

cancer NEWSLINE

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>> Welcome to Cancer Newsline, your source for news on cancer research, diagnosis, treatment, and prevention. I'm your host, Lisa Garvin. Our guest today is Dr. Salahadin Abdi. He's a professor and chair of the pain medicine department here at MD Anderson, and today we'll be talking to you about an exciting new advance in treating neuropathic pain in cancer patients.

>> Scrambler therapy, what it does is, in simple terms, it scrambles the information which the injured nerves send to the brain. Normally what happens is that when we have any type of peripheral injury, that injury will be translated into different signals, which travel towards different areas of the brain. That's how we perceive pain sensation. This scrambler therapy scrambles that information and only normal information will be transmitted to the brain. And that's how we are able to reduce the amount of pain sensation this group of patients has. Especially I'm thinking about a lot of our patient population who do get chemotherapy and unfortunately, with the so-called chemotherapy-induced peripheral neuropathy. And remarkably, we've been seeing that, as scrambler therapy seems to reduce this type of neuropathy which the patients present with, it's been really remarkable. We then -- we have treated, I should say, a few patients thus far, and it's been a very, very encouraging outcome which we've been seeing. And also obviously we do see that patients reduce their pain medications, especially important analgesics such as the opioids. So that's another area where we are interested in how many do they truly reduce. And thus far, the few patients we did, they are reducing their pain medication, and that means the side effects of the pain medication will be less as well too. And patients' quality of life, in general, improves quite a bit.

>> How is it administered? Is it via electrodes?

>> It's electrodes. Placing electrode pad, just basically around the area where the patients have pain and stimulating those areas for about 45 minutes on an average. It has to be done at least over five days, preferably 10 days. That means Monday through Friday for two weeks, and it's truly amazing, the type of result which we've been seeing on this group of patients. We will be studying it thoroughly. We will do randomized control trials in the future. Right now we are just gathering a pilot experience. Pilot data, basically. And it has been very remarkable thus far.

>> How are you choosing patients for your early studies on this? Do they have intractable neuropathy? Or how are you choosing your --

>> Yeah. Right now we are basically choosing patients who have any type of prolonged intractable chemotherapy-induced peripheral neuropathy. A lot of these patients we have to keep in mind have got years of neuropathy with significant pain as well as reduced quality of life. But when we start our study, hopefully in the near future, we'll be narrowing down our screening and the type of patient which we

choose, obviously. But right now, just we enroll anybody who has neuropathy and significant pain for a long period of time.

>> And this is obviously an outpatient procedure.

>> That's correct.

>> You attach the electrodes in the clinic.

>> You place the electrodes around the area which basically stimulates those areas for 45 minutes. That's it. And they go home.

>> Great. Well it sounds encouraging. We'll have to check back with you on that.

>> Absolutely.

>> For more information, visit mdanderson.org. Thank you for listening to Cancer Newsline. Tune in for the next episode in our series.

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