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Neuropathy Hope

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

A newsletter for members of Western Neuropathy Association (WNA)

WESTERN NEUROPATHY ASSOCIATION

APRIL 2025
Issue 03
Volume 23

WESTERN NEUROPATHY ASSOCIATION
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Pregabalin Shows Higher Efficacy And Safety vs Gabapentin In Neuropathic Pain

Lisa Kuhn, PhD; *NeurologyAdvisor.com*; February 12, 2025

Compared with gabapentin, pregabalin was more efficacious and safer for the treatment of neuropathic pain, with significant reductions in pain intensity and duration, opioid use, and adverse events.

Pregabalin demonstrates superior efficacy and safety compared with gabapentin in treating neuropathic pain, with improved pain control, quality of life, and fewer adverse events, according to study results published in *Frontiers In Pain Research*.

Researchers conducted a systematic review and meta-analysis to evaluate and compare the efficacy and safety of pregabalin vs gabapentin among patients with neuropathic pain. Data were sourced from 4 databases from March to April 2024.

The analysis included 14 comparative studies (clinical trials and cohort studies), representing 3346 unique adult patients (pregabalin group, n=1714; gabapentin group, n=1632). Nonrandomized studies ranged from acceptable to high in regard to methodological quality, and randomized studies had a moderate risk of bias.

Pain assessment tools included the global Visual Analog Scale (VAS) and SF-12/SF-36/EQ-5D questionnaires to better understand pain intensity, pain duration, opioid use, quality of life, costs, and adverse events.

Pregabalin demonstrated better pain outcomes, with a significantly lower global VAS score (standardized mean difference [SMD], -0.47; 95% CI, -0.74 to -0.19), with significant improvements exhibited at 4 weeks (SMD, -0.37; 95% CI, -0.70 to -0.05), 6 to 8 weeks (SMD, -0.31; 95% CI, -0.06 to -0.02), 12 to 14 weeks (SMD, -0.27; 95% CI, -0.42 to -0.12), and 12 months (SMD, -1.44; 95% CI, -2.82 to -0.07) compared with gabapentin. Additionally, higher quality of life metrics were seen with pregabalin (SMD, 0.39; 95% CI, 0.11-0.68) compared with gabapentin.

Further analysis revealed pregabalin resulted in significantly more days with no/mild pain (MD, 9.00; 95% CI, 8.93-9.07) and significantly fewer days with severe pain (MD, -3.00; 95% CI, -4.96 to -1.04), alongside significantly reduced opioid use (odds ratio [OR], 0.50; 95% CI, 0.33–0.76).

Costs, specialist visits, and overall adverse events did not significantly differ between the 2 drugs, but pregabalin had significantly lower incidences of nausea (OR, 0.36; 95% CI, 0.20-0.63; I^2=0%; P =.0004) and vomiting (OR, 0.33; 95% CI, 0.13-0.85; I^2=0%; P =.02) compared with gabapentin. Pregabalin also exhibited advantages in quality-adjusted life years (MD, 0.01; 95% CI, 0.00-0.01).

Sensitivity analyses confirmed pregabalin's superiority in VAS scores and lower adverse events at low doses. The GRADE assessment rated evidence as moderate for VAS and opioid use, low for quality of life changes, and very low for other outcomes, emphasizing pregabalin's efficacy and safety advantages.

Study limitations include potential bias, limited number of studies with adequate blinding, and the inability to individually assess characteristic symptoms and signs of neuropathic pain.

The researchers concluded, "[T]he findings of this study support that pregabalin provides substantial advantages over gabapentin in the management of neuropathic pain."

(Editor – Pregabalin is generic for Lyrica. Lyrica is approved for treating partial seizures plus the management of neuropathic pain associated with diabetic peripheral neuropathy, postherpetic neuralgia and spinal cord injury. Lyrica also approved to treat fibromyalgia by reducing pain and improving daily functions.

Gabapentin is the generic for Neurontin, Horizant (extended release) and Gralise (extended release). Neurontin and Gralise are approved for partical seizures and postherpetic neuralgia (PHN). Horizant (gabapentin enacarbil – extended release of gabapentin with almost twice the overall bioavailability) is approved for restless legs syndrome and PHN.)

WNA Assistance Line
833-980-4181

Katherine Stenzel
Editor

Newsletter Design by
Diane Blakley Designs

Peripheral Neuropathy Support Groups Virtual And In-Person For April 2025

Join a meeting to help others, learn something new, and/or share experiences.
In-person or virtual – connect to others with peripheral neuropathy.

Houston TX Peripheral Neuropathy Support Group
(1st Saturday of the last month in each quarter)
Next meeting Saturday, June 7, 2025

Strategies for Singles with Neuropathy Support Group
(1st Wednesday of the odd months)
Next meeting Wednesday May 7, 2025

Santa Cruz CA Peripheral Neuropathy Support Group
(3rd Wednesday of the odd months)
Group could be dissolving. Check May issue if continuing.

In-Person 7 Monday	**Auburn CA Peripheral Neuropathy Support Group** **12 noon - 1:30pm Pacific** Unity of Auburn, 1212 High Street, Auburn, CA Host – Pam Hart, *pamhart@pnhelp.org*, and Cass Capel, *capelkbphd@gmail.com*
Virtual 8 Tuesday	**2nd Tuesday Peripheral Neuropathy Support Group** **2pm Pacific / 3pm Mountain / 4pm Central / 5pm Eastern (90 minutes long)** Meeting ID: 980 2190 9000 / Passcode: 784590 Host – Shana Phelps, contact Shana for Zoom link *(everyone welcome, Colorado focus on healthcare providers)*
Virtual 9 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 12 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 16 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 16 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 26 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 Pam Hart, WNA President

About six years ago my husband and I moved to Texas for a job. We put everything in storage except for what could fit into a Toyota van. When we returned three years later, we slowly investigated the boxes we had left behind. At first, I was nostalgic and had a hard time letting go. After the boxes sat in my living room for 2 months, I went through them again. I found that it was easier the second time around. I realized that I had not missed these items for about four years. I was happy to donate most items.

When my mother moved out of her house five years ago, she asked us four children what we wanted. I could only think of a Japanese dish set that was very unique and a few vases that brought back memories. Lesson learned – the children don't want your stuff! With that in mind I encourage you to think of a giant Spring Cleaning!

As you dive into your spring cleaning routine, there's always the surprise element that adds excitement and a sense of adventure to the task. It's amazing what you find tucked away in forgotten corners or buried beneath stacks of old magazines. Maybe it's a long-lost pair of socks that you've given up on finding, or a photograph you thought you'd misplaced years ago. Sometimes, it's a forgotten piece of clothing that still fits perfectly or an old book that you'd meant to read again but had completely overlooked. These discoveries bring a feeling of nostalgia, or even just a little joy, as you reconnect with things that had slipped through the cracks.

In Northern California, Thrifty Bargain will pick up your items on their scheduled trips through your neighborhood. They don't service the whole area, but many members have used their services. They have two thrift stores and by selling these items, they are able to donate to WNA. This is the ultimate win-win.

But beyond the treasures you uncover, spring cleaning has a way of rewarding you with a deep sense of accomplishment. There's something incredibly satisfying about looking at your home after a full day of cleaning, organizing, and decluttering. Your space feels lighter, more breathable, and it reflects the energy of a fresh start. Whether it's the gleam of a well-scrubbed kitchen counter, a bookshelf that's finally organized, or simply the absence of clutter, the transformation can be incredibly gratifying.

Not only does spring cleaning give you the satisfaction of achieving a tangible goal, but it also helps to declutter your mind. A clean, organized environment can lead to greater focus, calm, and even increased productivity. It's like hitting the reset button—not just on your space, but on your mood and mindset too. Any project that takes your mind off of your aches and pains is worth it.

Here's to a cleaner, more organized living space,

Pam

pamhart@pnhelp.org

Tidbits From Houston Quarterly Peripheral Neuropathy Support Group - March 1, 2025 Katherine Stenzel, Editor and Director

While our group attendance was low (4 total with 3 of those Directors), we had a good discussion with a couple of product recommendations.

- **Muscle & Joint CBD Relief** Cream from Vital Body Therapeutics (*www.vitalbodytherapeutics.com*). Brian Lockard uses this at night when he is woken up with itchy skin. He says this works instantly for him to relieve the itch.
- **Tea Tree Hair and Body Moisturizer Leave-In Conditioner** by John Paul Mitchell Systems (*www.paulmitchell.com*). John Phillips uses this as a body lotion on his legs and leave-in conditioner on his scalp. It contains tea tree, peppermint and lavender which reduces the itching on his skin and scalp.

Our discussion on 'Acceptance' – accepting the new normal of living with neuropathy – focused on one attendee who has had to stop driving due to numbness in his feet and is working on accepting this change in his daily life.

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.

NIH-Funded Research Team Engineers New Drug Targeting Pain Pathway

National Institutes of Health; Media Advisory; March 5, 2025

A research team funded by the National Institutes of Health (NIH) has developed a medication that shows promise in treating acute and chronic pain. The drug, known as VIP36, targets the body's cannabinoid receptor type 1 (CB1). It was found to be effective in three different animal models for pain and does not appear to cause the harmful side effects that have frustrated other efforts to target CB1. These results enhance understanding of how to design safer and more effective drugs targeting cannabinoid receptors and are an important step towards developing novel, non-addictive treatments for pain.

CB1 receptors can be found throughout the body and are particularly dense in the brain's pain circuitry. They have long been considered a potential target for non-opioid-based pain treatment; however, previous attempts to target this pathway have been met with two challenges. First, repeated exposure to a drug leads to tolerance that limits its efficacy. Second, the dose required to reduce pain in the periphery tends to be high enough for the drug to make its way into the central nervous system. In humans, this can cause unwanted changes in mood, cognition, or emotional state.

To overcome these issues, researchers leveraged computer modeling of the CB1 receptor to design molecules that better interact with CB1, much like a key fitting into a lock. The newly designed drug, VIP36, is more "peripherally restricted" compared to previous drugs, meaning that much less of it leaks into the central nervous system where it can cause unwanted side effects. VIP36 also interacts with CB1 differently than treatments tested previously and in a way that reduces tolerance.

CB1 is part of a wide-ranging class of receptors known as G-protein-coupled receptors, which are involved in countless functions throughout the body including smell, vision, mood regulation, immune system responses, autonomic nervous system responses such as blood pressure and heart rate, and growth and metastasis of some tumors. In addition to their implications in pain care, the findings of this study could also help spur the design of other drugs that target similar receptors involved in other conditions.

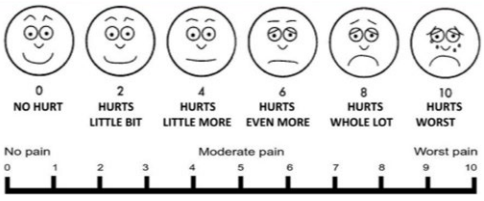
This research was funded by NIH's "Helping to End Addiction Long-term® Initiative", or NIH HEAL Initiative®, an NIH-wide effort that seeks to speed scientific solutions to the overdose epidemic, including opioid and stimulant use disorders, and the crisis of chronic pain.

Improved Pain Scale Katherine Stenzel, Editor

Have you seen or heard of this pain scale? While some items are humorous, my husband did see it in his Primary Care Physician's office. I've looked for an image of it but they are all either sold on Etsy or Amazon, etc. I'll give you the text – let your mind supply your images.

Would this be a better way of describing your pain? Would others understand your pain by using these words? Let me know what you think.

(As a comparison, the typical pain scale seen in hospitals is described in the October 2021 issue - diagram below.)



– Pain Scale –

1. **It might be an itch**
2. **I just need a Band-Aid**
3. **It's kind of annoying**
4. **This is concerning but I can still work /function.**
5. **Bees?** *(Image of stinging on the body… maybe nerves??… it is real?)*
6. **Bees!** *(Image of person running around trying to get away from the stinging bees. In my opinion, the bees/ stinging is real.)*
7. **I can't stop crying**
8. **I can't move it hurts so bad**
9. **Mauled by a bear or ninjas**
10. **Unconscious**

Tiffany Li, PhD, Awarded Scholarship For Neuropathy Research

The Foundation for Peripheral Neuropathy; CRTS News; February 7, 2025

Tiffany Li, PhD, has been awarded the 2025 Clinical Research Training Scholarship (CRTS) to support her important research on chemotherapy-induced peripheral neuropathy (CIPN). The CRTS is a multi-year scholarship program providing funding for emerging experts in neuropathy, supporting their efforts to advance treatments, prevention, or cures for peripheral neuropathy (PN).

Tiffany Li's research will focus on CIPN, a condition that affects up to 90% of cancer patients treated with certain types of chemotherapy. These chemotherapies can damage nerves, causing pain, numbness, and problems with movement. Right now, doctors don't have reliable ways to spot nerve damage early enough to prevent it from getting worse. With this scholarship , Li will work on finding new ways to detect this damage early, which could help cancer survivors feel better and live healthier lives.

Tiffany Li's research

Li's work aims to find special markers in the body that can show when nerve damage is starting, before it becomes a bigger problem. By finding these markers, Li hopes to help doctors detect nerve damage during chemotherapy and adjust treatment if needed. Catching damage early could reduce the long-term effects of CIPN. This is especially important for younger and older cancer patients, who are affected more by nerve damage.

"One key reason for my interest in chemotherapy-induced peripheral neuropathy, is that unlike many other neuropathies, it provides a unique predictability—we know exactly what the toxic insult is, neurotoxic chemotherapies, and we can pinpoint its onset with precision, tied directly to the administration treatment."

Li's research could also help doctors figure out which patients are most at risk for severe nerve damage. That would allow doctors to give patients more personalized care and treatment plans. Ultimately, Li's work could improve how we manage CIPN and help cancer survivors live better lives.

About Tiffany Li, PhD

Tiffany Li, PhD, is a researcher at the University of Sydney's Faculty of Medicine and Health. She earned her PhD in 2024 and also holds a master's degree in Biostatistics from Macquarie University. Li's research focuses on chemotherapy-induced peripheral neuropathy, and she has lots of experience in studying nerve excitability. She has received several awards for her work, including the Jonathon Pembroke Award at the 2024 Peripheral Nerve Society meeting.

Supporting early career researchers

By supporting researchers like Li, the Clinical Research Training Scholarship (CRTS) program is making progress in the field of neuropathy research and bringing us closer to better treatments for these conditions. This early-career exposure to researchers like Li strengthens the case for these experts to stick with PN research—laying the groundwork for more treatments and ultimately, cures, in the future.

Awarded in collaboration with the American Academy of Neurology and the American Brain Foundation, the goal of the CRTS is to bring new talent and vision to PN research. A scientific panel reviews all project submissions and $150,000 is awarded to each recipient for two years of research. The inaugural awards in this ongoing initiative were given in 2023 to Paula Barreras, MD, neuroimmunology fellow at Johns Hopkins Hospital and Erika Williams, MD, PhD, neuromuscular fellow at Massachusetts General Brigham.

Barreras studied if small fiber neuropathy in sarcoidosis patients is driven by inflammation, and if so, if anti-inflammatory or immunosuppressive treatments will help. Sarcoidosis causes the growth of tiny collections of inflammatory cells in different parts of the body.

Williams worked to develop a gene expression map of the autonomic nervous system. The autonomic nervous system is a component of the peripheral nervous system that regulates involuntary processes, including heart rate, blood pressure, respiration and digestion. The autonomic nervous system's function is impaired in certain diseases that also cause PN, like diabetes or amyloidosis.

Prescription Medications for Nerve Pain - Review

Jennifer Robinson, MD; *WebMD.com*; June 14, 2024

Getting control of your nerve pain can be tough. The good news is that doctors have a lot of effective ways to treat it. These include medicines, like prescription pain relievers or anticonvulsants and antidepressants, as well as electrical stimulation and other techniques. So if you have nerve pain, take hope. Here's a rundown of the prescription treatments that your doctor might recommend.

Prescription Medicines for Nerve Pain

There are several types of medication that help with nerve pain.

- **Anticonvulsants**. The name might sound alarming, but some of these drugs can help people with nerve pain. In fact, they're often considered a first choice. These drugs were originally developed for people with epilepsy to control seizures. It turned out that their effects on the nervous system could also help dull pain. Side effects may include drowsiness, dizziness, and nausea. *(Editor: pregabalin/brand name Lyrica and gabapentin)*
- **Antidepressants**. Along with anticonvulsants, certain types of antidepressants can be the first choice for treating neuropathic pain. Nerve pain specialists often recommend two major types.
    - **Tricyclic antidepressants** have been used for decades. While they're not used as often today to treat depression, they can play an important role in controlling nerve pain symptoms. Many studies have shown that they can help. These drugs can cause side effects, like dizziness, constipation, blurred vision, and upset stomach. They might not be safe for people with certain conditions, like heart problems. *(Editor: most common amitriptyline and nortriptyline)*
    - **SNRIs** (serotonin and norepinephrine reuptake inhibitors) are a newer type of antidepressant that seem to help with nerve pain. In general, these drugs have fewer side effects than tricyclic antidepressants. They might be safer for some, especially older people with heart problems. However, they might not be as effective as tricyclics in tackling nerve pain. *(Editor: most common duloxetine/brand name Cymbalta)*

Using antidepressants for nerve pain can have an added benefit, considering that chronic pain often coincides with depression. Chronic pain can make a person depressed, and depression can often make the experience of chronic pain seem worse. So, these drugs might help improve your mood, as well as ease your discomfort.

Of course, some people don't like the idea of taking antidepressants for their nerve pain because they worry taking antidepressants implies that the pain is just "in their heads." But that's not the case at all. It just happens that these drugs work with both conditions.

- **Painkillers.** For severe nerve pain, powerful opioid painkillers can help. Studies have found that for many types of nerve pain, they are as effective as anticonvulsants or antidepressants. Unlike other treatments for nerve pain, they also work very quickly. However, because of their side effects, many doctors only turn to these drugs when other treatments haven't worked. Opioid painkillers can cause constipation, stomach upset, and sedation. They also pose some risk of addiction and abuse, so it's important to use them exactly as your doctor recommends. Other painkillers, like prescription doses of NSAIDs (nonsteroidal anti-inflammatory drugs), might be helpful. But on the whole, those drugs don't seem to work well with nerve pain.
- **Topical treatments.** Painkilling gels and lidocaine patches are another effective approach; you would apply them on a particularly painful area of skin. These work best with small, localized spots of pain. The side effects are minor and include skin irritation.
- **Combination treatments.** Your doctor might recommend that you use one or two of these treatments together, an approach called combination therapy. Many studies have shown that combining certain drugs, often an anticonvulsant and an antidepressant, has a better effect on nerve pain than either medication alone.

Controlling Nerve Pain

If you're suffering with nerve pain and treatment isn't helping enough, don't give up hope. Instead, go back to your doctor and come up with a new approach. Or get a referral to an expert, like a pain specialist or a neurologist. There are a lot of different ways to tackle nerve pain. If one approach doesn't work, others might. By working with an expert, and being persistent, you can find something that will help.

Six Steps to Take When Reinventing Life After a Neurologic Diagnosis

Gina Shaw; *Brain&Life.org*; December 2024/January 2025

Assess your job. See if you can keep working, says Kamal Chemali, MD, professor of neurology at University Hospitals Cleveland. "If your impairment doesn't affect your profession, you may be able to keep doing it, even if not at the same level. Look for adaptive measures that can help you stay in it."

Shift your role. Think about what else you can do within your chosen field, especially if it's something you really love, says Dr. Chemali. "Every field has things that are adjacent," he says. "If you're a doctor or a medical student, you obviously have a passion for science. Maybe you will not be able to care for patients, but you could get involved in research."

Find a mentor. If you're thinking of a different career, talk to someone in that field who can advise you on options, says A.M. Barrett, MD, FAAN, chair of the department of neurology at UMass Chan Medical School in Worcester.

Expand a hobby. "Often, people haven't considered doing, or given themselves permission to do, the things they love part-time as a full-time pursuit," Dr. Barrett says. "Your side gig could become your main thing."

Keep an open mind. "Be receptive to new experiences and new possibilities, and focus on what you can do versus what you can't," says Nia Mostacero, an Air Force veteran who became a beauty pageant contestant after being diagnosed with dementia related to head injuries sustained in childhood. "I'm taking a Latin dance class and voice lessons. I'm trying to explore what still works and challenging that."

Persist. "Whatever you decide to do, don't give up," says Joe Salazar, a former medical student who became a high school robotics teacher after being diagnosed with Parkinson's disease. "It sounds like a cliché, but you have to find your drive, your motivation. My motivation is my 3-year-old son. He relies on me, so for the next 30 years I need to find a way to be well. Once you find that motivation, nothing will stop you."

FDA Clears Sangamo's ST-503 For Chronic Neuropathic Pain Clinical Trials

InsidePrecisionMedicine.com; December 19, 2024

Sangamo Therapeutics has announced that the U.S. Food and Drug Administration (FDA) has cleared the investigational new drug (IND) application for its ST-503 program. ST-503 is an epigenetic therapy designed to treat idiopathic small fiber neuropathy (iSFN), a type of chronic neuropathic pain that severely affects patients' quality of life. With the application approval, Sangamo is preparing to launch a Phase I/II clinical trial in mid-2025 to evaluate the safety and efficacy of this novel treatment.

Sangamo's ST-503 program targets the SCN9A gene, which encodes the Nav1.7 sodium channel, a key player in pain signaling pathways. ST-503 uses an adeno-associated virus (AAV) vector to deliver a zinc finger repressor (ZFR) that selectively silences the SCN9A gene. Preclinical studies in animal models have shown that this targeted approach reduces the expression of Nav1.7 sodium channels in sensory neurons, significantly alleviating pain hypersensitivity. A single intrathecal administration of ST-503 was both effective and well tolerated, with no off-target effects observed in nonhuman primates.

The upcoming Phase I/II clinical trial will involve patients with intractable pain caused by iSFN. This study aims to assess the safety, tolerability, and initial efficacy of a one-time intrathecal dose of ST-503. If successful, Sangamo plans to explore the potential of this therapy for other forms of chronic neuropathic pain

Future Webinars

April 24 – WInSanTor: Novel drug WST-057, topical application shown to repair and regrow peripheral nerves.

May 22, 2025 – Abbott Neuromodulation: Spinal Cord Stimulation therapy (SCS) for relief of burning, tingling and numbness sensations from Painful Diabetic Neuropathy.

Registration emails will be sent approximately 2 weeks before the webinar. You can also check out the home page of our website at ***www.pnhelp.org*** for the registration link.

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In This Issue

Dear Readers,

"Who is researching about neuropathy?" I hear that neuropathy is being ignored and we who suffer from it are neglected. This issue has news to the contrary with three separate articles on neuropathy research.

Page 4 details drug VIP36 developed by a research team with the National Institutes of Health (NIH). VIP36, for treating acute and chronic pain (neuropathic pain), was designed to be "peripherally restricted" meaning less of the drug would leak into the central nervous system causing less unwanted side effects. It has been effective in three different animal models for pain.

Page 5 describes Tiffany Li's work looking for special nerve markers that can show early nerve damage during chemotherapy treatment. With this detection, treatment could be adjusted which could reduce the long-term effects of Chemotherapy Induced Peripheral Neuropathy.

And lastly **page 7 highlights Sagnamo Therapeutics' new drug ST-503** to treat the pain from idiopathic small fiber neuropathy. They will start a Phase I/II clinical trial in mid-2025 for safety and efficacy.

May these give you Hope.
..Katherine
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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

We are supported by dues-paying members, contributions by members and friends, and occasionally, small grants and fundraisers.