

SPINAL CORD STIMULATION IN PATIENTS WITH PAINFUL DIABETIC PERIPHERAL NEUROPATHY: A SUB-ANALYSIS FROM THE SENSE SCS STUDY

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M. Murphy discloses consultant at Medtronic and Relieva, T. White discloses consultant and speaker at Medtronic, V. Micovic discloses speaker at Medtronic, X. Sun, G. Santa Cruz Chavez, L. Archila and M. LaRue disclose employees of Medtronic. A. Will and J. Dalal have no disclosures.

INTRODUCTION

- Diabetic peripheral neuropathy (DPN) is a common neuropathic syndrome seen in 30% of patients with diabetes.¹
- DPN can present with painful symptoms including bilateral stabbing or burning pain, in addition to numbness in the feet and lower legs.¹
- Spinal cord stimulation (SCS) has been shown to be an effective treatment for painful DPN in multiple randomized controlled trials.²⁻³
- The SENSE SCS Study – Study to Evaluate Neuromodulation Subject Experience with Contemporary Spinal Cord Stimulation Modalities for Chronic Pain – is a prospective clinical study that is currently ongoing.
 - Employs a hybrid decentralized model of execution.
 - Uses a digital health platform to collect patient reported outcomes (PROs) from subjects undergoing SCS treatment for indicated chronic intractable pain.
- **OBJECTIVE: A sub-analysis of PROs collected from subjects with painful DPN enrolled in the SENSE SCS study was conducted to assess “real-world” SCS efficacy for painful DPN.**

MATERIALS & METHODS

- **Design:** Prospective, post-market, non-randomized, observational US-based study.
- This study was IRB approved and is registered on clinicaltrials.gov (NCT05775510).
- Enrollment is currently ongoing at 9 sites.
- Subjects are electronically consented using a mobile application that serves as a digital health tool.
- Subjects were trialed with commercially available SCS systems with a variety of programming types.
- PROs collected electronically using the mobile application at baseline, and end of SCS trial include PROMIS-29 (Patient-Reported Outcomes Measurement Information System®).
- **A sub-analysis of SCS trial data collected to-date from enrolled subjects with a primary or secondary painful DPN indication is shown here.**
- Analysis of all subjects enrolled in the SENSE SCS Pilot phase to-date are presented elsewhere⁴.

Table 1. Key Inclusion / Exclusion Criteria

Pilot Phase Key Inclusion Criteria

- Candidate with an on-label SCS indication prior to enrollment in the study for a commercially available Medtronic SCS system.
- Willing and able to use a personal smart phone for study surveys.

Pilot Phase Key Exclusion Criteria

- Any active implantable neuromodulation device or system.

RESULTS

Table 2. Baseline demographics in enrolled subjects with primary or secondary DPN indication

	Enrolled DPN Subjects (N=31)
Mean age (SD)	62 (11)
Sex, n (%)	20 (64.5%) M
DPN Primary Indication, n (%)	19 (61.3%)
Mean BMI, kg/m ² (SD)	34.8 (8.3)
% Type II Diabetes, n (%)	21 (67.7%)
Mean years since pain onset (SD)	10 (9.4)
Pain Intensity, 0 - 10 (SD)	7.3 (1.7)
Pain Medication Usage, n (%)	23 (85.2%)

Figure 3. Percent of patients reporting normal, mild, moderate, and severe PROMIS-29 domain scores at baseline (BL) and end of SCS trial (EOT) (n = 21)

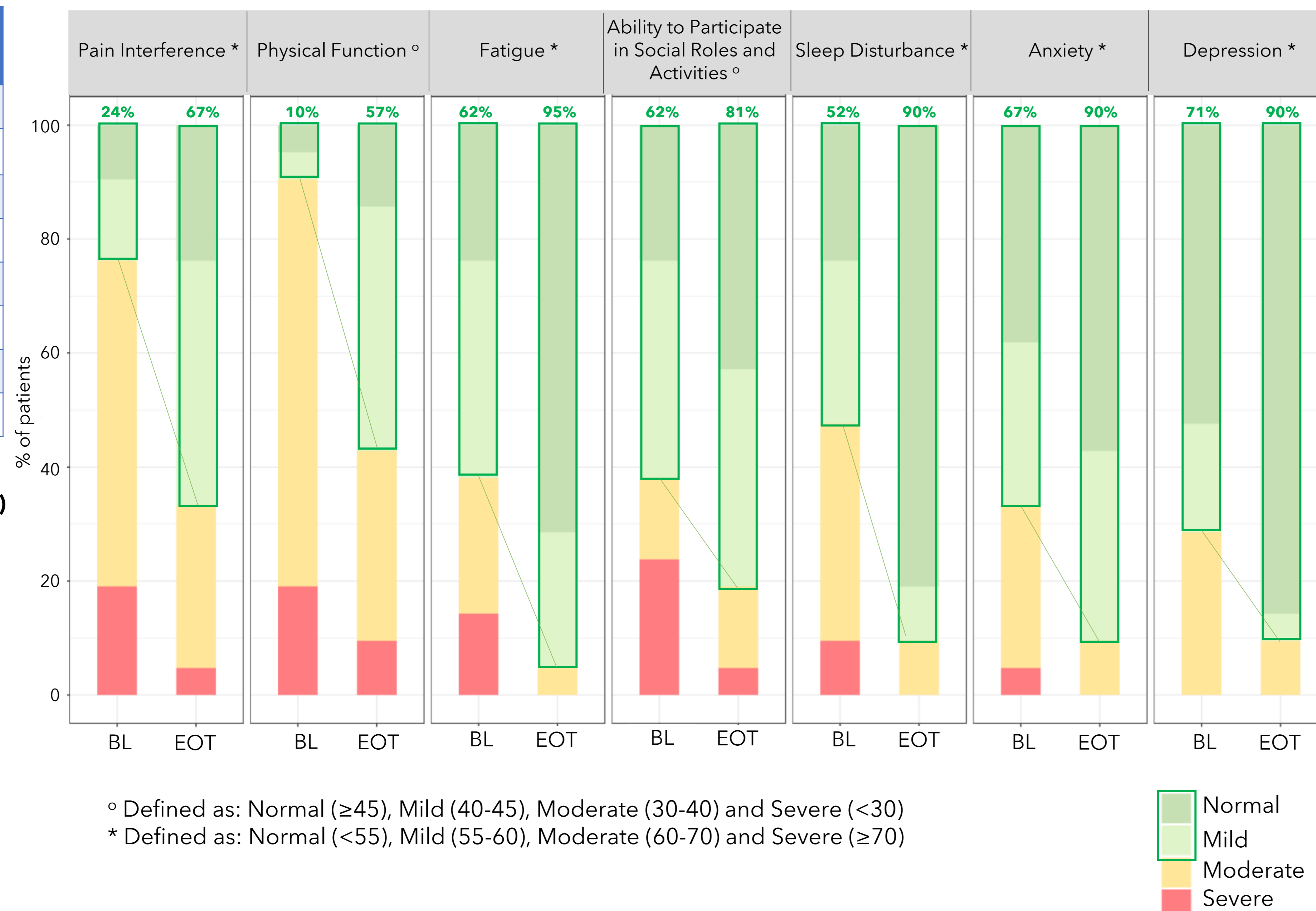


Figure 1. Subject disposition chart for DPN sub-analysis

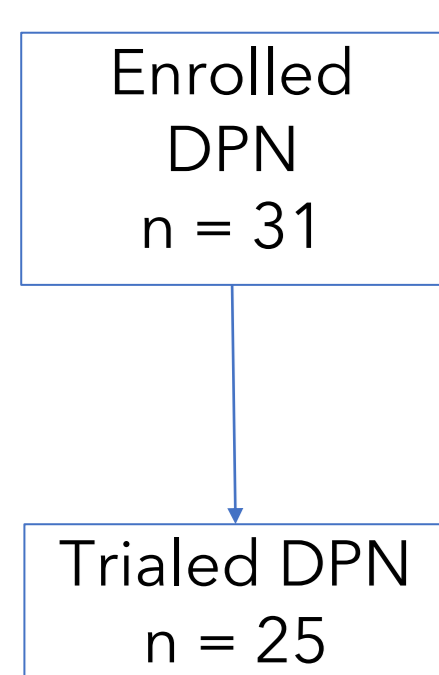
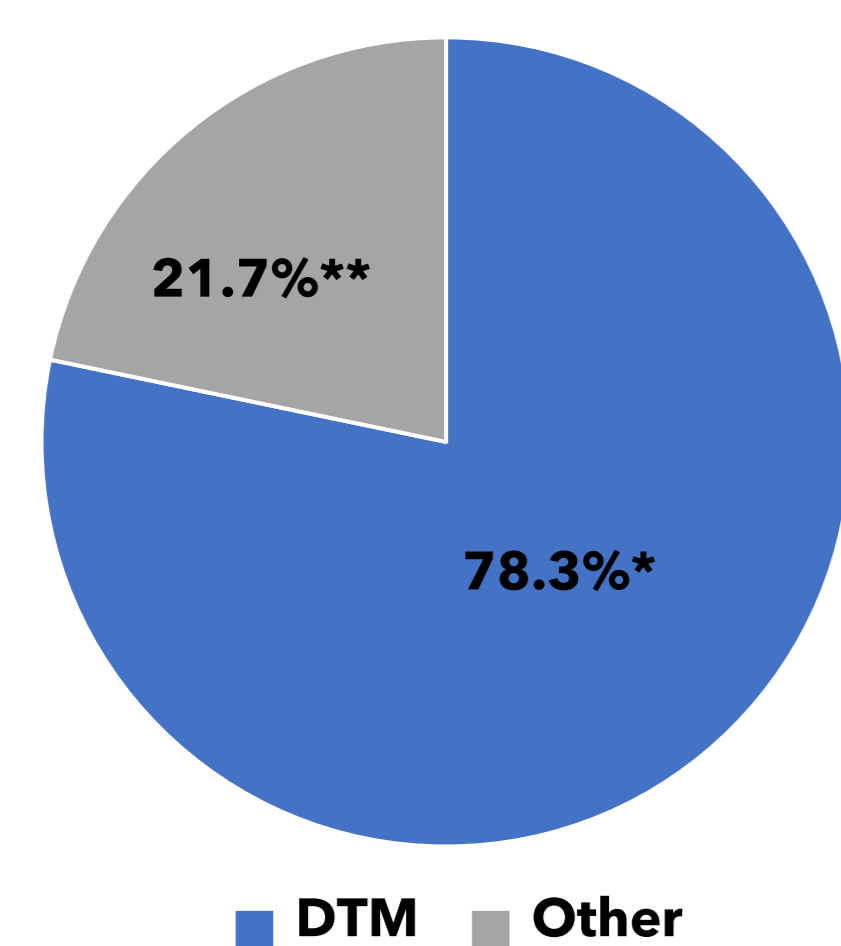


Figure 2. Successful SCS Programming at Trial (n=23)



* DTM includes therapy with a low-rate (<200 Hz) and high-rate (200 - 1200 Hz) waveform applied at 2 targets with and without cycling
** other programming types include high dose (HD) or low dose (LD) / tonic

DISCUSSION AND CONCLUSIONS

- This sub-analysis of subjects with DPN who underwent SCS trial for their painful symptoms demonstrates that SCS can provide improvement in pain-related symptoms.
 - 78.3% of subjects had a successful SCS trial with DTM SCS programming.
 - SCS therapy resulted in observed improvements from baseline in all 7 PROMIS-29 health domains at end of SCS trial, including sleep and physical function.
- Additionally, this study supports the use of digital health technology to allow for rapid and robust collection of electronic PROs.
- SENSE SCS is an ongoing clinical study. Data presented here are preliminary.
- **CONCLUSION: Preliminary findings from the ongoing SENSE SCS study suggest SCS may be an effective therapy for painful DPN that should be considered when treating this patient population.**

1. Sloan G, et al. The treatment of painful diabetic neuropathy. Current Diabetes Reviews. 2022;18(5):e070721194556.
2. de Vos CC, et al. Spinal cord stimulation in patients with painful diabetic neuropathy: a multicentre randomized clinical trial. Pain. 2014;155(11):2426-31.
3. Slangen R, et al. Spinal cord stimulation and pain relief in painful diabetic peripheral neuropathy: a prospective two-center randomized controlled trial. Diabetes Care. 2014; 37(11):3016-24.
4. Murphy M, et al. Using a novel hybrid decentralized clinical study to evaluate real-world outcomes for spinal cord stimulation (SCS) therapies. Presented at the International Neuromodulation Society 16th World Congress, May 11-16, 2024. Vancouver, Canada.

This study is sponsored by Medtronic.

