WESTERN NEUROPATHY ASSOCIATION

CELEBRATING OUR 27TH YEAR!

Neuropathy Hope

Hope through caring, support, research, education, and empowerment

A newsletter for members of Western Neuropathy Association (WNA)

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Issue 07
Volume 23

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NIH Scientists Pioneer Promising Treatment For Intractable Cancer Pain

NIH Press Release; May 29, 2025

National Institute of Health (NIH) scientists report that a first-in-human clinical trial of a new therapy based on the **plant-derived molecule resiniferatoxin (RTX)** shows that it is a safe and effective agent for pain control in patients with intractable cancer pain. Researchers tested a single injection of small quantities of RTX into the lumbar cerebral spinal fluid (by lumbar puncture) of cancer patients and found that it reduced their reported worst pain intensity by 38% and their use of pain-relieving opioids by 57%.

"The **effects are immediate**," said Andrew Mannes, M.D., lead study author and chief of the NIH Clinical Center Department of Perioperative Medicine. "This is a potential new therapy from a new family of drugs that gives people with severe cancer pain an opportunity to return some normality to their lives."

The NIH scientists believe RTX has potential to treat many other pain conditions, including other types of cancer pain, chronic pain from nerve injuries called neuromas, post-surgical pain, a facial pain condition called trigeminal neuralgia, and chronic oral inflammatory problems following head and neck radiation therapy.

"Targeting specific nerves brings many pain disorders into range of RTX and allows physicians to tailor the treatment to the patient's pain problem. This interventional approach is a simple path to personalized pain medicine," said senior study author Michael Iadarola, PhD, a senior research scientist in the NIH Clinical Center Department of Perioperative Medicine.

RTX is not addictive and doesn't cause a high. Instead, it prevents pain signals from reaching the brain by inactivating a specific sub-group of nerve fibers which transmit heat and pain signals from damaged tissue. RTX is an activator of the transient receptor potential vanilloid 1, or TRPV1 ion channel and a **super-potent equivalent of capsaicin**, the active molecule in hot peppers. The ability of RTX to open the channel pore in TRPV1 allows an overload of calcium to flood into the nerve fiber and block its ability to transmit pain signals.

"Basically, RTX cuts the pain-specific wires connecting the body to the spinal cord, but leaves many other sensations are intact," Iadarola said. "These TRPV1 neurons are really the most important population of neurons that you want to target for effective pain relief."

Iadarola's contributions have led decades of basic science research into the neurobiology of pain and pain control. That body of research has informed them that to effectively block pain, you must block it from getting into the spinal cord and from there having it leave the spinal cord to transit to the brain, where we perceive pain.

RTX is derived from the *Euphorbia resinifera* plant, a cactus-like plant native to North Africa. Euphorbia extract has been known for 2,000 years to contain an "irritant" substance, which NIH scientists identified how to use for patients through basic research on living cells observed through a microscope. Adding RTX to TRPV1-containing cells caused a visible calcium overload, which Iadarola and Mannes eventually translated into an early-stage human clinical trial.

The next steps include additional, larger clinical trials to move RTX toward eventual approval by the U.S. Food and Drug Administration and clinical availability.

Peripheral Neuropathy Support Groups – August 2025 Schedule

Environments of education, empowerment, support and caring for people with neuropathy. Please join a group for yourself and for others. You are always welcome!

Auburn CA Peripheral Neuropathy Support Group
1st Monday of the month; no meetings in July, August and September
Next Meeting October 6
Host – Pam Hart, *pamhart@pnhelp.org,* and Cass Capel, *cassbrowncapel@me.com*

Houston TX Peripheral Neuropathy Support Group
1st Saturday of the last month in each quarter
Next Meeting September 6
Memorial Drive United Methodist Church, 12955 Memorial Drive
Hosts – Katherine Stenzel, John Phillips and Brian Lockard

Strategies for Singles with Neuropathy Support Group
1st Wednesday of the odd months
Next Meeting September 3
Host – Erika McDannell, contact Erika for Zoom link

Virtual 9 Saturday	**2nd Saturday Peripheral Neuropathy Support Group** **11am Pacific / noon Mountain / 1pm Central / 2pm Eastern (2 hours long)** Meeting ID: 857 8287 7624 / Passcode: 369333 Host - Katherine Stenzel, contact Katherine for Zoom link
Virtual 12 Tuesday	**2nd Tuesday Peripheral Neuropathy Support Group** **2pm Pacific / 3pm Mountain / 4pm Central / 5pm Eastern (90 minutes long)** Meeting ID: 953 2710 6263 / Passcode: 613899 Host – Jeff Creech, contact Erika for Zoom link (everyone welcome, Colorado focus on healthcare providers)
Virtual 13 Wednesday	**2nd Wednesday Chemo-Induced Peripheral Neuropathy (CIPN) Support Group** **2pm Pacific / 3pm Mountain / 4pm Central / 5pm Eastern (90 minutes long)** Meeting ID: 830 5538 3243 / Passcode: 396320 Host - Glenn Ribotsky, contact Katherine for Zoom link
Virtual 20 Wednesday	**3rd Wednesday Peripheral Neuropathy Support Group** **10am Pacific / 11am Mountain / Noon Central / 1pm Eastern (2 hours long)** Meeting ID: 833 4473 0364 / Passcode: 341654 Host - Glenn Ribotsky, contact Katherine for Zoom link
Virtual 20 Wednesday	**3rd Wednesday CIDP and Autoimmune Support Group** **3pm Pacific / 4pm Mountain / 5pm Central / 6pm Eastern (1 hour long)** Host - John Phillips, contact John for Zoom link
Virtual 23 Saturday	**4th Saturday Peripheral Neuropathy Open Discussion** **11am Pacific / noon Mountain / 1pm Central / 2pm Eastern (2 hours long)** Meeting ID: 851 7949 9276 / Passcode: 159827 Host - John Phillips, contact Katherine for Zoom link

Contact emails in the sidebar Board of Directors listing.

Support Group information can also be found on ***www.pnhelp.org*** under the Support Group tab.

From The President Glenn Ribotsky, WNA President

Please allow me to introduce myself—I'm a man of not very much wealth, but I do have taste (for Fig Newtons, anyway).

Many of you know me from numerous support groups, webinars, emails, phone calls, texts, and bad puns, but for those who may not be that familiar with me, I am Glenn Ribotsky, the incoming President of the Western Neuropathy Association, taking over for Pam Hart, who tirelessly led WNA for the last several years (and who will now be assuming the position of Treasurer).

Most of you who have been to our support groups are likely more than familiar enough with my story of acute body wide neuropathy presentation in 2003, and my subsequent activism around neuropathy awareness with the Neuropathy Association and later Western Neuropathy Association. It isn't going too far to say that much of what has driven me over the years to get people to share their experiences and to shine the biggest spotlight possible on the disease is the contention that neuropathy in its many manifestations is "the most common neurological condition nobody's ever heard of". Awareness and knowledge of it should have long ago advanced to the point of doctors far more often suspecting it, and of people not looking askance when it's mentioned. I've been working at this for more than two decades now and have had some successes (and some failures—we still can't seem to get some of the famous people who suffer from neuropathy to go public and draw more attention to it), and I'm hoping to continue that drive from the President's office.

And, as an extra added incentive—just this past May 13th, my wife presented with a series of facial numbness and tingling symptoms that was initially treated as a stroke but now, given the lack of confirmatory evidence for that and symptoms having rapidly spread to her feet, hands, and legs, looks much more like some form of acute/subacute neuropathy onset. And yes, we've had to go through the whole process of getting doctors to consider this possibility and not continuing to assume stroke, which delayed important testing somewhat (hopefully it won't delay possible therapies). Even my standing in the neuropathy community did not enable us to get immediate appointments with neuromuscular specialists (though she is now under their care at Weill Cornell Center in New York, still, as of this writing, undergoing advanced testing).

What my wife has been going through has just increased my resolve to try to help more people not have to endure such testing and diagnostic delays, to encourage advocacy and the expansion of both medical and public knowledge about the condition, and to expand our community until no one shrugs their shoulders when the word "neuropathy" is uttered.

It's going to be a long struggle. But we'll face it together.
Glenn
glenntaj@yahoo.com

Journavx Approval Published In Mainstream Media

Two members shared Journavx's approval that they found in mainstream media.

From Barbara Crawford whose email is titled "Hope is the word":

Hi Katherine,

The New Yorker (June 2) has an article entitled "No-Pain Gains: The Radical Development Of A New Painkiller" It discusses non-opioid drug research and includes research on treatment for peripheral neuropathy. I'm sure you are already aware of this research, but it's a good article. I'm happy to see media coverage that can increase awareness.

Thanks for all you do.
Barbara Crawford
www.BCEditing.com

And during the June 7 Houston Quarterly support group session, Walter Hoffman shared the article 'Non-Opioid Pain Drug Approved" in the May/June 2025 AARP Bulletin.

Health Care Challenges Websites
(updated)

SHIPs
State Health Insurance Assistance Programs
www.shiphelp.org
(877) 839-2675

Help for navigating the complexities of Medicare. Search the website for your specific state program.

Medicare Rights Center
www.medicarerights.org
(800) 333-4114

Non-profit that works to ensure access to affordable health care for older adults and people with disabilities.

Medicare
www.medicare.org
(800) MEDICARE
(800) 633-4227

Get started with Medicare, options, news.

Benefits and Insurance for People with Disabilities
www.usa.gov/disability-benefits-insurance
(844) USAGOV1
(844) 872-4681

For those with a disability, learn how government programs and services can help in your daily life.

Pain Research and Development Articles Published in Neuropathy Hope, August 2021 – August 2025 Issues

Katherine Stenzel, Editor

The following is a list of all the articles on Pain Research and Development that have been included in Neuropathy Hope since I became Editor. Articles are separated by specific drug or product name with the last section focused on "New Avenues of Pain Research."

SPINAL CORD STIMULATION

Nevro Senza System 10 kHz

- FDA Oks Spinal Cord Stimulation (*Nevro Senza System with 10 kHz stimulation)* For Diabetic Neuropathy Pain, November 2021 Issue
- 10 kHz Spinal Cord Stimulation Therapy *(Nevro)* Demonstrates Substantial Improvement In Painful Diabetic Neuropathy, September 2022 Issue
- Spinal Cord Stimulation *(Nevro 10 kHz SCS)* May Help Painful Diabetic Neuropathy, June 2023 Issue.

Abbott Eterna, Proclaim Plus and Proclaim XR

- FDA Clears New Neurostimulation System *(Proclaim Plus from Abbott)* For Chronic Pain, November 2022 Issue
- Chronic Pain Breakthroughs *(Abbott's Eterna, Proclaim Plus And Proclaim XR Spinal Cord Stimulation Systems),* December 2023 Issue

Medtronic Inceptive Closed-Loop

- FDA Approves Medtronic's Inceptiv Closed-Loop Spinal Cord Stimulator, June 2024 Issue

Boston Scientific Wavewriter Alpha SCS System

- Spinal Cord Stimulation For Diabetic Neuropathy Pain: Is It Effective?, August 2025 Issue

Meta-analysis from 2003 - 2021

- Peripheral Neuropathy Pain Improved With Spinal Cord Stimulation, Laser Therapy *(Meta-analysis from 2003 to 2021, no specific manufacturer noted)*, March 2023 Issue

ATX01

- Topical Amitriptyline **(ATX01***)* Granted Fast Track Status For Chemotherapy-Induced Neuropathic Pain, September 2022 Issue
- Topical Amitriptyline **(ATX01)** For Neuropathic Pain-Update To September 2022 Issue, December 2023 Issue
- Update to Algo Therapeutix **ATX01** In Chemotherapy-Induced Peripheral Neuropathy, August 2025 Issue

EC5026

- UC-Davis Discovered Non-Opioid Drug ***(EC5026)*** For Pain-Update, January/February 2024 Issue
- Update on **EC5026**, August 2025 Issue

GSK3858279

- Investigating **GSK3858279** In Treating Diabetic Peripheral Neuropathic Pain, October 2024 Issue
- Update on **GSK3858279**, August 2025 Issue
  - (*Editor – study terminated due to no clinical efficacy*)

"194"

- New Drug **"194"** Relieved Neuropathic Pain Caused By Chemotherapy, HIV And Nerve Injury In Animal Models, March 2022 Issue
- Gene Therapy **(194)** Reduced Chronic Pain And ChemoInduced Peripheral Neuropathy In Mice, October 2023 Issue
  - *(Editor - 194 licensed to Regulonix for dvelopment)*

VIXOTRIGINE

- **Vixotrigine** Promising For Neuropathic Pain – Phase 2 Clinical Trial Results, November 2022 Issue
- Update On **Vixotrigine**, August 2025 Issue
  - *(Editor – discontinued for further development)*

VERTEX'S VX548

- **Vertex's VX548** Gets Breakthrough Therapy Designation Plus Update on Clinical Trials, January/February 2024 Issue
- Update on **Vertex's VX548** For Acute and Neuropathic Pain, September 2024 Issue
- FDA Approves First New Non-Opioid *(Journavx formerly **VX-548/suzetrigine**)* Pain Pill In Decades, March 2025 Issue

CAPSAICIN AND RELATED PRODUCTS

- High Dose **Capsaicin** Improves Patient Outcomes In Neuropathic Pain, January/February 2022 Issue
- Wearable Medicine *(**Capsaicin** and TRPV1 Receptors)*, March 2023 Issue
- High-Concentration **Capsaicin Patch** Can Cut Neuropathic Pain Intensity, April 2024 Issue
- How To Use **Capsaicin Ointment** To Ease Pain, April 2024 Issue

BOTOX

- Use Of **Botox *(Botulinum Toxin)*** In The Treatment Of Neuropathic Pain: A Case Series, October 2022 Issue

- Continued on page 5

Did You Know About Combination Therapy?

The treatment landscape is shifting toward combination approaches, as monotherapy *(treatment with only one medication)* proves effective in less than 50% of patients. Clinical evidence supports several combination strategies:

- Pregabalin or Gabapentin with TCAs: This combination shows the strongest documentation and clinical experience.
- Pregabalin or Gabapentin with SNRIs: Demonstrates good efficacy with fewer side effects than high-dose monotherapy.
- Cutaneous patches with oral therapies: Effective for patients suitable for local treatment.

Targeting multiple pain mechanisms simultaneously may allow lower doses of individual drugs.

REFERENCE

David Mcauley. January 10, 2025. Exploring New Drugs For Neuropathic Pain – Latest Treatment Options, *globalrph.com.*

Pain Research and Development Articles Published in Neuropathy Hope, August 2021 – August 2025 Issues

- Continued from page 4

- New Form Of **Botox** Could Help To Beat The Chronic Pain Caused By Diabetes, Cancer and MS, August 2023 Issue

LOW DOSE NALTREXONE *(LDN)*

- **Low-Dose Naltrexone *(LDN)*** Review Papers And Clinical Trial Result, May 2023 Issue
- **Low Dose Naltrexone** In Patients With Cryptogenic Small Fiber Neuropathy-Abstract, October 2024 Issue

OTHER MEDICINAL/SUPPLEMENTS

- **Citrulllus Colocynthis** Clinical Trial Papers, August 2022 Issue
- **Dietary Agmatine Sulfate** – Clinical Trial Result (NCT01524666), December 2022 Issue
- Effect Of **Agmatine Sulfate** On Neuropathic Pain, December 2022 Issue
- **Palmitoylethanolamide *(PEA*)**, A Lipid Mediator, Improves Pain Scores In Diabetic Neuropathy, July 2023 Issue
- Clinical Trials For **PEA** And Peripheral Neuropathy, July 2023 Issue
- **Thistle Extract** Accelerates Nerve Regeneration By Up To 29%, November 2024 Issue

NON-MEDICINAL

- **Non-Invasive Brain Stimulation** For Diabetic Neuropathic Pain-Clinical Trial Results, November 2022 Issue
- **Green Light** Exposure May Help Reduce Pain, January/ February 2023 Issue
- **Acupuncture** For Chemotherapy Induced Peripheral Neuropathy: Is It Effective?, April 2023 Issue
- New Loma Linda University Health *(Loma Linda, CA)* Research Discovers Treatment ***(Intraneural Facilitation® Treatment)*** For Diabetic Neuropathy, May 2023 Issue
- Elosan Cabin C1 **Electrostatic Therapy** Safe, Effective In Treating Chronic Pain, March 2024 Issue

NEW AVENUES OF PAIN RESEARCH

- 2021 Research Grant For Pain Relief *(Tarantula Venom),* September 2021 Issue
- An Old Anti-Psychotic ***(Fluphenazine)*** Offers A New Way To Treat Chronic Pain, December 2022 Issue
- Antioxidant Agents As An Emerging Treatment For Neuropathic Pain, April 2023 Issue
- Flipping The Script On A Cancer Pathway To Regrow Nerves, July 2023 Issue
- Peripheral Neuropathy Projects, Funding And New Drugs, July 2023 Issue
- 'Inverse Vaccine' May Reverse Symptoms In Autoimmune Diseases, November 2023 Issue
- Novel Neuropathic Pain Treatments In Clinical Trials, December 2023 Issue
- Repurposing Drugs For Neuropathic Pain, January/ February 2024 Issue
- Treatment Of Peripheral Neuropathy Using Multi-Modal Protocol, March 2024 Issue
- First Ever Gene Therapy Approach For Peripheral Neuropathy In Obese Diabetic Mice, August 2024 Issue
- Innovative **Drug BP4L-18:1:1** Offers New Hope For Chronic Nerve Pain Relief, September 2024 Issue

Spinal Cord Stimulation For Diabetic Neuropathy Pain: Is It Effective?

Meghna Rao; *neurologyadvisor.com*; May 30, 2025

Spinal cord stimulation (SCS) effectively relives pain and restores nerve function in patients with painful diabetic peripheral neuropathy (DPN), according to the findings of a small study presented at the 2025 American Academy of Neurology (AAN) annual meeting, held from April 5 to 9, 2025, in San Diego, California.

Researchers studied the effects of SCS on DPN pain because of the limitations of conventional therapy in treating pain and other sensory deficits in DPN. In addition, there is a lack of recognition of the autonomic dysfunction in this patient population. Eligible participants had classic "stocking-and-glove" painful DPN affecting lower and upper limbs. The SCS was implanted as a 4-port system and percutaneous leads at thoracic (T10-T12) and cervical (C5-T1) levels.

Participants received assessments before and after SCS implantation at 3, 6, and 12 months. They completed questionnaires for pain, quality of life, sleep, and autonomic impairment. Participants also underwent tests for neurologic function, such as electromyogram (EMG), nerve conduction studies (NCS), neurologic exam (Utah Early Neuropathic Scale [UENS]), hands and feet skin conductance and thermography, and small-fiber density quantification.

The current data indicate that **SCS can effectively treat DPN by eliciting relief of pain, sensory and autonomic symptoms, and restoring large - and small-nerve function.**

A total of 11 patients with painful DPN received SCS implants. At around the 8-month follow-up, 8 (72.7%) patients reported improvements in pain, as well as neuropathic and autonomic symptoms, including orthostatic, genital/sexual, and pupillomotor. Participants also showed neurologic recovery in the large- and small-fibers function, including improved neurologic exam; lesser EMG; improved sensory NCS; improved sudomotor function, as observed by a decrease in feet temperature; and increased skin conductance in soles of feet.

The researchers concluded, "Our current data indicate that SCS can effectively treat [painful] DPN by eliciting relief of pain, sensory and autonomic symptoms, and restoring large - and small - nerve function."

REFERENCE

Gutierrez G, Rizea C, Martinez R, et al. A Holistic Spinal Cord Stimulation Approach To Treat Painful Diabetic Peripheral Neuropathy: The Inspire Study. Presented at 2025 AAN Annual Meeting; April 5-9, 2025; San Diego, CA. Poster LS1-005.

(Editor – The spinal cord stimulator used in this study is the Wavewriter Alpha SCS System by Boston Scientific, August 2025 issue.)

Update on Vixotrigine (Biogen)

adisinsight.spring.com; May 19, 2023

This Nav1.7 voltage-gated sodium channel inhibitor has been **discontinued for further development** for bipolar disorders, erythromelalgia, neuropathic pain, sciatica, and trigeminal neuralgia.

Recent Events:

May 6, 2023 Biogen withdraws phase III clinical trial in Trigeminal Neuralgia in Austria (EudraCT2016-001449-16)

May 4, 2023 Biogen withdrawn the phase III SURGE-2 clinical trial in Trigeminal Neuralgia (in adults) in Spain, Hungary, and Czech Republic due to sponsor decision (EudraCT2016-002473-35) (NCT03637387)

Dec 31, 2022 Discontinued Phase-I clinical trial for Trigeminal Neuralgia (In volunteers) in USA

Update on GSK3858279

Last update to Phase 2 Clinical Trial NCT05838755 by GlaxoSmithKline posted April 4, 2025 on *clinicaltrials.gov*:

"The study met futility criteria at pre-planned interim analysis, showing no clinical efficacy of the investigational drug. Based on the lack of efficacy at the interim data review, the sponsor decided to **terminate** the study."

Update on EicOsis

EicOsis is developing a new approach to treat pain and inflammation by inhibiting the soluble Epoxide Hydrolase (sEH), a key regulatory enzyme. Inhibiting sEH increases the levels of naturally occurring anti-inflammatory and pain-relieving compounds. Its first drug candidate is currently undergoing Phase 1 human clinical trials.

In 2025, EICOSIS received $2,481,856 from NIH (National Institutes of Health) for "Development of a Soluble Epoxide Hydrolase Inhibitor to Spare or Replace Opioid Analgesics." They received a similar amount in 2024, 2020 and 2019.

EC5026 has been shown to be effective in preclinical pain models of pain, including inflammatory and neuropathic pain subtypes. Two Phase 1a studies - a Phase 1a single ascending dose (SAD) study and a Phase 1a fed-fasted study - have been conducted, evaluating the safety, tolerability, PK, and food effects of single oral doses of EC5026 ranging 0.5 to 24 mg.

- NCT04228302 Phase 1a - Safety, Tolerability, and Pharmacokinetics of **(single doses)** Oral EC5026 in Healthy Subjects.Location: Austin, Texas, United States
- NCT04908995 Phase 1a - Safety, Tolerability, Pharmacokinetics and **Food Effects** of Oral EC5026 in Healthy Subjects. Location: Austin, Texas, United States.

Phase 1b study will evaluate the safety, tolerability, and PK of 2 sequential ascending dose regimens of EC5026, administered once daily for 7 consecutive days, in healthy volunteers. Study started November 28, 2023 and completed May 12, 2024. No results posted on www.clinicaltrials.gov

- NCT06089837 Phase 1b - Safety, Tolerability, and Pharmacokinetics of **Multiple Doses** of Oral EC5026 in Healthy Subjects. Location: Christchurch, New Zealand.

REFERENCE: *www.NIH.gov*

"EicOsis recently opened recruitment for a clinical study to investigate pain in subjects with spinal cord injury (SCI). The main question it aims to answer is whether EC5026 is safe and well tolerated in SCI patients with neuropathic pain."

(Editor – no clinical trial listed on www.clinicaltrials.gov as of June 1, 2025)

REFERENCE: Email from EicOsis, April 16, 2025, April 2025 Newsletter

Update on Amitriptyline topical ATX-01 (Algo Therapeutix)

Press Release; *www.algotx.com*; February 18, 2025

AlgoTherapeutix (AlgoTx), a clinical stage biotechnology company developing a first-in-class therapeutic for peripheral neuropathic pain, ATX01, announced today the completion of its 276 patient Phase 2 trial known as 'ACT' (ATX01 in ChemoTherapy-induced peripheral neuropathy (CIPN)).

Conducted under the guidance of Professor Guido Cavaletti (University of Milano-Bicocca, Italy), ACT is an international, double-blind, placebo-controlled evaluation of the efficacy and safety of two concentrations of ATX01 (10% & 15%) in patients suffering from CIPN, a common side effect of neurotoxic cancer treatments caused by nerve degeneration.

The company's high-concentration, non-opioid ATX01 selectively targets specific nociceptive sodium channels in the peripheral nervous system involved in pain signaling. Its twice-daily local application is designed to alleviate pain whilst minimizing toxicity through limited systemic exposure.

ACT provided encouraging signals of ATX01 efficacy, particularly at the higher concentration of 15%. However, the high level of placebo effect experienced in several study sites prevented the overall separation of the pain response curves for ATX01 and placebo. In a post-hoc analysis in low-placebo sites, ATX01 15% showed statistically significant superiority to placebo on most primary and secondary endpoints. Equipped with this supporting guidance on future study design, AlgoTx sees a strong rationale to further explore the development of ATX01 15%.

AlgoTx's Founder, President & CEO, Stéphane Thiroloix said, "The ACT study results are a significant step forward on a complex development pathway and we thank all the investigators across US and Europe for their great work. Whilst we have seen encouraging signs of clinical efficacy with ATX01 we did not hit our primary endpoint due to a strong placebo effect in some centers. Hence there is the potential to design a new study, with additional mitigation strategies in place, to evaluate ATX01's efficacy to alleviate pain in CIPN without ambiguity. There remains a very high unmet need for pain relief in approximately two thirds of patients treated for cancer."

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In This Issue

Dear Readers,

We talk a lot about finding a cure for neuropathy – or actually we lament that there is no cure. But I believe we are seeing results from Spinal Cord Stimulation that could be defined as a cure!

The article on page 6, Spinal Cord Stimulation For Diabetic Neuropathy Pain: Is It Effective?, reports that after 8 months of use, large and small fibers have i**mproved their nerve function!** And they are not talking about symptom improvement, such as less burning or tingling, which could be subjective. The company, Boston Scientific, conducted neurological exams before the start of the study and compared the results to the 8-month follow-up exams (EMG, NCS, neurologic exam, skin conductance e and thermography and small fiber density quantification.) The patients had improved results (see the article for details) which indicated that nerve function is being restored.

When Nevro gave a webinar to WNA on their 10 kH spinal cord stimulator, they hinted that improved nerve function had also been seen, but I cannot find a paper that provides scientific detail.

Both these SCSs have been clinically tested only on diabetic neuropathy patients but of course we hope that results would be similar for other types of peripheral neuropathy.

May these give you Hope.
..Katherine
klstenzel@hotmail.com

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Katherine Stenzel, Editor
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Our mission is to provide support, information and referral to people with neuropathy and to those who care about them, to inform and connect with the health care community, and to support research.

Dues - $30 a year
All contributions and dues are tax-deductible.
Tax ID # 68-0476041

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