussive head injury (CHI) often seen in military or sports personnel is a serious clinical situation causing lifetime disabilities leading to a huge financial burden on the society. Thus, new efforts are needed to explore novel therapeutic strategies to treat CHI cases to enhance quality of life of CHI victims. Since CHI is well known to alter endogenous balance of amino acid neurotransmitters in the central nervous system (CNS), a possibility exists that restoring the balance in CHI using therapeutic measures could benefit the patients. In this investigation we used a multimodal drug that is a well balanced composition of several neurotrophic factors and active peptide fragments in exploring its effects on CHI induced alterations in key excitatory (Glutamate, Aspartate) and inhibitory (GABA, Glycine) amino acids in the CNS in relation brain pathology in a dose and time related manner. CHI was produced in anesthetized rats by dropping a weight of 114.6 g over the right exposed parietal skull from a distance of 20 cm height (0.224 N impact) and blood-brain barrier (BBB), brain edema, neuronal injuries and behavioral dysfunctions were measured 8, 24, 48 and 72 h after injury. It was administered (2.5, 5, 10 or 20 ml/kg, i.v.) after 4 to 24 h following injury. Our observations show that CBL induced a dose dependent neuroprotection in CHI (5 to 10 ml/kg) and also improved behavioral functions. Interestingly when CBL is delivered through TiO2 nanowires superior neuroprotective effects were observed in CHI even at a lower doses (2.5 to 5 ml/kg). These observations are the first to demonstrate that CBL is effectively capable to attenuate CHI induced brain pathology and behavioral disturbances in a dose dependent manner, not reported earlier.

Key words: Concussive head injury, head injury in military, blood-brain barrier, brain edema, neuronal injury, glutamate, aspartate, glycine, GABA, neuroprotection.

MAST CELLS AND AMYOTROPHIC LATERAL SCLEROSIS: AT THE CROSSROADS?

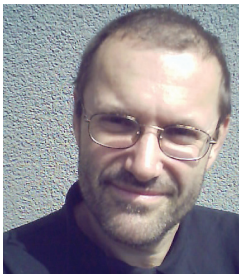


STEPHEN D. SKAPER

Department of Scienze del Farmaco, Università degli Studi di Padova, Italy

Amyotrophic lateral sclerosis (ALS), the most prevalent type of motor neuron disease, is characterized by a progressive dysfunction and degeneration of both upper and lower motor neurons. Neuroinflammation is an important aspect of pathology in ALS. There is a marked activation or proliferation of both microglia and astrocytes at specific disease stages in mouse models of ALS and in humans, and impairment of all neurovascular unit components including the blood-brain barrier (BBB) and blood-spinal cord barrier. In addition, immune effector meningeal mast cells can regulate BBB and blood-spinal cord barrier function and promote entry of lymphocytes, neutrophils and mast cells themselves when the barrier is compromised (ischemia, ALS). Activated, interleukin(IL)-17-expressing mast cells are found in spinal cord of ALS patients. Mast cell/T regulatory lymphocyte interaction can increase IL-6 production by the former, promoting activity of Th17 lymphocytes. IL-15 and IL-12 are elevated in serum and cerebrospinal fluid of ALS patients, and IL-15 is a mast cell chemoattractant, while mast cells are an important source of IL-12. IL-12 up-regulates expression of mast cell Toll-like receptor (TLR)2/TLR4 and proteinase-activated receptor-2, emerging targets for neuroinflammation. TLR2 and TLR4 on mast cells and microglia respond to the high mobility group box 1 protein found elevated in spinal cord of ALS patients. Likewise, microglia-released IL-6 and chemokine CCL5 could affect TLR2/TLR4 expression on mast cells to up-regulate chemokines which induce a pro-inflammatory profile in microglia. Given that ALS patients frequently experience neuropathic pain, and that a transgenic mouse ALS model develops peripheral nerve inflammation, it is conceivable that mast cells play a role also here.

BEYOND REVASCULARISATION – COMPREHENSIVE TREATMENT OF ACUTE STROKE



STADLER CHRISTIAN

Klinikum Klagenfurt am Wörthersee, Department of Neurology, Klagenfurt, Klagenfurt am Wörthersee, Austria

Revascularisation intravenously and by thrombectomy today is successful in up to 80% of acute stroke patients. Treatment on dedicated stroke units leads to significant reduction of morbidity and morbidity by applying simple principles of handling of a handful of parameters. But it is increasingly evident that improvement of functional outcome is much harder to achieve and dependent at least on cerebral resilience to damage, ability to start endogenous repair early and in appropriate intensity and soft skills as motivation and ability to re-learn. Procedure dependent factors like reperfusion injury after revascularisation are also not to be neglected. Therefore we must look for further treatment option to cover all these needs. These must not interfere with established treatment such as rt-PA or must not interfere with blood pressure regulation or incur metabolic drawbacks. Safety is paramount. They should also compensate for unfavorable genetic polymorphism and should support endogenic known mechanism to counter apoptosis or foster repair. As many different pathway exists to these ends the sought for treatment should ideally cover many or most of these.
There is such a candidate preparation that has the ideal profile to cover those mentioned needs and could close the gap between revascularization and functional outcome in patients with moderate to severe ischemic stroke. Experience with this preparation signals which pattern of stroke is the most promising to conduct run home studies in efficacy whereas safety issus are already ticked off the agenda.

We will present the pertinent concepts, data and patterns in the seeting af comprehensive acute phase treamnet of ischemic stroke.

CLOCK GENES AND NEUROPSYCHIATRIC DISORDERS

JOHANNES THOME

University of Rostock, Germany

While the importance of circadian rhythms in neurology and psychiatry has been well known for quite a while, the exact underlying cellular and molecular mechanisms and their contribution to the pathophysiology of conditions such as dementia, psychoses and affective disorders is little understood. Interestingly, CLOCK genes act as "rhythmic" transcription factors on the regulatory unit of a plethora of other genes whose products closely interact with external factors (i.e. zeitgebers). Thus, the circadian system is a prototypical example for gene-environment interaction (between CLOCK genes and zeitgebers) whose disturbance can lead to grave consequences regarding the functioning of the brain.
Therefore, it seems likely that CLOCK genes are involved in pathophysiological cascades of a variety of neuropsychiatric conditions.
Further research in this area may, thus, lead to improved diagnosis, prevention as well as therapy.

TOWARDS A MULTIDIMENSIONAL APPROACH IN CLINICAL NEUROSCIENCE RESEARCH - ADVANCES AND CHALLENGES

JOHANNES VESTER

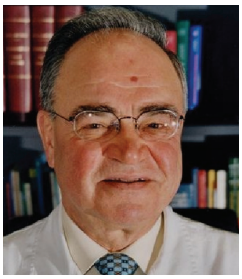
Department of Biometry and Clinical Research, IDV Data Analysis and Study Planning, Krailling, Germany

The multivariate strategy is expected to become a key development in Neurosciences clinical research, opening up new horizons for treatment concepts and disease management.

In the past, many confirmatory trials in neurosciences failed due to adherence to a single outcome approach. Multidimensional analysis opens a completely new direction for clinical and statistical thought in neurosciences, which is perhaps much closer to the complicated reality of recovery from a nervous system injury than the previous "one-criterion paradigm" of clinical trials. It is thus fortunate that adequate multivariate data analysis procedures are now available that are appropriate for the multidimensional concept. These procedures are robust with respect to every data situation and highly efficient with multiple target criteria. Furthermore, these procedures produce easily interpretable results (global test as well as global treatment effect).

Examples from the literature and current multivariate study designs in neurosciences are discussed and their implications related to future developments.

CURRICULUM VITAE



LEONTINO BATTISTIN
/ITALY

Graduated in Medicine at the University of Padova Medical School in 1963; Specialist in Neurology in 1967. During the years 1967-1970 he was Research Fellow at the Institute for Neurochemistry, Columbia University, New York, USA.

Full Professor of Neurology from 1980 and then Director of the Department of Neurosciences of the Medical School of the University of Padova from 1989 to 2009. He is the Scientific Director of the Research Hospital for Neurorehabilitation, IRCCS San Camillo, Venice, from 2005.

He has been member of the Executive Council of the Italian Society of Neurology and the President of the Italian Society for Parkinson's Disease; he is member of the Executive Committee on Extrapiramidal Disorders and of the one on Dementia of the World Federation of Neurology and Chairman of the Research Group for Organization and Delivery of Neurological Services; he has been Vice-President for Europe of the World Federation of Neurology during the years 2001-2005, and he is the President of the European Society for Clinical Neuropharmacology during the years 2000-2008; he is a member of numerous International Scientific Societies, and Fellow of the American Academy of Neurology. He is also a member of the Editorial Board of international journals of neuroscience and clinical neurology.

He has organized various International Symposia on specific themes of neuroscience; he was also the President of the 11th World Congress on Parkinson's Disease that was held for the first time in Italy in 1994.

He has published more than 250 papers in various international and national journals and edited ten volumes on specific arguments of neurology; his main scientific interests have always been cerebral metabolism and function expecially in degenerative diseases of the nervous system, like Parkinson's and Alzheimer's disease, as well as in cerebrovascular diseases and in neurorehabilitation.

MIHAELA BACIUT
/ROMANIA

Professor, Department of Maxillofacial Surgery and Implantology,
Faculty of Dental Medicine, „Iuliu Hatieganu" University of Medicine and Pharmacy Cluj-Napoca, Romania

UNIVERSITY STUDIES

Faculty of Dental Medicine and Faculty of Medicine, „Iuliu Hatieganu" University of Medicine and Pharmacy Cluj-Napoca

POSTGRADUATE SPECIALIZATION

Oral and maxillofacial surgery

POSTGRADUATE TRAINING

Oral Implantology, 1994, Microsurgery, 1994, International Cancer Management Course, 1998, Competence course in maxillo-dental radiodiagnostic, Ultrasonography, Orthognathic surgery, Laserotherapy, Cleft surgery and management

SCIENTIFIC AND PROFESSIONAL SOCIETIES

Founding member of the Romanian Society of Reconstructive Microsurgery
Vicepresident of the Romanian Society of Oral and Maxillofacial Surgery (SRCOMF)
• Member: Romanian Society of Angiology and Vascular Surgery 1991, International Association of Oral and Maxillofacial Surgeons (IAOMS) 1994, European Association of Cranio-Maxillofacial Surgery (EACMFS) 1994, Association of Transylvanian Dermatologists 1996, Romanian Society of Plastic and Esthetic Surgery 2001, Romanian Society of Ultrasonography in Medicine and Biology 1998, Romanian Society of Oral Implantology and Biomaterials 2000, Romanian Society of Lasers in Dentistry 2003

SCIENTIFIC ACTIVITY

- Scientific articles and studies - 190 papers
- Books and textbooks - 10 books authored and coauthored
- Papers communicated in conferences – 71 papers

OTHER PROFESSIONAL ACTIVITIES

Member of the Editorial Board Journal of Cranio-Maxillofacial Surgery – the official journal of the European Association of Cranio-Maxillofacial Surgery
Member of the editorial boards:

- Dento-Medica (Sibiu, Romanian – French Dental Association, "Victor Papilian" Faculty of Medicine 1996)
- Quo Vadis (Cluj-Napoca, Humanitarian Foundation "Hipocrate" 1997)
- Romanian Journal of Ultrasonography 1999
- Transilvania Stomatologică 2001

DOMAINS OF RESEARCH AND INTEREST

- Neuroregeneration and neuroplasticity of cranial nerves
- Stem cell based regeneration
- Craniofacial surgery of complex congenital malformations
- Orthognathic surgery of facial deformities and asymmetry
- Oral implantology
- Biomaterials
- Medical rapid prototyping and medical imaging to optimize healthcare systems
- Craniofacial bone reconstruction and regeneration
- Osteogenesis using callus distraction
- Lasertherapy
- Craniofacial ultrasonography

Research projects – national and international - 22

HEINRICH BINDER
/AUSTRIA

EDUCATION:

1965 - 1972	Faculty of Medicine at the University Vienna MD since (promotion on) 1972, June 6th
1972 - 1978	University Hospital for Neurology, graduated in Medical Specialist for Neurology and Psychiatry
9/1982	Docent for neurology, a title corresponding to PhD
since 1988	Professor for Neurology, University Vienna founding member of the Austrian Society for Neurorehabilitation
5/1989	Head of the Neurological Hospital "Maria Theresien-Schlössel"
1994-2007	Head of Ludwig Boltzmann Insitute for Restorative Neurology and Neuromodulation
Since 2008	Deputy Head of Landsteiner Institute for Neurorehabilitation and Space Medicine
since 2002	Head of the Neurological Center, Otto Wagner Hospital, Vienna. Main focus: Patients with severe neurological/ neuropsychological deficits and invasive neurorehabilitation methods

currently
President of
- Austrian Society for Neurorehabilitation (OEGNR)
- European Federation NeuroRehabilitation Societies (EFNRS)

Member of
- Management Committee of the World Federation NeuroRehabilitation (WFNR)
- Managing Board of the International Danube Symposium
- Editorial Board of "Journal of Medicine and Life":

Chairman of
- Special Interest Group/WFNR "Spinal Cord Injury"
- Special Interest Group/WFNR "Early Rehabilitation"
- Scientific panel/EFNS "Brain recovery and Rehabilitation"
- Special Branch / International Danube Symposium: "NeuroRehabilitation"

Main topic of research: Neurorehabilitation, brain injury, spinal cord injury, vegetative state/ apallic syndrome (more than 140 publications)

NATAN BORNSTEIN
/ISRAEL

EDUCATION

1970-73	University of Sienna, Medicine, Sienna, Italy
1973-79	Technion Medical School, Hifa, Medicine, MD, 1979

Date of receiving specialixation certificate: 11 September, 1984
Title of Doctoral dissertation: Dextran 40 in acute ischemic stroke
Name of Supervisor: Dr. Jacob Vardi

FURTHER EDUCATION

1978-83	Tel-Aviv University, Sackler Faculty of Medicine, neurology (residence), Israeli Board certified in Neurology, 1983
1979-83	Tel-Aviv University, Sackler Faculty of Medicine, Post graduate studies in Neurology
1984-87	Sunnybrook Medical Center, University of Toronto, M.R.C stroke, Fellowship

ACADEMIC AND PROFESSIONAL EXPERIENCE

1982-1995	Tel-Aviv University, Neurology, instructor
1991-present	European stroke Conference (ESC), Executive committee
1995-1999	Tel-Aviv University, Neurology, Senior lecturer
1995	Eliprodil CVD 715 clinical trial, Steering Committee
1995-1997	International Stroke Study (IST), Steering Committee
1995-1999	American Academy of Neurology, Member of the International Affairs Committee
1996	Asymptomatic Carotid Stenosis and Risk of Stroke(ACSRS), Advisory Committee
1996-present	The Mediterranean Stroke Society (MSS), President
1996-2002	EFNS, Management Committee
1997-2009	Israeli Neurological Association, Secretary
1999-present	Tel-Aviv University, Neurology, Associated Professor
2001- present	European Society Neurosonology and Cerebral Hemodynamics (ESNCH) Executive committee
2005-present	Neurosonolgy Research Group, Executive committee
2006-present	European Master in Stroke Medicine, Member of faculty
2006-2008	NEST II clinical Trial, Steering Committee
2006-present	SENTIS clinical Trial, Steering Committee
2006-present	CASTA Trial, Steering Committee
2006-present	Brainsgate clinical Trial, Steering Committee
2008- present	World Stroke Association (WSO), Vice president
2009-present	Israeli Neurological Association, Chairman
2009-present	European Stroke Organization (ESO), Member on the board of directors
2010-present	NEST III clinical Trial, Steering Committee

PROFESSIONAL ACHIEVEMENTS- EDITORIAL BOARD

1991-present	Neurological Research Journal, Guest Editor
1991-present	STROKE, Member of the editorial board
1998-present	European Journal of Neurology, Member of the editorial board
1999-present	Journal of Cerebrovascular disease, Member of the editorial board
2000-present	Journal of Annals of Medical Science, Consulting Editor
2001-present	Journal of Neurological Science (Turkish), Member of the editorial board
2001-present	Acta Clinica Croatica, Member of the editorial Counsil
2003-present	Italian Heart Journal, International Scientific Board
2003-present	Journal of Neurological Sciences, Guest Editor
2004-present	Turkish Journal of Neurology, International Advisory Board
2005-present	Archives of Medical Sciences (AMS) , Member of the Editorial Board
2006-present	Journal of Cardiovascular Medicine, International Scientific Board
2006-present	International Journal of Stroke, Editorial Board
2006-present	Acta Neurologica Scandinavica, Editorial Board
2009-present	American Journal of Neuroprotection& Neurogeneration (AJNN) Member of the Editorial Board
2010-present	Neurosonology, International Editorial Board
	Frontiers in Stroke, Review Editor

PROFESSIONAL ACHIEVEMENTS- REVIEWER

1998-present	Lancet, Ad Hoc reviewer
1998-present	Diabetes and its complications, Ad Hoc reviewer
1999-present	Journal of Neuroimaging, Reviewer
1999-present	Journal of Neurology, Ad Hoc reviewer
2000-present	Neurology, Ad Hoc reviewer
2003-present	Israeli Medical Association Journal (IMAJ), Reviewer
2003-present	Acta Neurologica Scandinavica, Ad Hoc reviewer
2006-present	Journal of Neurology, Neurosurgery & Psychiatry, Reviewer
2010-	European Neurology, Ad Hoc reviewer

MEMBERSHIP IN PROFESSIONAL SOCIETIES

1977-present	Israeli Medical Association
1983-present	The Israeli Neurological Association
1985-present	Stroke Council of the American Heart Association (Fellow)
1986-present	American Academy of Neurology
1986-present	Neurosonology Research Group of the World Federation of Neurology
1987-present	Stroke Research Group of the World Federation of Neurology
1990-2008	International Stroke Society
1995-2008	European Stroke Council
1995-present	Mediterranean Stroke Society (MSS)
1998-present	European Neurosonology Society
2005-present	World Stroke Organization (WSO)
2008-present	Fellow of the European Stroke organization (FESO)

ANCA BUZOIANU
/ROMANIA

Anca Dana Buzoianu, MD, PhD, is Professor of Clinical Pharmacology, Senior Clinical Pharmacologist, Senior Pediatrician, Dean of the Faculty of Medicine, University of Medicine and Pharmacy "Iuliu Hatieganu" Cluj-Napoca, President of the Romanian Association of the Medical School's Deans, General Executive Secretary of the Romanian Society for Pharmacology, Therapeutics and Clinical Toxicology. She is also member of 8 scientific international Societies, and 4 national one.

Postgraduate specialization. Professor Anca Buzoianu is senior clinical pharmacologist and also senior pediatrician. She is the Head of the Department of Pharmacology at Medical Faculty of Cluj, and the leader of a dynamic research team of the department, and member of the Neuroscience Research Center of the Iuliu Hatieganu University of Cluj-Napoca. Professor Anca Buzoianu and her colleagues are actually involved in Pharmacogenetics studies regarding the metabolizing status of some drugs such the oral anticoagulants, antiepileptic drugs, biologic products etc. Other research themes are the therapeutic approach of multiple sclerosis and stroke, pharmacogenetics of the drugs used in dermatological diseases, the effects of some new compounds in pain and inflammation etc. Professor Buzoianu has conducted 8 national grants, 1 international educational project and participated in the research team in another 16 research projects.

Professor Buzoianu has a valuable expertise in Academic Leadership and Management, also in the Management of the Health Care System (Master in the Health Care Management 2009), and in the Quality Assurance evaluation process, being evaluator for the Higher Education for several years. She is President of the Clinical Pharmacology and Toxicology Committee of the Romanian Health Ministry, President of the Pharmacology Committee of the Romanian Physician College, member of the Institutional Evaluation Committee of the Romanian Agency for Quality Assurance in Higher Education.

Scientific and professional societies

- CIDMEF – Conference Internationale de Doyens et de Facultes de Medicine d'Expresion Francaise - member de Bureau Permanent,
- European Association of Clinical Pharmacology and Therapeutics,
- International Association for Medical Education,
- International Association of Medical School,
- The Society for the Study of Neuroprotection and Neuroplasticity
- European College of Neuropsychopharmacology
- International Advisory Board - European Society of Clinical Neuropharmacology
- Balkan Medical Union.
- Romanian Association of the Medical Faculties Deans - president
- General Executive Secretary of the Romanian Society for Pharmacology, Therapeutics and Clinical Toxicology
- Romanian Association for the Study of Pain
- Romanian Society of Addiction and Pharmacovigilence,

Scientific activity

- Articles and studies - 80 papers indexed ISI and in other international data bases
- Books and chapter in books - 12

Prizes
Professor Anca Dana Buzoianu has been honored with the "Victor Papilian" prize of the Cluj Medical Faculty in 2006 for her first volume of "Pharmacology" textbook. In 2007 she received the great "Iuliu Hatieganu" Award for her contribution to the development of a novel domain of academic learning in the frame of the Doctoral School.

In 2011 Professor Anca Dana Buzoianu has received the honorary medal of the National Council of the Physicians of the National Order of Doctors de France
In 2012 Professor Buzoianu Anca has been honored with the Excellence Award for Academic Management - "Dean of the year" with the occasion of the "Health Gala" - offered by the Romanian Ministry of Education and Health Ministry

In 2013 she won again the great Prize "Iuliu Hatieganu" of the University of Medicine and Pharmacy for her contribution for the obtaining of the quality certificate "Label CIDMEF" by the Medical Faculty of Cluj-Napoca.

MICHAEL CHOPP
/USA

Michael Chopp, PhD, joined the Henry Ford Health System in Detroit in 1983. He was appointed Vice Chairman for Research of the Department of Neurology in 1991, Scientific Director of the Henry Ford Neuroscience Institute in 1999, and is the Zoltan J. Kovacs Chair in Neuroscience Research. Dr. Chopp is also Distinguished Professor of Physics at Oakland University in Rochester, MI.

He received his MS and doctorate degrees in Mathematical and Solid State Physics from New York University. After nearly 10 years of working as a Physicist and as a Professor of Physics, Dr. Chopp made a career change and turned his interest to translational research in neuroscience Dr. Chopp's research has primarily focused on: 1) cellular and molecular biology of ischemic cell injury, 2) the pathophysiology of stroke, traumatic brain injury, peripheral neuropathy, multiple sclerosis, and glioma, 3) combination thrombolytic and neuro and vascular protective therapies for stroke, 4) mechanisms of neuroprotection, 5) cell-based and pharmacological neuro-restorative therapies for stroke, traumatic brain injury and neurodegenerative disease, 6) molecular and cellular mechanisms underlying neurogenesis and angiogenesis and the induction of brain plasticity leading to functional and behavioral recovery after neural injury, 7) treatment of glioma, 8) exosomes/ microRNA for treatment of neurological injury and disease, and 9) magnetic resonance imaging. Dr. Chopp has over 600 peer reviewed publications and has given 397 plenary lectures and invited presentations. He has chaired National Institutes of Health (NIH) study sections and has often served as a consultant to government agencies, the U.S. National Institutes of Health, and the pharmaceutical industry.

MATTHIAS ENDRES
/GERMANY

Matthias Endres is Professor and Chairman of the Department of Neurology at the Charité in Berlin. Also, he directs the Center for Stroke Research Berlin together with Prof. Ulrich Dirnagl. Matthias Endres studied Medicine in Bochum, Hamburg, New York and Toronto and was trained in Neurology in Lübeck and the Charité in Berlin. From 1996 to 1998 he was a research fellow at the Massachusetts General Hospital, Harvard Medical School, working with Prof. Michael Moskowitz. After returning to Germany in 1998 he became an independent group leader on interdisciplinary stroke research, was Heisenberg fellow (German research council) and Lichtenberg Professor (Volkswagen foundation), before he became Chief of Neurology at the Charité in 2008. Matthias Endres received several awards including the Niels-Lassen-Award of the International Society of Cerebral Blood Flow and Metabolism and the Pette Award of the German Society of Neurology. His interests in stroke research include preventive vascular mechanisms, mechanisms of cell death, regeneration and repair.

ANTONIO FEDERICO
/ITALY

Prof. Antonio Federico, born in Polla (Sa) on the 25.08.48, from 1990 is full professor of Neurology at the University of Siena , Director of the Unit Clinical Neurology and Neurometabolic Disease.

He was Director of the Department of Neurological, Neurosurgical and Behavioural Sciences, University of Siena (2002-2008).

He received the degree in Medicine and specialization in Nervous and Mental Diseases, summa cum laude, at the University of Naples in 1972 and 1975 respectively. He received the Lepetit Award for the best degree dissertation in 1972.
His biological training was in the Institute of Biochemistry as student and after in Physiology of the University of Naples, and in the Centre de Neurochimie of CNRS, in Strasbourg, directed by prof. Mandel where he worked in the years 1973-75. He also collaborated with many international research groups, in different countries where he spent in the past years some times: in Montreal (Prof. Andermann, Karpati and Shoudgbridge), in London (dr A. Harding and prof. Morgan-Hughes), in Toronto (dr.Robinson), in Bonn (prof. von Bergmann) , in Paris (dr. Baumann), in Baltimore (proff. Moser and Naidu), in Oxford (prof. Matthews), etc.
His clinical formation was made at the Medical School of the University of Naples, in the Dept, Neurology, and after in Siena, where he moved on 1980 with his mentor, prof. G.C. Guazzi. Associated professor in Neurology in 1982, since 1990 he is full professor of Neurology, Medical School, University of Siena.
In 2013, he received honoris causa degree in Medicine at University Carol Davila, Bucharest, Rumania.

His present positions are:
- full professor of Neurology, University of Siena, Medical School
- Director of Unit Clinical Neurology and Neurometabolic Diseases, Siena Hospital.
- Director of the Section Neurological Diseases of the Department of Neurological and Behavioural Sciences of the University of Siena since the 2012, at the fusion of this Department in the Dept Medicine, Surgery and Neurosciences.
- Co-Chairman of the Panel of Genetic and Neurometabolic Diseases of the European Academy of Neurology.
- Italian Delegate to the World Federation of Neurology and to European Academy of Neurology Council.
- Past- President of the Italian Society of Neurology (President years 2009-2011)
- From 1995 he is Director of a PhD Programme on Applied Neurological Sciences at University of Siena, from 2004 of the European PhD Programme and European School of Doctorate of Applied Neurological Sciences. Since 2011 he is director of the PhD Programme on Cognitive and Neurological Sciences at University of Siena.
- Director post-graduate School of Neurology, University of Siena
- He is Italian member of the Committee of European Union of Medical Specialists, in the section Neurology.
- Delegate for Research in the Dept. Medicine, Surgery and Neurosciences.

- Coordinator for the Tuscany Region of the Network on Rare Neurological Diseases.
- On 2013, he received Honoris Causa degree from the University Carol Bavila, Bucharest
- Chairman of the Neuromediterraneum Forum
- Editor in Chief of Neurological Sciences, Springer-Verlag Editor.
- On the 2014 was nominate WHO consultant for Rare Neurological Diseases.
- From juin 2014, he is Chairman of the Scientific Committee and Member of the Board of the European Academy of Neurology

In the years 1990-96 he was Secretary of the Italian Society of Neurology. In the years 2006-08 was President of the Italian Society of Neurology.

He coordinated the Study Group on Clinical Neurogenetics of the Italian Society of Neurology.

He has been referee for projects evaluation in the area of Orphan drugs and Orphan diseases for Biomed Projects from EU, for MURST, CNR and Istituto Superiore di Sanità, and other national and international funding agencies, etc.

He is member of the Second Opinion Group of the American Leucodistrophy Association.

Associated editor of Neurological Sciences in the past 3 years. From 2012, Editor-in Chief.

He is author of more than 500 article (more than 300 of them quoted by Pubmed). He is author of a chapter on Cerebrotendinous Xanthomatosis, Vinken and Bruyn Edts, Handbook of Clincal Neurology, vol 49, Neurodystrophies and Neurolipidoses. On the book McKusick's Mendelian Inheritance in Man,. Ed.1992, Catalog of Autosomal Dominant and Recessive Phenotypes he is cited for 3 different diseases. He was editor of the book Late Onset Neurometabolic diseases (A.Federico, K. Suzuki and N.Baumann Edts), Karger 1991, and many other books from Italian and international Publishing Companies.

His main field of interest is related to neurometabolic, neurodegenerative and rare diseases, investigated from a genetic, metabolic, neuroimaging and clinical point of vue.

Summary of the academic involvements:
- Director of the Section Neurological Sciences, Dept Neurological , Neurosurgical and Behavioural Sciences (2000-2012)
- Director of the Research Center for the Diagnosis, Therapy and Prevention of the Neurohandicap and Rare Neurological Diseases, until the 2010
- Vice-Dine of the Medical School, University of Siena (2003-2006)
- Director of the Postgraduate School of Neurology, University of Siena, from 2006 up to date.
- Director of the PhD School in Cognitive and Neurological Sciences, University of Siena (from 2000 up to date)

Medical Involvements
- Director of the OU Clinical Neurology and Neurometabolic Diseases, University Hospital of Siena Medical School.
- Director of the Regional Reference Center for Rare Diseases
- Regional Coordinator of the Network for Rare Neurological Diseases, Tuscany Region.
- Member of several Ministery of Health and Regional Committees

National and International Commitments
- President of the Italian Society of Neurology (2009-11)
- Italian delegate to the World Federation of Neurology
- Italian Delegate to the European Union of Medical Specialists (Section Neurology)
- Italian Delegate and Chairman of the Neuromediterraneum Forum and President
- Consultive Member of the European Brain Council
- Editor – in – Chief of Neurological Sciences, Springer Verlag Editor. He is in the Editorial Board of many national and international journals.
- Member of the American Panel United Leucodystrophies.
- Member of the Scientific Committee of AISM (Associazione Italiana Sclerosi Multipla)
- Chairman of the Scientific Committee of the European Academy of Neurology

Member of the Scientific Societies:
- Società Italiana di Neurologia (Secretary, President, Past-President and Member of the Committee)
- Society for the Inborn Errors of Metabolism
- Italian Association of Neuropathology
- SINDEM (Italian Association of Dementias)
- Italian Association for Parkinson's disease
- Italian Association of Neurogeriatrics (Member of the Committee)
- Italian Stroke Forum
- European Academy of Neurology (Co-Chair of the Panel Neurometabolic and Neurogenetic Diseases,

Member of the Board and Chaiman of the Scientific Committee)
- American Academy of Neurology
- World Federation of Neurology
- Neuromediterraneum Forum (President)

ALLA GUEKHT
/RUSSIA

Professor Guekht's research interests are in epilepsy, neuroepidemiology and vascular dementia.

She received her MD degree from the 2nd Moscow Medical Institute and held a residency in Neurology at the same medical school where she completed PhD on EEG monitoring in carotid surgery and subsequently - doctoral dissertation on Brain plasticity and restoration after stroke.

She received several prestigious International Awards, including Bruce S. Schoenberg International Award in Neuroepidemiology for her research in post-stroke epilepsy.

Professor Guekht has authored more than150 Pubmed-listed publications and 11 books on Neurology and Epileptology, including the National guidelines and Manual in Neurology; she serves on the Editorial Boards of several international journals.

She is the member of several Committees of the World Federation of Neurology and the European Federation of Neurological Societies, Secretary of the Commission on European Affairs of the International League against Epilepsy. Professor Guekht serves in the International Organizing / Program Committees for the several International and European Congress on neurology, epileptology, vascular dementia; she is the invited speaker at many International and European Congresses.

AMOS KORCZYN
/ISRAEL

Professor Korczyn graduated from the Hebrew University – Hadassah Medical School in Jerusalem in 1966 (MD), where he also received an MSc degree in pharmacology (cum laude) in 1966. He trained in neurology at Beilinson Hospital and at the National Hospital for Nervous Diseases, Queen Square, London. He was the Chairman of the Department of Neurology at the Tel-Aviv Medical Center since 1981 until 2002, and the incumbent of the Sieratzki Chair of Neurology at Tel-Aviv University, 1995-2010. Professor Korczyn has a particular interest in neurodegenerative diseases. He has authored or co-authored over 600 articles in peer-reviewed journals, as well as chapters in books, etc. He edited several books and Special Issues in Journals, and is co-Editor of the Journal of the Israeli Neurological Association (JINA) since 2009. He is or has been an Editorial Board member of 20 international journals, and organized several neurological conferences, mainly in the field of dementia, Parkinson's disease and other degenerative brain disorders, as well as CONy – the International Congress on Controversies in Neurology. Professor Korczyn also served on advisory boards in several drug discovery programs.

Professor Korczyn is the Chairman of the Scientific Administrative Board of the Israeli Alzheimer's disease association (EMDA), and member of the SAB of Alzheimer Disease International, and has been the chairman of the WFN Research Committee for Neuropharmacology.

Professor Korczyn is an honorary member of the neurological societies of Israel, Serbia, Poland and Russia.

Professor Korczyn's H-index is 39.

DAFIN F. MURESANU
/ROMANIA

Dafin F. Muresanu, MD, PhD, MBA, is Professor of Neurology, Senior Neurologist, Chairman of the Neurosciences Department, Faculty of Medicine, University of Medicine and Pharmacy "Iuliu Hatieganu" Cluj-Napoca, President of the Romanian Society of Neurology, President of the Society for the Study of Neuroprotection and Neuroplasticity (SSNN), member of the Academy of Medical Sciences, Romania, secretary of its Cluj Branch. He is also member of 13 scientific international societies (being member of the American Neurological Association (ANA) - Fellow of ANA (FANA) since 2012) and 7 national ones, being part of the executive board of most. Professor Dafin F. Muresanu is specialist in Leadership and Management of Research and Health Care Systems (specialization in Management and Leadership, Arthur Anderson Institute, Illinois, USA, 1998 and several international courses and training stages in Neurology, research, management and leadership). Professor Dafin F. Muresanu is coordinator in international educational programs of European Master (i.e. European Master in Stroke Medicine, University of Krems), organizer and co-organizer of many educational projects: European and international schools and courses (International School of Neurology, European Stroke Organisation summer School, Danubian Neurological Society Teaching Courses, Seminars - Department of Neurosciences, European Teaching Courses on Neurorehabilitation) and scientific events: congresses, conferences, symposia (International Congresses of the Society for the Study of Neuroprotection and Neuroplasticity (SSNN), International Association of Neurorestoratology (IANR) & Global College for Neuroprotection and Neuroregeneration (GCNN) Conferences, Vascular Dementia Congresses (VaD), World Congresses on Controversies in Neurology (CONy), Danube Society Neurology Congresses, World Academy for Multidisciplinary Neurotraumatolgy (AMN) Congresses, Congresses of European Society for Clinical Neuropharmacology, European Congresses of Neurorehabilitation). His activity includes involvement in many national and international clinical studies and research projects, over 200 scientific participations in the last 7 years as "invited speaker" in national and international scientific events, a significant portfolio of scientific articles (107 papers indexed on Web of Science-ISI) as well as contributions in monographs and books published by prestigious international publishing houses. Prof. Dr. Dafin F. Muresanu has been honoured with: the Academy of Romanian Scientists, "Carol Davila Award for Medical Sciences / 2011", for the contribution to the Neurosurgery book "Tratat de Neurochirurgie" (vol.2), Editura Medicala, Bucuresti, 2011; the Faculty of Medicine, University of Medicine and Pharmacy "Iuliu Hatieganu" Cluj-Napoca "Octavian Fodor Award" for the best scientific activity of the year 2010 and the 2009 Romanian Academy of Medical Sciences "Gheorghe Marinescu Award" for advanced contributions in Neuroprotection and Neuroplasticity.

PETER RIEDERER
/GERMANY

since 2010	Senior Professor at the University of Würzburg, Medical School, Germany
1986 - 2010	University-Professor (University Würzburg); Head, Clinical Neurochemistry, Department of Psychiatry, Psychosomatics and Psychotherapy at the University of Würzburg, Medical School, Germany
1983	titl. a. o. University-Professor (TU Vienna)
1979	Associate Professor (University-Dozent) TU Vienna
1971 - 1986	Head, Clinical Neurochemistry, Ludwig Boltzmann Institute (LBI) for Neurochemistry (1971 - 1975) and LBI Clinical Neurobiology (1976 - 1986), Lainz-Hospital, Vienna, Austria
1970	Doctor techn. Degree
1969 - 1971	Assistant Professor

Honors and awarded memberships (selection)

2013	Honorary Member, Austrian Society for Parkinson's Disease
2012	Edit. Board Member, International Association of Neurorestoretology (IANR)
2011	WFN - Association of Parkinson Disease Related Disorder- Lifetime Award
2008	Honorary Dr. degree International University Catalunya, Barcelona, Spain
2007	Honorary Member of the Hungarian Academy of Sciences; Member of the Deutsche Akademie der Naturforscher Leopoldina; Honorary President of the German Society for Parkinson's Disease
2006	Honorary membership of the German Society of Biological Psychiatry
2005	Honorary membership of the Austrian Alzheimer Society
2004	Most cited chemist in the field of medicine
1991	AGNP - Award, Award for psychopharmagological research
1986	Senator Dr. Franz Burda-Award

Project coordination, membership in collaborative research projects (selection)

current	International joint project in the field of clinical and experimental studies on Parkinson's disease and dementia of Alzheimer type with: M.B.H. Youdim (Haifa), T. Nagatsu (Aichi), M. Naoi (Gifu), W. Maruyama (Aichi), Z. Lackovic, M. Salkovic (Zagreb) and E. Grünblatt (Zürich)
2004 - 2011	DAAD-Stability Pact Project : Establishing the role of diabetes type II as risk factor for Alzheimer's disease (with S. Hoyer, M. Salkovic, E. Sofic, E. Grünblatt)
2002 - 2012	Brain Net Europe II: Standardization of human post-mortem brain studies at an European level (Europen FP 7 project)
2002 - 2008	BMBF Kompetenznetz HIV/AIDS
2002 - 2008	DFG-project "Benzodiazepines"
2000 - 2012	VITA - Project (Vienna Transdanube Aging Study): A prospective longitudinal aging study to elaborate risk factors for AD
1999 - 2012	Head of the Brain Bank Center (BBC) Würzburg of the National Brain-Net, Germany
1991-1998	BMBF Schwerpunkt "Parkinson"

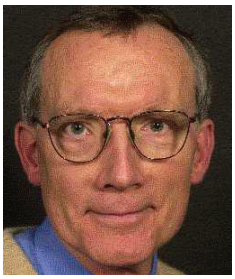
More than 1.100 publications in the field of Neuroscience

HARI SHANKER SHARMA
/SWEDEN

Hari Shanker Sharma, Director of Research (CNS Injury & Repair), University Hospital, Uppsala University is Professor of Neurobiology (MRC), Docent in Neuroanatomy (UU) and is currently affiliated with Department of Surgical Sciences, Division of Anesthesiology and Intensive Care Medicine, Uppsala University, Sweden. Hari Sharma was born on January 15, 1955 in an Industrialist town Dalmianagar (Bihar), India. He did his Bachelor of Science with Honors from the prestigious L. S. College Muzaffarpur in 1973 and secured 1st position in his batch. He obtained his Master Degree from Bihar University with special expertise in Cell Biology in 1976 and awarded Gold Medal of Bihar University for securing 1st potion in the 1st Class. Hari Sharma joined the group of Professor Prasanta Kumar Dey, a neurophysiologist by training in the Department of Physiology, Institute of Medical; Sciences, Banaras Hindu University, Varanasi in 1977 to obtain Doctor of Philosophy Degree (D.Phil.) in Neurosciences and was awarded Ph.D. in 1982 on "Blood-Brain Barrier in Stress." Hari Sharma after carrying out a series of Government of India funded Research Projects on the BBB and brain dysfunction (1982–1987), joined the lab of Neuropathology at Uppsala University with Professor Yngve Olsson in 1988 to investigate passage of tracer transport across the BBB caused by stress or traumatic insults to the Brain and Spinal cord at light and electron microscopy. Dr. Sharma awarded the prestigious Alexander von Humboldt Foundation Fellowship of German Government (1989–1991) to work on hyperthermia induced BBB dysfunction at the ultrastructural level in the laboratory of Professor Jorge Cervós-Navarro (a living "Legend in Neuropathology in Europe"). Dr. Sharma joined again Uppsala University and established a network of collaboration on "Experimental CNS Injury Research Group" as a lead investigator with eminent collaborators in various parts of Europe, USA, and Australia (1991–). On his work on hyperthermia Dr. Sharma received the prestigious Neuroanatomy award "Rönnows Research prize" of Uppsala University for "best neuroanatomical research of the year 1996" followed by the Award of the Degree of Doctor of Medical Sciences of Uppsala University in Neuroanatomy in 1999 and selected for the Best Thesis Award of the Medical faculty, "The Hwassers Prize" of 1999. On his meticulous works on the Blood Brain barrier and Brain edema (2000–2003) Dr. Sharma earned the prestigious title of "Docent in Neuroanatomy" of Medical Faculty, Uppsala University in April 2004. Currently his main research interest is Neuroprotection and Neuroregeneration, in relation to the Blood-brain barrier in stress, trauma, and drugs of abuse in health and disease.

Dr. Sharma on his research on brain pathology and neuroprotection in different models received the prestigious awards from The Laerdal Foundation of Acute Medicine, Stavanger, Norway, in 2005 followed by Distinguished International Scientists Collaboration Award by National Institute on Drug Abuse (NIDA), Baltimore, MD (2006–2008). His recent work on 5-HT3 receptor mediated neuroprotection in morphine withdrawal induced neurotoxicity won the coveted prize of Best Investigator Award 2008 and Best Scientific Presentation by European Federation of the International Association for Study of Pain (ISAP), and Awarded during their VI Annual Meeting in Lisbon, September 9–12, 2008. His recent research is aimed to find out the role of nanoparticles in Neurodegeneration and Neuroprotection using various treatment strategies that is supported by European Aerospace Research and Development (EOARD), London, UK and US Air Force Research Laboratory, Wright Patterson Air Force Base, Dayton, Oh, USA. On his works on Blood–brain barrier in hypertension and diabetes together with Romanian colleagues, University of Medicine and Pharmacy "Iuliu Hatieganu," Cluj-Napoca, Romania awarded Dr. Sharma with Honorary Doctorate of Medical Sciences in 2009. Dr. Sharma's work over 30 years on the blood-brain barrier and brain edema won him the US Neurosurgeon Dr. Anthony Marmarou Award (2011) by the International Brain Edema Society at their 15th Congress in Tokyo, Japan, November 20–24, 2011. His works on Nanoneuroscience and development of nanomedicine to treat the CNS injuries has won accolades at various

Government and International Scotties or Organization across the World. Accordingly Dr Sharma was decorated with the most prestigious "Hind Rattan Award 2012" on the eve of Republic Day of India 25th January 2012 and Mahatma Gandhi Pravasi Gold Medal on October 12, 2012 in House of Lords, London, UK. Hari Sharma was also invited to organize and chair Nanosymposium in Society for Neuroscience meetings in Chicago (2009), San Diego (2010), Washington DC (2011) and New Orleans (2012). Hari Sharma has published over 380 research papers, 75 reviews, 12 monographs, and 70 international book chapters and edited 15 book volumes. He served as Guest Editor of Curr. Pharm. Desig. (2005, 2007, 2010–); J. Neural. Transmiss. (2006, 2011–) and is founding Editor-in-Chief of Int. J. Neuroprotec. Neuroregen. (2004–), UK. Dr. Sharma is on board of various International Journals including CNS and Neurological Disorders-Drug Targets, USA, Journal of Neurodegeneration and Regeneration, USA (2009–) and is associate editor of Journal of Nanoscience and Nanotechnology (Nanoneuroscience 2006–), USA, Review Editor—Frontiers in Neuroengineering (2007–), Frontiers in Neurorestoratology, and Associate Editor of Frontiers in Aging Neuroscience (2008–), Frontiers of Fractal Physiology (2010–), Switzerland, Journal of Neurorestoratology, Dove Medical press, London, UK (2012–), Webmed Central, Neurology Faculty, Advisory Board Member (2010–), World Journal of Pharmacology (2011–), Journal of Physical Medicine and Rehabilitation, USA (2012–). Dr. Sharma served as volume editor of several progress in Brain research series (Volumes 104, 115, 162 and 180), International review of Neurobiology (Volume 82 and 102) and other Springer Volumes on Spinal cord injury (1988) and Handbook of Neurochemistry (2009) apart from stand alone books (Elsevier, Springer and Academic Press since 1994). Dr. Hari Sharma is invited to join several National Academies of repute including New York Academy fo Science, USA (since 1994–); International Academy of Stress, New York (2003–), Swedish Academy of Pharmaceutical Sciences (2010–). Dr. Sharma has served as an expert evaluator and advisor to various Boards, Councils and Institutions for their Research Grants including Wellcome Trust, London, UK (2011–); Catalan Agency for Health Information and Quality, TV3 (2010–), European Commission Projects (2002–), European Nanomed Council (2009–), Ministry of Health Science Foundation; Medical research Council and University Commission of Grants in various countries in Europe, USA, UK, Canada, Hong Kong, Singapore and in Australia. Some of the notable organizations include: Australia and New Zealand Health Council (2000–); University Commission of Grants, Hong Kong (2002–), Singapore Medical Council, Singapore (2003–); UK Charity Organization "Research on Ageing: Help the Aged" (2003–); Euro Nanomed (2010–). Dr. Sharma is designated as ambassador of the City of Uppsala 2007, by Uppsala County administration and Uppsala Tourism for promoting Uppsala, Sweden as International Research Collaboration/Meetings and Conference Destination. Dr. Hari Sharma is married to Aruna Sharma (nee Bajpai) since 23rd April 1979 and has two sons. His political affiliations belong to Swedish Social Democrat Party (Socialdemokraterna, Sverige) where he is associated with the development of Education and Research matters in Sweden actively. Contact information: Hari S. Sharma, voice and fax: +46-18-243899, cell phone: +46 70 641 9843; e-mail: Sharma@surgsci.uu.se



STEPHEN SKAPER
/ITALY

STUDIES: B.S. (chemistry) Illinois Institute of Technology (1969); Ph.D. (biochemistry) University of South Dakota (1973); Laurea in chemistry, University of Padova (1990)

CAREER: NIH Postdoctoral Fellow, Department of Medicine, University of California, San Diego (1973-1976); Fellow in Human Genetics, Department of Pediatrics, Case Western Reserve University, Cleveland, Ohio (1977); Postgraduate Research Biologist, Department of Biology, University of California, San Diego (1978); Assistant Research Biologist, Department of Biology, University of California, San Diego (1979-1982); Associate Research Biologist, Department of Biology, University of California, San Diego (1983-1987); Head, Laboratory of Neuropharmacology, Neuroscience Research Laboratories, Fidia S.p.A. - Abano Terme, Italy (1987-1993); Principal Scientist and Head, Laboratory of Cell Biology, Researchlife S.c.p.A. (a Lifegroup Company), Biomedical Research Center, St. Thomas Hospital, Castelfranco Veneto (TV), Italy (1993-1996); Visiting Professor, Department of Pharmacology, University of Padova, Padova, Italy (1997); Assistant Director, Molecular Neurobiology Research, SmithKline Beecham Pharmaceuticals, New Frontiers Science Park, Harlow, United Kingdom (1998-2001); Senior Team Leader, Migraine and Stroke Research, Neurology & GI Centre of Excellence for Drug Discovery, GlaxoSmithKline R & D Limited, Harlow, United Kingdom (2002-2003); Senior Team Leader, Neuro Cell Sciences/ Neurodegeneration Research, Neurology & GI Centre of Excellence for Drug Discovery, GlaxoSmithKline R & D Limited, Harlow, United Kingdom (2004-2007); Senior Team Leader, Target Validation Dept (Cognition and Pain), Centre of Excellence for Drug Discovery, GlaxoSmithKline R&D Limited, Harlow, United Kingdom (2008); Adjunct Professor, Department of Pharmacology and Anesthesiology, University of Padova, Faculty of Medicine, Padova, Italy (2009-present).

PROFESSIONAL MEMBERSHIPS: Sigma CI (The Scientific Research Society); Phi Lambda Upsilon (honorary chemistry society); Alpha Chi Sigma (professional society in chemistry/chemical engineering); Society for Neuroscience; International Society for Cerebral Blood Flow and Metabolism

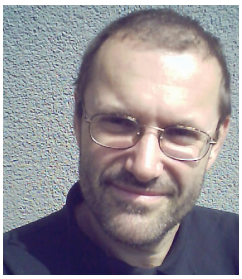
JOURNALS EDITED: Editor-in-Chief, CNS & Neurological Disorders – Drug Targets; Editor-in-Chief, Clinical CNS Drugs; Associate Editor, American Journal of Neuroprotection and Neuroregeneration; Editorial Board Member, Nature Scientific Reports (Neuroscience); Councilor, International Association of Neurorestoratology
REVIEW PANELS: The Wellcome Trust (UK), Biotechnology and Biological Sciences Research Council (BBSRC) (UK), Austrian Science Fund (ad hoc review panel to evaluate interdisciplinary doctoral programmes in neuroscience)

RESEARCH INTERESTS: Molecular biology and cellular mechanisms of cell death in CNS aging and neurodegenerative disorders and neuroinflammation.Track record of drug discovery project leadership in kinases, ion channels, G-protein-coupled receptors, DNA repair enzymes, growth factors, identification and optimization of tools for target validation studies, utilising RNAi, conditional and viral knockdown\outs\ins, transcriptomics, proteomics and in vitro cell-based disease or mechanism relevant assays in rodent systems.

PUBLICATIONS: OVER 240 publications in the neurosciences, including book chapters and symposia proceedings.

PATENTS: Pharmaceutical compositions containing monosialoganglioside GM1 or derivative thereof suitable for the treatment of Parkinson's disease (Patent No.: US 6,620,792 B1), use of CRF receptor agonists for the treatment or prophylaxis of diseases, for example neurodegenerative diseases (US 2003/0186867 A1), treatment of conditions with a need of GSK-3 inhibition (PCT WO 02/062387 A1), use of CRF receptor agonists for the treatment or prophylaxis of diseases, for example neurodegenerative diseases (PCT WO 01/72326 A1), use of monosialoganglioside GM1 or N-dichloro-acetyl-lyso-GM1 for preventing or reversing neuronal degeneration induced by long term treatment with L-DOPA in the therapy of Parkinson's disease (EP 0 770 389 A1)

REVIEWER FOR JOURNALS: Journal of Neuroscience, PNAS, Nature Reviews, The FASEB Journal, Journal of Neurochemistry, Journal of Neuroinflammation, Neurobiology of Disease, Neurobiology of Aging, Glia, Apoptosis, Molecular & Cellular Neuroscience, Journal of Pharmacology and Experimental Therapeutics, Neuroscience, British Journal of Pharmacology, Neuropharmacology, European Journal of Pharmacology, Journal of Neurological Sciences



CHRISTIAN STADLER
/AUSTRIA

11.05.1957	born in Klagenfurt am Wörthersee
09.06.1981	graduation in medicine (University of Vienna)
1981 - 1984	resident (Landeskrankenhaus Klagenfurt)
1984	general practitioneer in medicine licence
1984 - 1990	special training in neurology & psychiatry (Landeskrankenhaus Klagenfurt)
1990	Specialist in neurology & psychiatry
1992- present	Senior physician (Klinikum Klagenfurt am Wörthersee)

Special medical education

1988 - 1989	Electrodiagnostic Medicine (Prof. Rumpl MD)
1989 - 1990	Electroencephalography (Prof. Rumpl MD)

Special interests:
Electrodiagnostic Medicine, Stroke, Chemodenervation (Botulinumtoxin)

Participation in Clinical Trial:

Completed:
ÖHES (Austrian Pentastarch Study), Lub-Int-005, Lub-Int-010,
GAIN International, ESTAT (Ancrod 005), PREVAIL, Cere-Lyse-Study, KOMET

Klagenfurt am Wörthersee, 2014-09-11

JOHANNES THOME
/GERMANY

Johannes Thome studied medicine, philosophy and social psychology and obtained his MD/PhD degrees from Saarland University. After his training as a resident in Psychiatry and Neurology at the University of Wurzburg, he moved to the USA where he became a Postdoctoral Associate at Yale University. After two years of intensive and highly successful research in the area of molecular neuroscience and psychopharmacology, he returned to his native Germany and worked as Consultant Psychiatrist and Senior Scientist at the Central Institute of Mental Health Mannheim, University of Heidelberg. In 2004, Johannes moved to Wales and settled in Swansea, where he was the Professor of Psychiatry at the University of Wales Swansea. In 2010, he accepted the Chair of Psychiatry at the University of Rostock.

JOHANNES VESTER
/GERMANY

Born, 1952, he specialized in Veterinary Medicine between 1971 and 1974 at the University in Munich, then changed to the University in Cologne in 1974 and specialized in Human Medicine from 1974 to 1980. In 1976 to 1979, he also studied biometric methods for pharmacology and clinical research at the institute for Data Analysis and Study Planning in Munich.

While studying human medicine, he completed research work on pattern recognition in the visual brain and developed a pharmacodynamic Neuron Simulation Model at the Institute for Medical Documentation and Statistics of the University at Cologne.

From 1985 to 1995, he was member of the Ultrahigh Dexamethasone Head Injury Study Group and leading biometrician of the German GUDHIS Study in Traumatic Brain Injury.

Since 1982 has been holding advanced training courses on biometry for professionals in clinical research and university establishments.

Since 1995 he is Senior Consultant for Biometry & Clinical Research. He planned and evaluated about 150 randomized clinical studies worldwide and is member of various international Advisory Boards and Steering Committees including participation as biometric expert in regulatory authority panels and in FDA, EMEA, and BfArM hearings. He is head of the multidimensional section at the institute for Data Analysis and Study Planning and statistical peer reviewer for leading medical journals.

CONGRESS VENUE

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46 Vassilissis Sofias Avenue
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General Information

Scientific Secretariat

Society for the Study of Neuroprotection and Neuroplasticity
37 Mircea Eliade Street, 400364, Cluj-Napoca, Romania
Office phone: +40745255311
E-mail:office@ssnn.ro

Contact Details

Mrs. Doria Constantinescu,
mobile: +40757096111
doria@perfecttravel.ro

Mrs. Diana Biris,
mobile: +40755080820
diana@perfecttravel.ro

Registration Desk

All materials and documentation will be available at the registration desk located at SSNN booth. The staff will be pleased to help you with all enquiries regarding registration, materials and program. Please do not hesitate to contact the staff members if there is something they can do to make your stay more enjoyable.

Registration 450 euro/person including :

- full day conference on October 31st
- printed conference materials
- access for lunch and coffee break during conference
- Welcome Reception on October 30th
- Gala Dinner on October 31st

LANGUAGE

The official language is English. Simultaneous translation will not be provided.

CHANGES IN PROGRAM

The organizers cannot assume liability for any changes in the program due to external or unforeseen circumstances.

NAME BADGES

Participants are kindly requested to wear their name badge at all times. The badge enables admission to the scientific sessions and dinners.

FINAL PROGRAM & ABSTRACT BOOK

The participants documents include the program and abstract book which will be handed out at the registration counter.

COFFEE BREAKS

Coffee, tea and mineral water are served during morning coffee breaks and are free of charge to all registered participants.

MOBILE PHONES

Participants are kindly requested to keep their mobile phones turned off while attending the scientific sessions in the meeting rooms.

CURRENCY

The official currencyin Greece is EUR.

ELECTRICITY

Electrical power is 220 volts, 50 Hz. Two-prong plugs are standard.

TIME

The time in Greece is Eastern European Time (GMT+2).


THE SOCIETY FOR THE STUDY OF NEUROPROTECTION AND NEUROPLASTICITY

www.ssnn.ro