



Is it all about the Waveform?



Farshad Ahadian, MD
Professor of Anesthesiology
University of California, San Diego

OBJECTIVES

- 1 Understand SCS waveforms available for treatment of pain

- 2 Review RCT efficacy and safety data for waveforms / devices

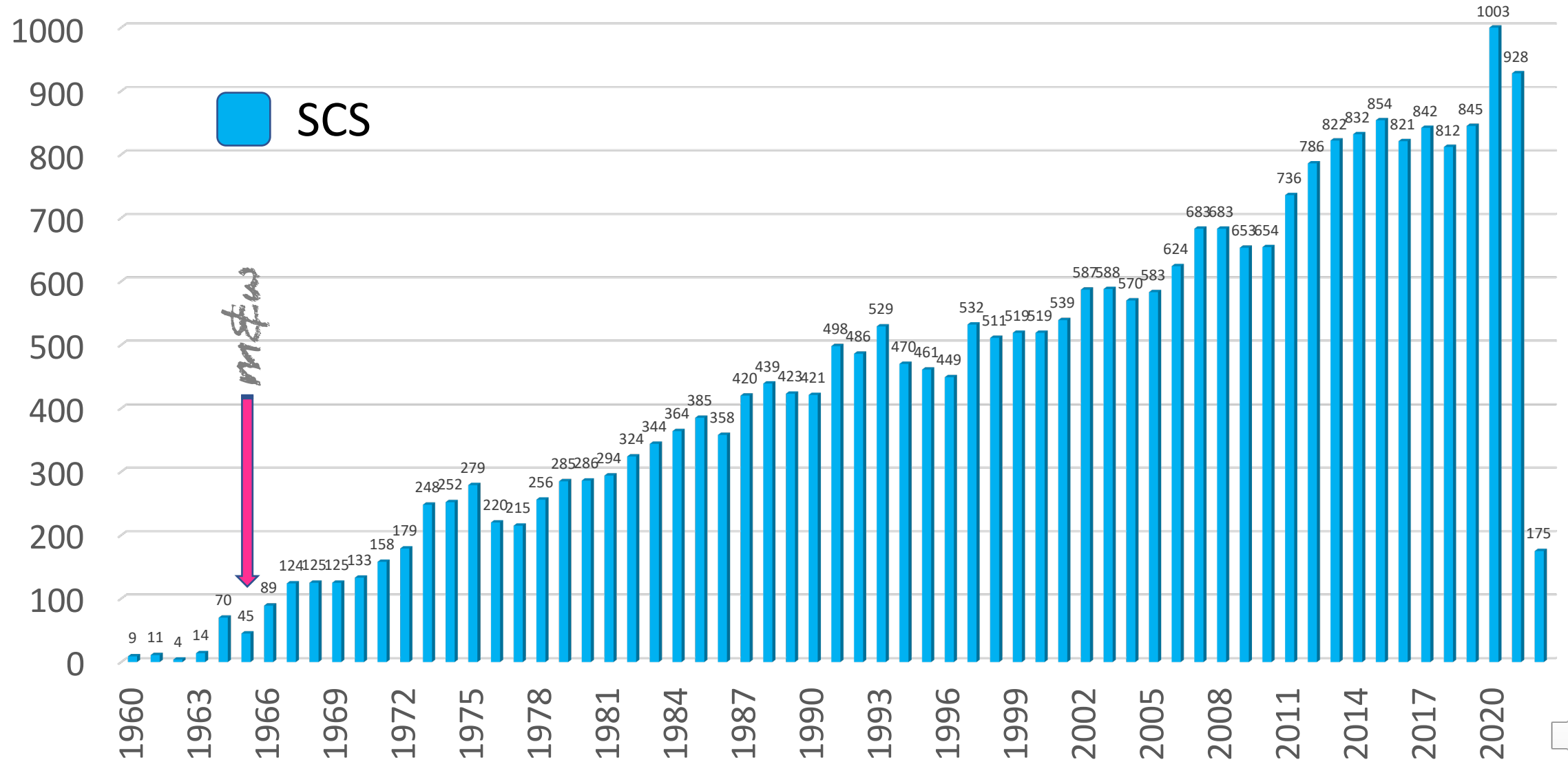
- 3 Consider implications for clinical decision making



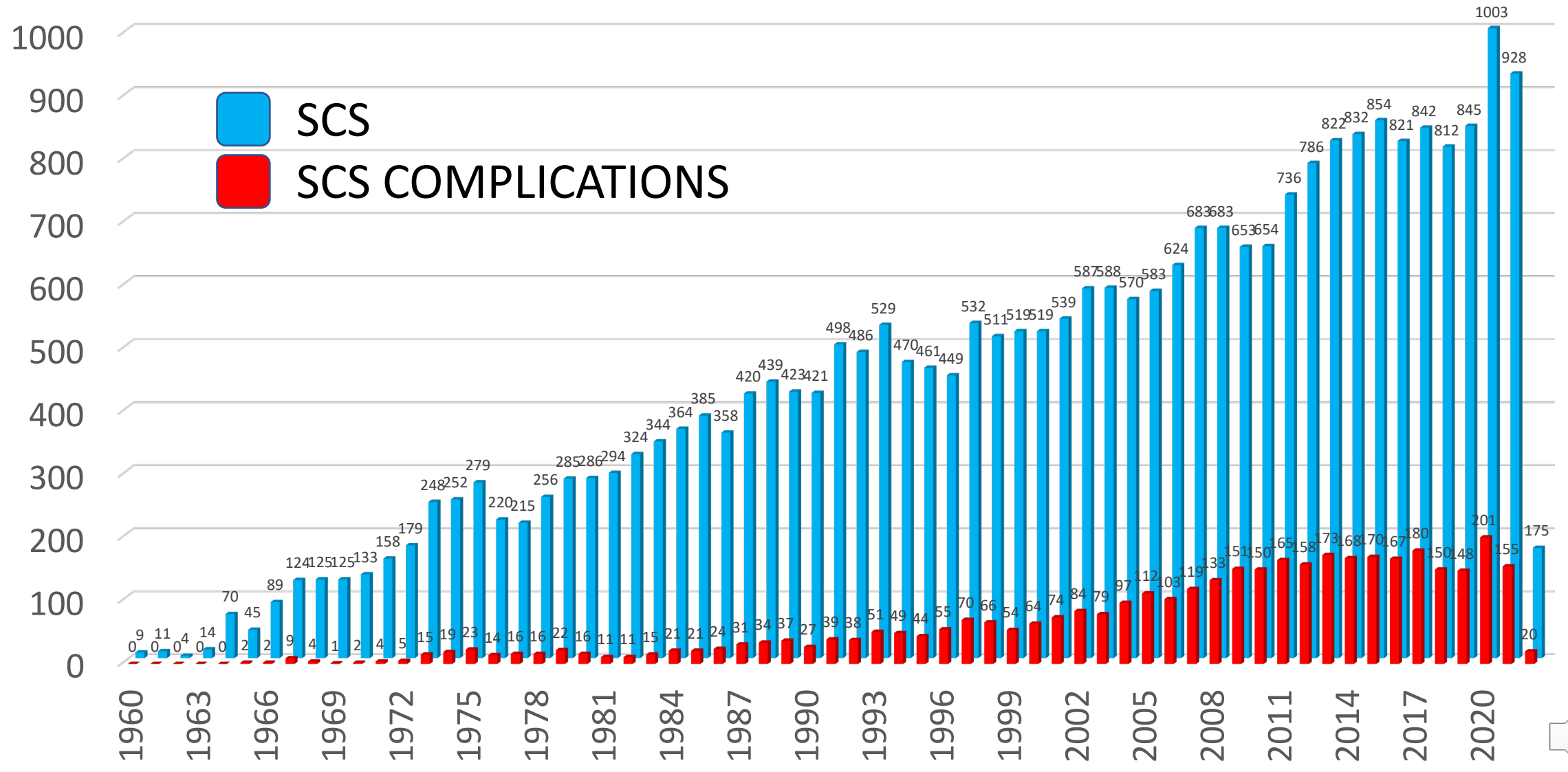
FINANCIAL DISCLOSURES

■ Semnur/ Scilex	PI; Research Support
■ Boston Scientific	PI; Research Support
■ Mainstay Medical	PI; Research Support
■ SKK	PI; Research Support
■ Medtronic	CO-I, Research Support
■ SI-Bone	CO-I; Research Support
■ PainScan	Consultant

PubMed.Gov: SPINAL CORD STIMULATOR PUBLICATIONS; 1960-2022



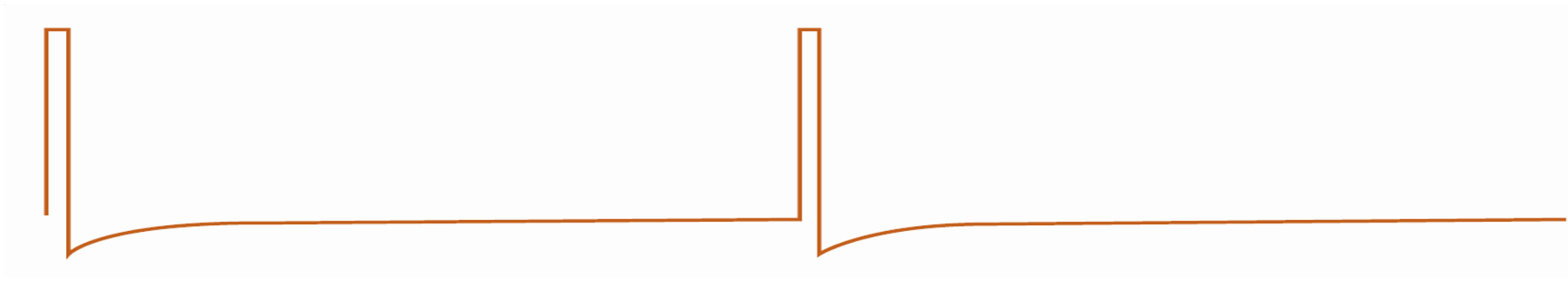
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SPINAL CORD STIMULATION: Advances

LEADS	IPG	WAVEFORMS
▪ # Contacts (1-32) ▪ Percutaneous ▪ Paddle ▪ DRG	▪ Voltage → Current ▪ Single → Multi Source ▪ Updatable Platform ▪ MRI Compatibility ▪ Size/ Invasiveness	▪ P-SCS ▪ PF-SCS ▪ DRG-S ▪ Closed Loop- ECAP

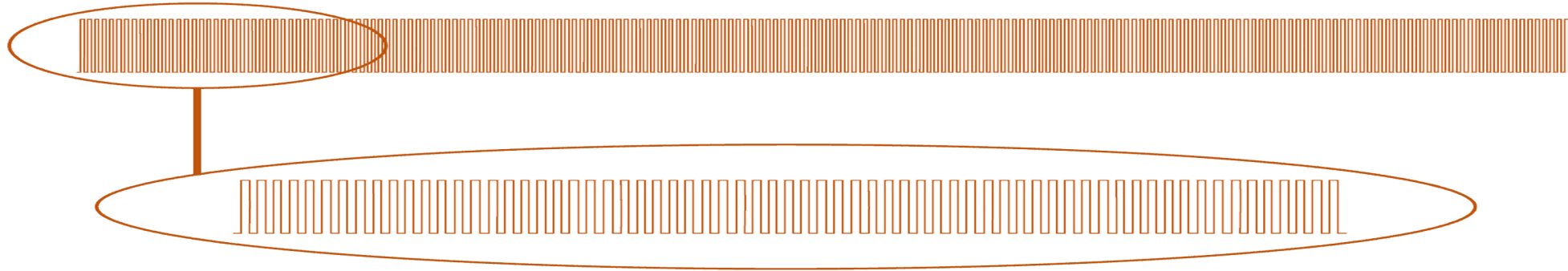
Stimulation Waveform Patterns: P-SCS (Tonic)



CHARACTERISTICS	MECHANISM
■ Tonic/ Repetitive/ Single ■ Low Freq: 40-60 Hz ■ Pulse Width: 200-500 μs ■ Amplitude 3.5-8.5 mA	Most Published Evidence 1. Segmental Spinal Mechanism DH Inhibitory Neurons (GABA) 2. ↓ Microglia/ Astrocyte Activation 3. Descending Anti-Nociceptive Sys.



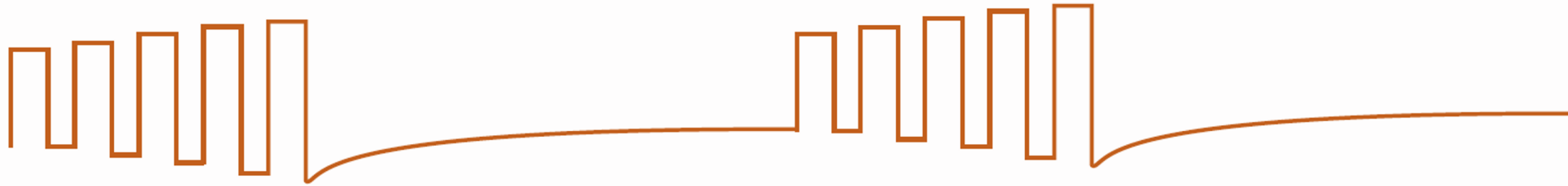
Stimulation Waveform Patterns: PF-SCS (HF-SCS)



CHARACTERISTICS	MECHANISM
• Continuous Mode • High Freq: 10 KHz • Pulse Width: 30 μs • Amplitude 50-70% PT	Mechanism not clear 1. Segmental Modulation of DH Circuits 2. Modulation of Neuro-Inflammation 3. Thermal Homeostatic Changes • What about 100 Hz – 10K Hz? • 1-5 KHz PF-SCS (HD-SCS)



Stimulation Waveform Patterns: PF-SCS (B-SCS)



CHARACTERISTICS	MECHANISM
■ 5 Pulse - Burst ■ Inter-Burst Freq: 40 Hz ■ Intra-Burst Freq : 500 Hz ■ Pulse Width: 1000 μs ■ Amplitude 50-70% PT	Mechanism not clear <i>Emulates Endogenous Patterns</i> 1. Segmental Spinal Mechanism (non-GABA) ○ [Cortical Attentional Mechanisms]

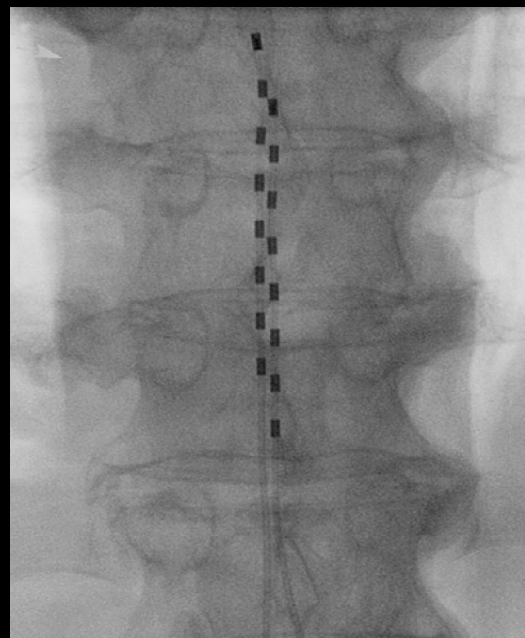


T8

T9

T10

T11

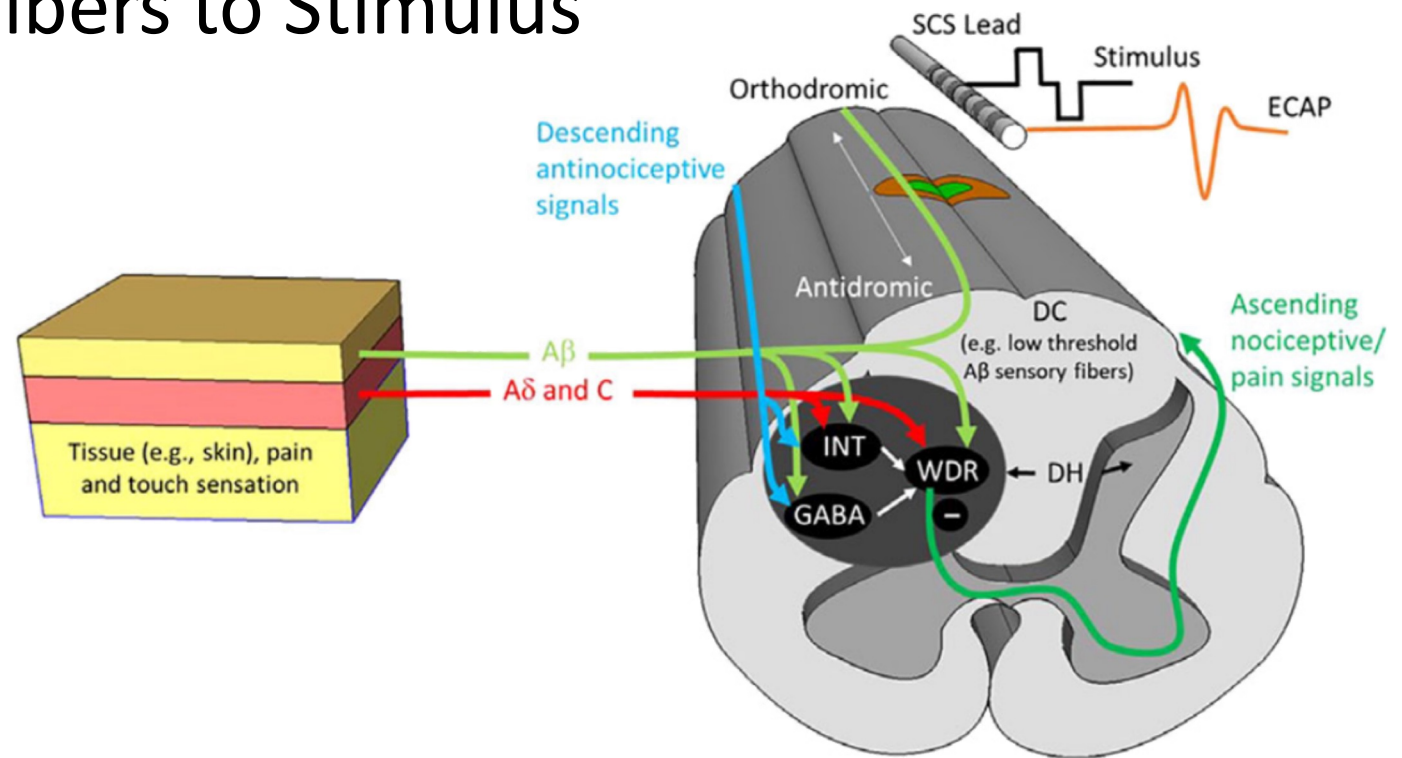


Closed Loop ECAP-SCS (P-SCS)

What is ECAP?

Evoked Compound Action Potential
EP-Response of Nerve Fibers to Stimulus

- Conduction velocity
 - Amplitude
 - Fiber diameter
 - # Fibers Recruited
 - AP Frequency
-
- Neuronal Excitability
 - Neuropathic vs Somatic

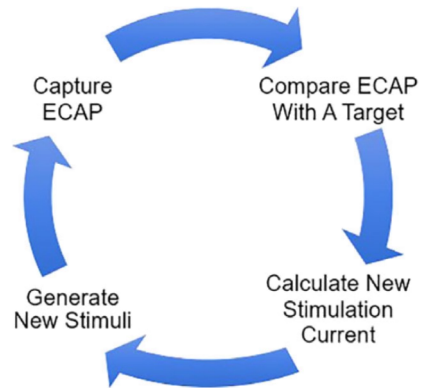


Caylor J, et al. Bioelectron Med. 2019 Jun 28;5:12.
Russo R, et al. J Physiol. 1996;493(1):55–66.
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Levy R, et al. Neuromodulation. 2019 Apr;22(3):317–326. (EVOKE)
Russo M, et al. Neuromodulation. 2018 Jan;21(1):38–47. (AVALON)



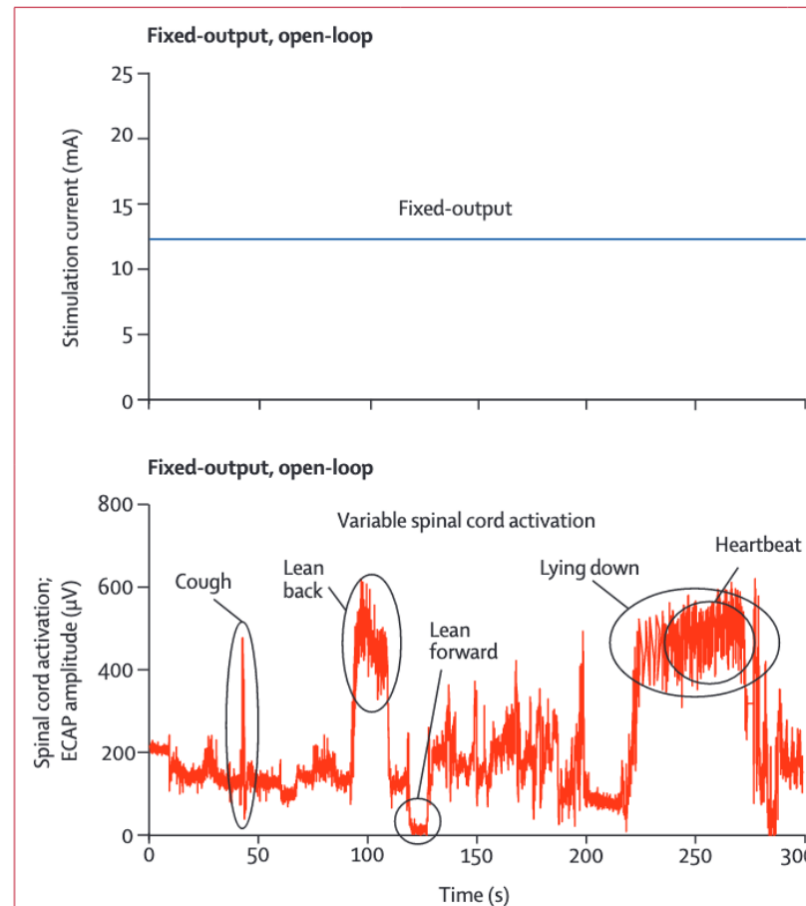
Closed Loop ECAP-SCS (P-SCS)

- ECAP – Feed Back Control
- Adjust DC Fiber Recruitment
- Maintain Therapeutic Window



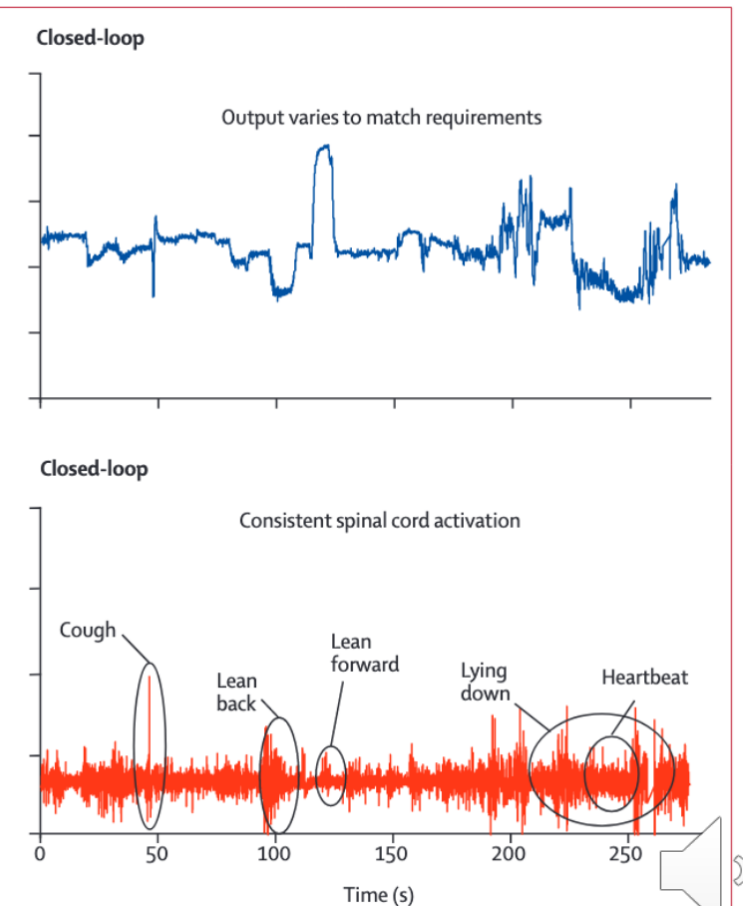
OPEN - LOOP

- Fixed Output Stimulation
- Variable SC Activation



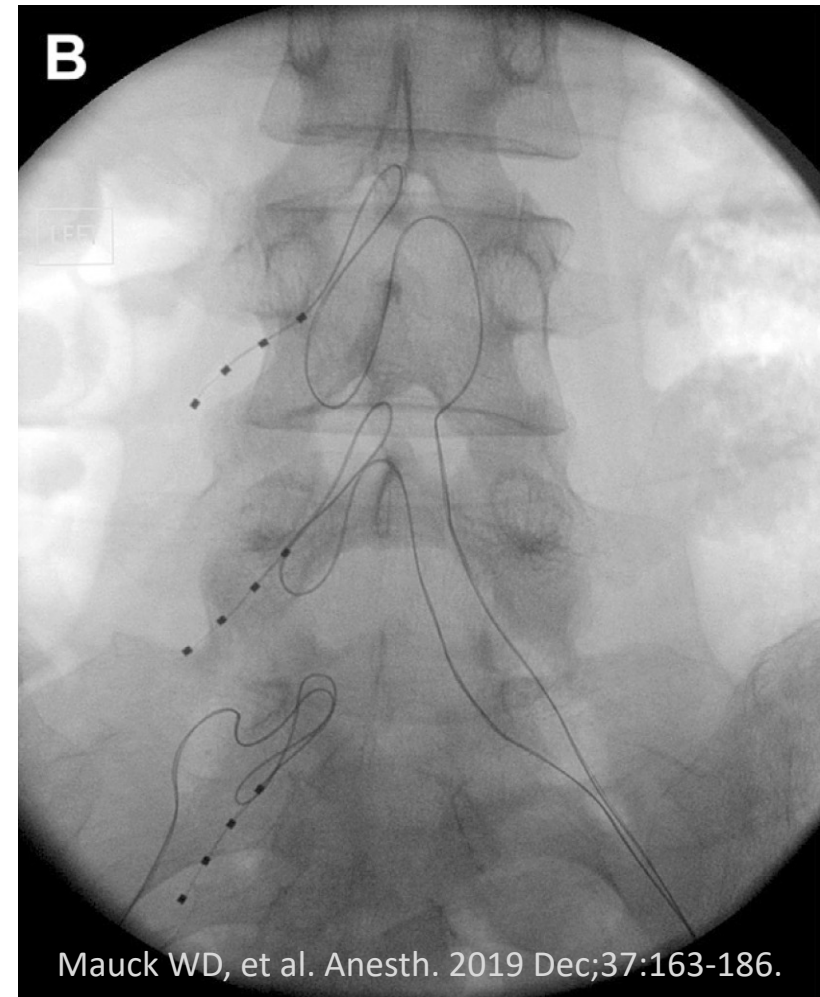
CLOSED - LOOP

- Dynamic Output Stimulation
- Consistent SC Activation



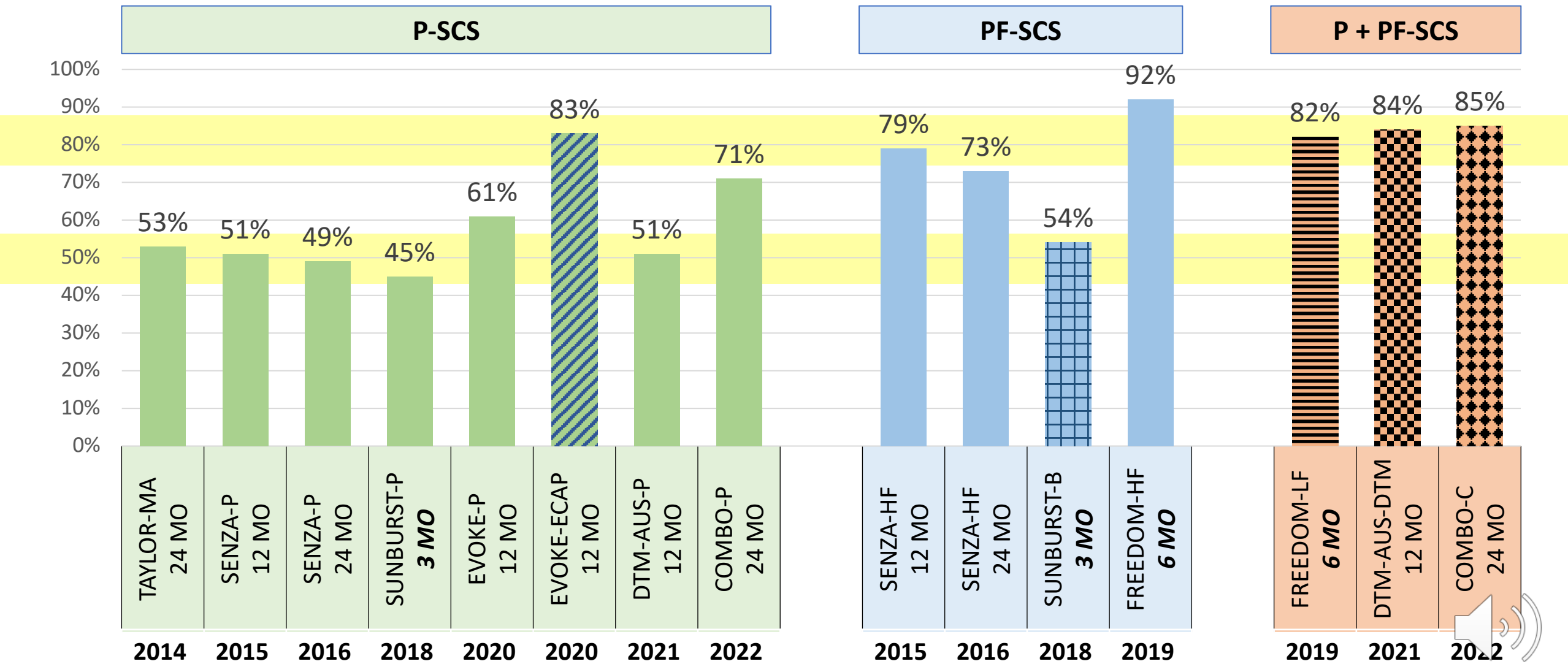
DRG-S

- Tonic - PF
- Low Freq: 20 Hz
- Pulse Width: 300 – 400 μ s
- Amplitude 0.6 – 1 mA



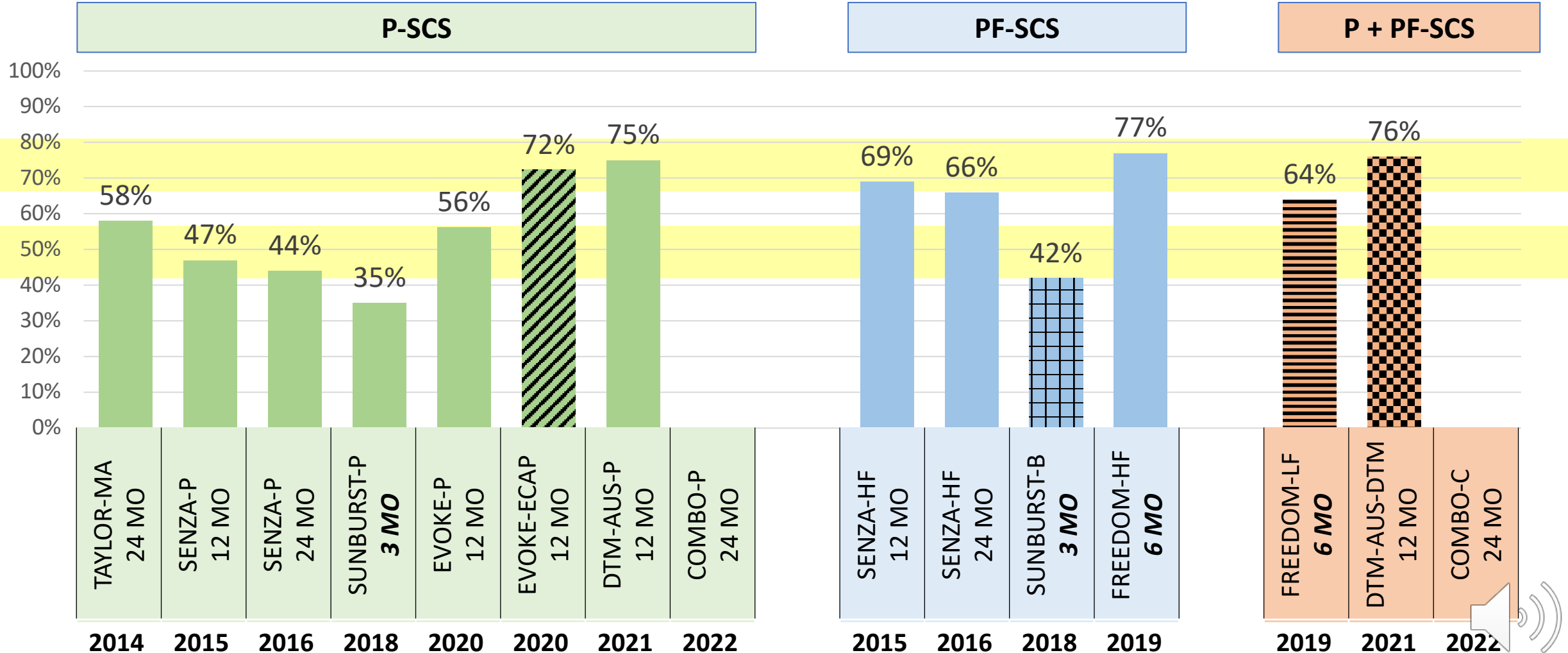
Comparative Efficacy of SCS by Waveform for Low Back and Leg Pain

% Subjects Reporting $\geq 50\%$ Pain Relief From Baseline



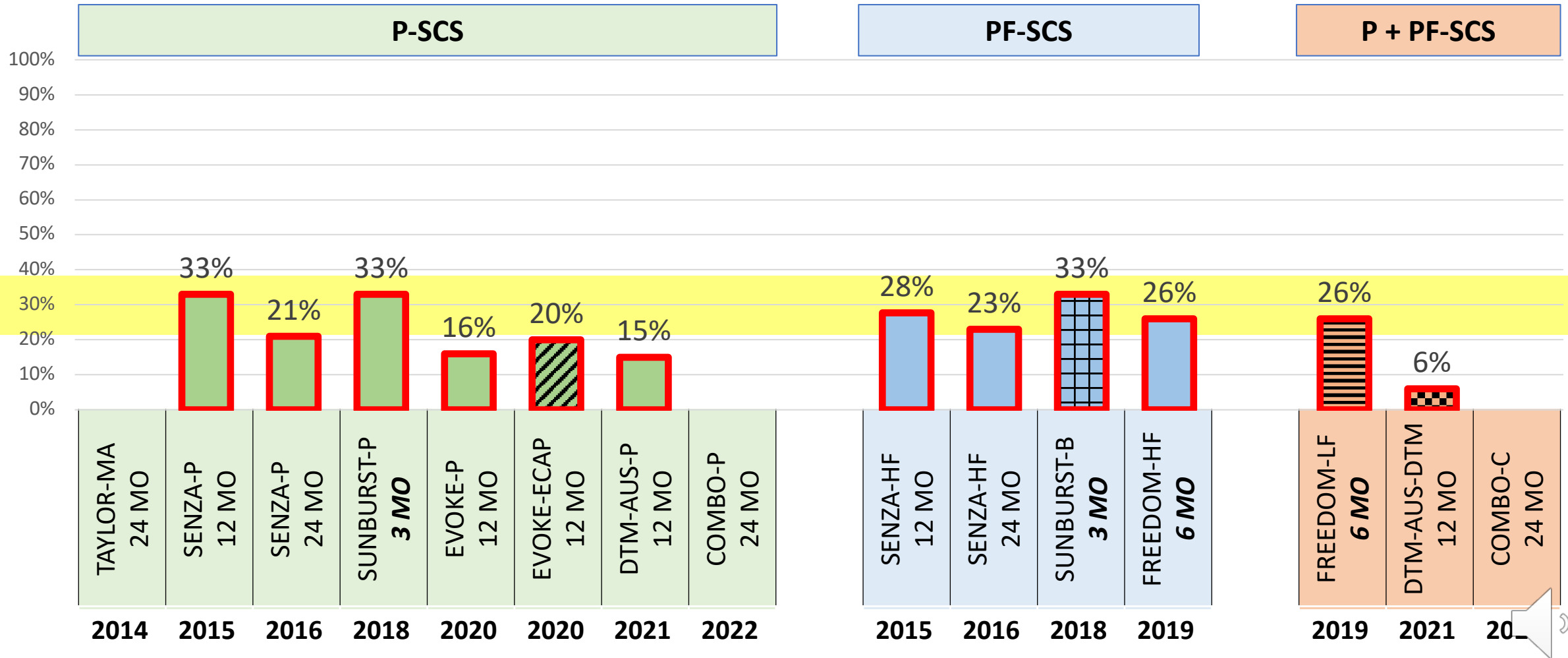
Comparative Efficacy of SCS by Waveform for Low Back and Leg Pain

% Pain Reduction From Baseline

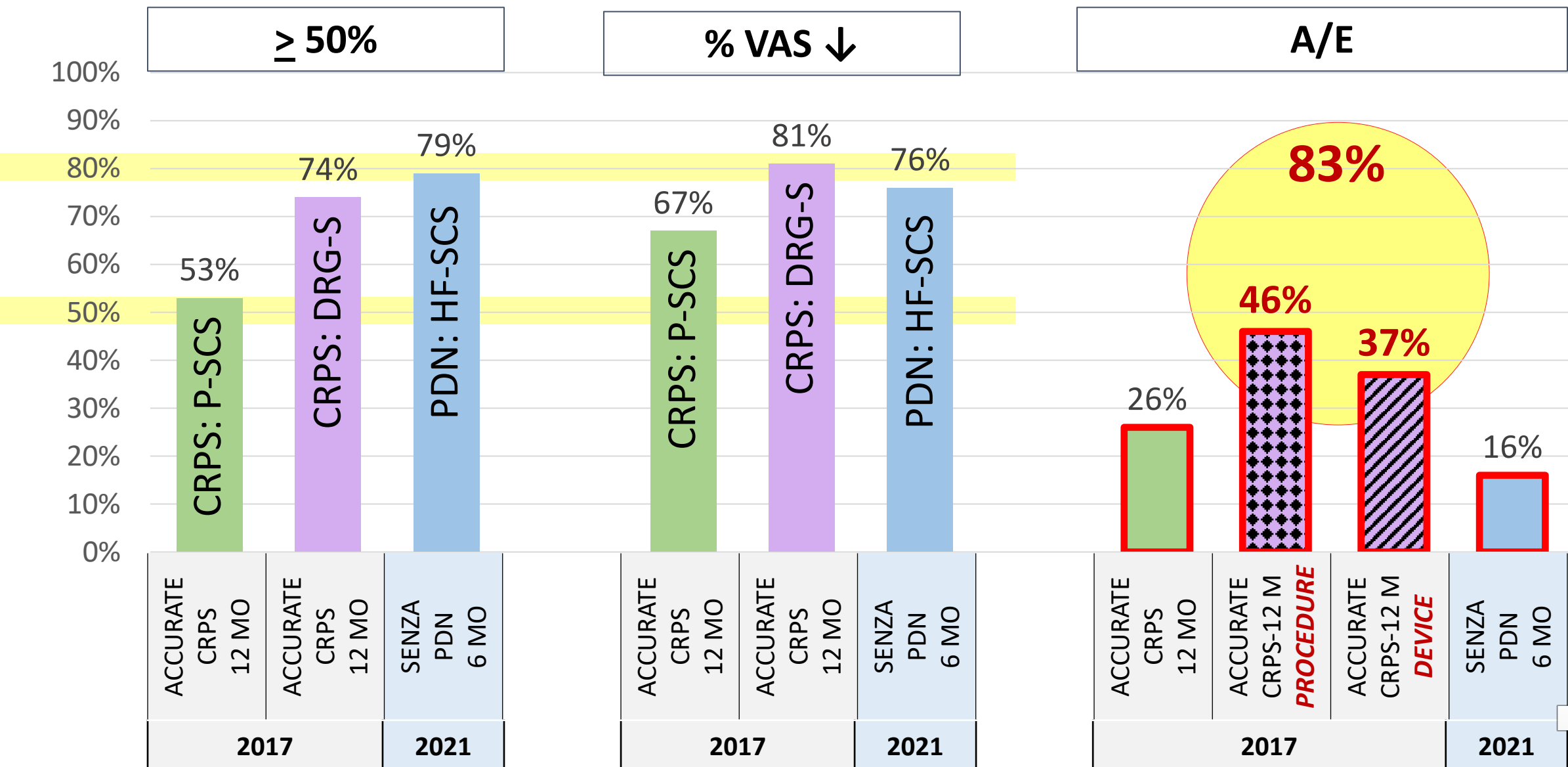


Comparative Efficacy of SCS by Waveform for Low Back and Leg Pain

% Subjects with Device Related AE+SAE



Comparative Efficacy & Safety of SCS by Waveform for Limb Pain



Is it All About the Waveform?

- New Waveforms – High levels of efficacy (80/80)
- Clinically Meaningful and Life-Changing (Right Pt)
- Patient selection is key for success



Is it All About the Waveform?

- Efficiency – Battery preservation?
- Which waveform for which condition?
- Patient preference & Waveform Likeability?
- Durability of effect over the long-run?



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*Treat the PATIENT,
Not the IMAGE !*



*Treat the PATIENT,
Not the WAVEFORM !*

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