Four-month results of a prospective, randomised, crossover, controlled feasibility study using spinal cord stimulation to treat visceral pain secondary to chronic pancreatitis: The PANACEA trial

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Introduction

Case reports and case series of spinal cord stimulation (SCS) for visceral pain secondary to chronic pancreatitis have shown improvements in pain and quality of life and promising safety profiles.

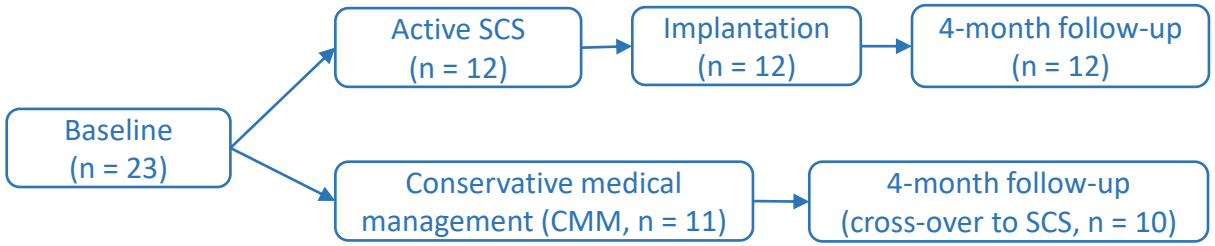
Aim: This prospective, randomised, crossover, controlled, single-centre feasibility study, aimed to evaluate the efficacy of SCS as a treatment for persistent abdominal refractory visceral pain secondary to chronic pancreatitis.

Results

Pain VRS was significantly **lower at 4 months compared to baseline** for **active SCS only** (*). Also, **pain VRS** was significantly **lower for active SCS than CMM** at **4 months** (#).

	Active SCS (n = 12)		CMM (n = 11)	
	Baseline	4-month FU	Baseline	4-month FU
Pain (VRS)	2.58 (0.58)	* # 1.75 (0.70)	2.73 (0.48)	2.74 (0.58)
Pain (NRS)	6.75 (1.75)	4.08 (1.84)	7.00 (1.75)	5.95 (1.84)
HRQoL (EQ-5D-5L)	0.47 (0.24)	0.55 (0.29)	0.37 (0.24)	0.31 (0.29)
Pancreatitis QoL (PANQOLI)	56.00 (10.36)	64.83 (10.75)	49.64 (10.36)	47.00 (10.36)

Materials and methods



Data collected included pain (numerical rating scale [NRS] and verbal rating scale [VRS]), health related quality of life (HRQoL EQ-5D-5L) and pancreatitis QoL (PANQOLI)

The four-month data were analysed by intention-to-treat (n = 23) using mixed ANOVAs.

Discussions

Active SCS and CMM may have differential effects on outcomes at four months.

With ongoing data collection, it will be possible to further explore how these and additional outcomes (e.g., sleep, patient global perceived effect, health-related economic data, medication usage and employment status) change with SCS.

Conclusions

Upon completion for the study, it is hoped findings will provide insight into the effects of SCS in this patient group.