Using a Novel Hybrid Decentralized Clinical Study to Evaluate Real-World Outcomes for Spinal Cord Stimulation (SCS) Therapies Melissa Murphy¹, Andrew Will², Thomas White³, Velimir Micovic⁴, Jugal Dalal⁵, Xiaoxi Sun⁶, Grace Santa Cruz Chavez⁶, Louis Archila⁶, Krishnan Chakravarthy⁷.

1. North Texas Orthopedics & Spine Center, Dallas/Fort Worth, TX, United States, 3. . Procura Pain and Spine PLLC, Houston, TX, United States, 4. Pain Management Consultants of Southwest Florida, Fort Myers, FL, United States, 6. Medtronic Neuromodulation, Minneapolis, MN, United States, 7. Innovative Pain Treatment Solutions and Surgery Center, Temecula, CA, United States.

> M. Murphy discloses consultant at Medtronic and Relievant, T. White discloses speaker at Medtronic, X. Sun, G. Santa Cruz Chavez, and L. Archila disclose employees of Medtronic. K. Chakravarthy discloses consultant at Vertos Medical, Medtronic, and Mainstay Medical and Stock. A. Will and J. Dalal have no disclosures.

INTRODUCTION

Over the last decade the number of randomized controlled trials (RCTs) conducted evaluating Spinal Cord Stimulation (SCS) and new SCS waveforms have rapidly expanded. RCT outcomes provide one form of evidence that have largely supported the adoption of modern SCS waveforms. While representing the gold standard of clinical evidence, RCTs can involve drawn out timelines for reporting evidence and represent highly controlled environments which rarely align completely with real-world clinical practices^{1,2}. The use of digital health platforms and decentralized clinical trials (DCTs) represent a new opportunity to capture and report evidence as therapy modalities and new technology continue to evolve³.

SENSE SCS is a hybrid DCT that captures patient reported outcomes (PROs) including pain relief and holistic assessments, such as PROMIS-29⁴, from subjects indicated for SCS with the goal to publish and share evidence consistent with real-world clinical practice. This poster presents data from an early cohort of subjects enrolled in the pilot phase of SENSE SCS. The goal of the pilot phase of the study is to evaluate the workflow of using a mobile clinical trial application for collection of PROs and to characterize outcomes on patient experience with SCS <u>therapy</u>. A sub-analysis of DPN patients from this study is also being presented as a poster at this meeting⁵.





MATERIALS & METHODS

SENSE SCS - <u>Study to Evaluate Neuromodulation Subject</u> Experience with Contemporary Spinal Cord Stimulation **Modalities for Chronic Pain**

Design: Prospective, post-market, non-randomized, observation enrolling in the US-only

- IRB approved study, registered on clinicaltrials.gov (NCT0577 Hybrid decentralized model of execution
- Subjects with an on-label indication eligible to enroll

Ongoing enrollment and follow-up; currently in a pilot phase with 9 sites activated <u>Purpose</u>: Evaluate workflow of a mobile clinical trial application for collection of PROs and to characterize outcomes on patient experience with SCS therapy

- Subjects were electronically enrolled and consented using the clinical trial application
- Subjects were trialed and implanted with commercially available SCS systems with a variety of programming types
- PROs collected electronically using a clinical trial mobile application at baseline, SCS trial, and after permanent SCS implantation through 12 months (3 month outcomes presented here)
 - EQ-5D-5L

Activity Goals

- Satisfaction
- PGIC
- Pain Intensity Surveys
- PROMIS-29 (Patient-Reported Outcomes Measurement Information System[®])

DISCUSSION AND CONCLUSIONS

The PROMIS-29 profile represents a holistic assessment of outcomes beyond pain scores.

- Mean improvements were observed across all seven health domains of PROMIS-29.
- "Pain Interference" and "Ability to Participate in Social Roles and Activities" saw the largest increase in the number of subjects in the Normal/Mild range compared to baseline.

An average reduction in pain intensity by 3.1 points from baseline to 3 months was observed in this initial cohort of subjects, complementing the holistic quality of life outcome measures.

Additional outcome measures from this study will be reported as the study continues.

CONCLUSION: SENSE SCS represents a novel approach to clinical trial design for SCS, enabling advancement of evidence for SCS via real-world outcomes, across multiple indications, as the field continues to evolve.

	Table 1. Key Inclusion / Exclusion Criteria
	Pilot Phase Key Inclusion Criteria
nal study,	 Candidate with an on-label SCS indication for a commercially available Medtronic SCS system. Willing and able to use a personal smart phone for study surveys.
75510)	Pilot Phase Key Exclusion Criteria
	 Any active implantable neuromodulation device



This study is sponsored by Medtronic.





UC202500092EN

0 - No Pain	
O 1	
O 2	
О 3	
O 4	
0 5	
0 6	
0 7	
0 8	
0 9	

References

^{1.} Blonde L, Khunti K, Harris SB, Meizinger C, Skolnik NS. Interpretation and Impact of Real-World Clinical Data for the Practicing Clinician. Adv Ther. 2018;35(11):1763-1774. doi:10.1007/s12325-018-0805-y

^{2.} Tan YY, Papez V, Chang WH, Mueller SH, Denaxas S, Lai AG. Comparing clinical trial population representativeness to real-world populations: an external validity analysis encompassing 43 895 trials and 5 685 738 individuals across 989 unique drugs and 286 conditions in England. Lancet Healthy Longev. 2022;3(10):e674-e689.doi:10.1016/S2666-7568(22)00186-6

^{3.} Agrawal G, Moss R, Raschke R, et al: No place like home? Stepping up the decentralization of clinical trials. McKinsey Insights, June 10, 2021.https://www.mckinsey.com/industries/life-sciences/our-insights/no-place-like-home-stepping-up-the-decentralization-of-clinical-trials 4. Hays, RD, Spritzer KL, Schalet BD, Cella D. RPOMIS(®)-29 v2.0 profile physical and mental health summary scores. Qual Life Res. 2018;27(7):1885-1891. doi:10.1007/s11136-018-1842-3

[.] Murphy M, et al. Spinal Cord Stimulation in Patients with Painful Diabetic Peripheral Neuropathy: A Sub-Analysis from the SENSE SCS Study. Presented at the International Neuromodulation Society 16th World Congress, May 11-16, 2024. Vancouver, Canada. 6. Walters SJ, Brazier JE. Comparison of the minimally important difference for two health state utility measures: EQ-5D and SF-6D. Qual Life Res. 2005;14(6):1523-1532. doi:10.1007/s11136-004-7713-0 (MCID value is 0.074)