



Neuromodulation News: Spring 2013

A Message from the President

When I took on the role of president of the INS I had three aims. The first was to establish the INS as the society that draws together all who work with and study about neuromodulation – a fast-growing field, relevant to the future of medicine. The second was to reach outside our immediate bubble of interest as I felt that our science and therapies were not reaching the minds of our patients, referrers and regulators. The third was to give value to membership of the INS and its chapters.

The strategy was to augment the efforts of the journal and the biennial scientific meeting with an effective online presence. Some of you may be starting to appreciate some of the services available to you. For example the scheduled Expert Panel discussion sessions, the unscheduled Google group consultation among practitioners, the free-to-member online journal, the patient information section and of course the rolling news briefs, keeping you up to date with matters pertinent to the field.

Behind the scenes we are strategically coordinating with other on line organisations so reaching out to neurologists and doctors in training. We also offer reciprocal early bird meeting subscription privileges to members of the American Society for Stereotactic and Functional Neurosurgery and World Society for Stereotactic and Functional Neurosurgery.

We have chosen our biennial congress sites and dates well in advance so that researchers can plan their launch of new data more easily. The Berlin meeting from 8th to 13th June 2013 is only three months away. The Montreal meeting at the Fairmont Queen Elizabeth has been arranged for 6th to 11th June 2015. The abstracts submitted to the INS Berlin meeting have topped 340, 100 more than in London. This suggests an even better attended meeting in 2013 than in 2011. Maybe we are succeeding in our ambitions. The programme of invited speakers is broad and august and includes many leaders in the field. I look forward to welcoming as many INS members as possible. Remember to invite referring colleagues, some of whom may choose to attend for a day that is relevant to them. I realise that this ambition can only be achieved by those in Europe where a single day attendance would be possible.

Perhaps you have a neurology colleague interested in headache or a colorectal or urology colleague interested in pelvic organ motility disorders, or cardiologist interested in new options for angina and heart failure. Check out the programme and plan ahead. All would be welcome. We have to look outside the bubble to expand the field.

Dr. Simon Thomson, MBBS, FFPMRCA
President of INS

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Rise in INS Congress Abstract Submissions

The INS thanks everyone who submitted an abstract to the 11th World Congress. There were 341 abstracts submitted, nearly 40% more abstract submissions than at the 10th World Congress two years ago!

The abstracts are undergoing review and authors will be notified at the end of March. Accepted abstracts will be online prior to the congress, so attendees can plan their poster viewing.

A brief breakdown of the submissions from 30 different countries includes:

No.	Abstract Topics:
149	Spine Pain
32	Brain Movement Disorders

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32	Peripheral Nerve
19	Neurorehabilitation/Functional Electrical Stimulation/Neural Prosthetics
17	Brain – Psychiatric Disorders
15	Headache
14	Basic Science
12	Bioengineering
11	Neurocardiovascular Disorders
10	Brain - Epilepsy
7	Spine - Spasticity and Movement Disorders
5	Gastrointestinal Disorders
5	Pelvic Organ Motility Disorders
5	Socioeconomics
5	Genitourinary Disorders
4	Neuroregeneration

Source of Submissions:

96	United States
31	Italy
29	United Kingdom
22	Germany
17	Belgium
16	Australia
15	Argentina
12	China
12	Spain
11	Korea
11	The Netherlands
8	Switzerland
7	Brazil
7	Canada
6	Russian Federation
5	Denmark
5	France
5	Japan
4	Greece
4	Sweden
3	Australia
2	Czech Republic
2	India
2	Luxembourg
2	Portugal
1	Iran
1	Ireland
1	Saudi Arabia
1	Taiwan
1	United Arab Emirates
341	Total

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New Rate for 11th World Congress Pre-conference

The pre-conference sessions on June 8 and 9 for the 11th World Congress, Technology Transforming Chronic Illness Management, are now \$360.53 each day, or \$600 for both days. **Register for one or two pre-conference days and the main congress and receive a 10% discount on the pre-conference fee.** <http://www.neuromodulation.com/ins-congress>

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Program Posted for INS 11th World Congress Pre-conference on the 9th of June

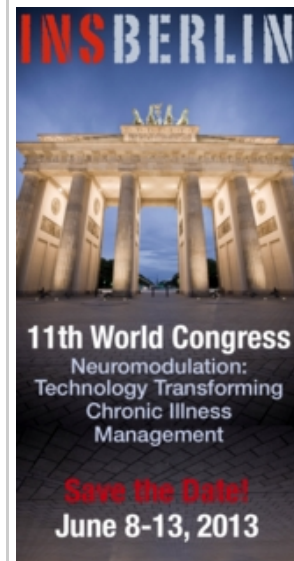
The INS 11th World Congress pre-conference program, Innovations in Neuromodulation, is now posted for viewing at: <http://www.neuromodulation.com/pre-congress-day-2>. Stay tuned for an announcement of the participating start-up companies.

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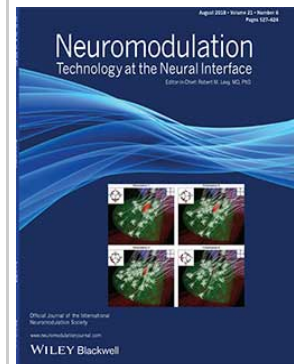
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**Record Number of Abstracts
New Pre-conference Rates**



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Delegates who stay through the end of the Berlin Congress sessions on Thursday, 13 June, will be eligible for a 10% discount on early-bird registration for the INS 12th World Congress, which will take place on 6-11 June 2015, at the Fairmont Queen Elizabeth Hotel, in Montreal, Quebec, Canada. The deadline for early-bird registration will be 15 November 2014.

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Discussion Forum to participate; watch for updates on our [Events page](#) and in our [journal](#)

Winter Expert Panel Discussion - Patient Screening for SCS, SCS for Un-operated Backs?

Thanks to Dr. Krishna Kumar for leading an online, interactive discussion between INS members about patient selection for spinal cord stimulation (SCS). A couple of take-away points from the discussion were the possibility of addressing neuropathic pain from some spine conditions with SCS prior to attempting spine surgery – the “virgin back,” which several members hope to explore in more detail – and the availability of tools or screens to use when evaluating pain patients for the procedure. INS member and Polyanalgesic Consensus Conference co-author Marilyn S. Jacobs, PhD, ABPP, a clinical psychologist and psychoanalyst who is an assistant clinical professor of psychiatry and clinical instructor of anesthesiology at the University of California, Los Angeles medical school provided extensive journal references and recommendations of screening tools that are normed for medical, rather than psychiatric, patients:

My personal choice is the Millon Behavioral Medicine Diagnostic (MBMD) which can be scored with the option of obtaining a Pain Patient Interpretive Report which will compare the patient against an algorithm established by Block et al. to predict spine surgery and implantation outcomes. This test also has a scale “Interventional Fragility” which assesses the patient’s ability to tolerate invasive medical procedures. The test is produced by Pearson Assessments which also has other tests available for use with pain patients. I generally give the MBMD as well as a psychiatrically standardized personality assessment. Pain patients can have premorbid psychiatric disorders and these tests will be useful in this regard. The MMPI - 2 can be scored with a cohort of pain patients as the comparison group which adds more clarity.

I think that if the referral is presented as related to treating the whole person, managing the stress of chronic pain illness, helping to develop coping skills, preparing the patient to reenter life, it is a highly desirable step for these patients. It is also important to emphasize that the psychological evaluation is not a test to pass but a way of helping the patient in all areas of functioning.

Added INS President Dr. Simon Thomson, “It is not just about eliminating red flags but as you say providing support, education about chronic pain and realistic expectations.”

Useful references provided by Dr. Jacobs:

Block, A. R. & Sarwer, D. B. (2013). Presurgical psycholgoical screening: Understanding patients, improving outcomes. Washington, DC: American Psychological Association. This work includes all areas of medicine where presurgical screening is used.

Bruns, D. & Disorbio, J. M. (2007). Assessment of biopsychosocial risk factors for medical treatment: A collaborative approach. *J. Clin. Psych. Med. Settings*. 16(2): 127-47.

Celestin, J., Edwards, R. R., Jamison, R.N. (2009). Pretreatment of psychosocial variables as predictors of outcomes following lumbar surgery and spinal cord stimulation: A systematic review and literature synthesis. *Pain Medicine*. 10(4): 639-53.

Eccleston. C. W., Williams, A.C. de C., Morley, S. (2011). Psychological therapies for the management of chronic pain (excluding headache) in adults. *Cochrane Database of Systemic Reviews*, Issue 2.

Heckler, D. R., Gatchel, R. J., Whitworth, Leland L., Whitworth, T., Bernstein, D., Stowell, A. W., (2007). Presurgical behavioral medicine evaluation (PBME) for implantable devices for pain management: A 1-year prospective study. *Pain Pract* 7(2): 110-22.

Martin, A. L., Halket, E., Asmundson, G. J., Flora D. B., Katz, J. (2010). Posttraumatic stress symptoms and the diathesis-stress model of chronic pain and disability in patients undergoing major surgery. *Clin. J. of Pain*. 26(6): 518-527.

Molloy, A.R., Nicholas, M.K., Asghari, A., Beeston, L. R., Dehghani, M., Cousins, M.J., Brooker, C., Tonkin, L. (2006). Does a combination of intensive cognitive-behavioral pain management and a spinal implantable device confer any advantage? A preliminary Examination. *Pain Pract*. 6(2): 96-103

Prager, J. P & Jacobs, M.S. (2001). Evaluation of patients for implantable pain modalities: Medical and behavioral assessment. *Clin J Pain*. 17: 206-214.

Roy, R. (2008). *Psychosocial interventions for chronic pain: In search of evidence*. New York: Springer

Schocket, K.G., Gatchel, R. J., Stowell, A. W., Deschner, M., Robinson, R., Whitworth, T., Bernstein, D., (2008). A demonstration of a presurgical behavioral medicine evaluation for categorizing patients for implantable therapies: A preliminary study. *Neuromodulation*. 11(4): 237-248.

Sparkes, E., Raphael, J.H., Duarte, R. V., LeMarchand, K., Jackson, C., Ashford, R. L. (2010). A systematic literature review of psychological characteristics as determinants of outcome for spinal cord stimulation therapy. *Pain*. 150(2), 264-289.

Dr. Kumar, in response to a question, also added:

Psychological Risk Factors for Poor Outcome of Spine Surgery and Spinal Cord Stimulator Implant: A Review of the Literature and Their Assessment With the MMPI-2-RF. *The Clinical Neuropsychologist*. AR Block, YS Ben-Porath, RJ Marek - 2012 - Taylor & Francis

Qualitative exploration of psychological factors associated with spinal cord stimulation outcome. *Chronic Illness*. E Sparkes, RV Duarte, JH Raphael, E Denny

The discussion is archived at <http://bit.ly/SCScandidacy>.

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Expert Panels in the Spring

Building on success of the INS online Expert Panels for members – which have received scores of posts and more than 4,000 views since initiated a year ago – INS has three more panels in process or coming soon:

March 1 – 15, 2013, on “Neuromodulation for Visceral Pain” with Leonardo Kapural, MD, PhD, a professor of anesthesiology at the Wake Forest University School of Medicine and clinical director of the Wake Forest University Health Sciences Center Chronic Pain Center, Carolinas Pain Institute and Center for Clinical Research.

April 16 – 30, 2013: “Deep Brain Stimulation for Central Pain” with Alex Green, MD, and Tipu Aziz, FMedSci, of the University of Oxford.

July 7 - 21, 2013: “Neuromodulation for Complex Regional Pain Syndrome ” with Marc Russo, MBBS DA FANZCA FFPMANZCA, INS secretary and director of the Hunter Pain Clinic in New South Wales, Australia, and invited guests.

Expert panels are available at www.neuromodulation.com/login -- Members Only Section. To learn more and see detailed directions, visit: <http://www.neuromodulation.com/expert-panels>.

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New Brazilian Chapter Website

The Brazilian chapter of the INS (Sociedade Brasileira Neuromodulação - SBNM) has published its website - <http://www.sbnm.com.br/> - listing articles, conferences, and members and their specialties, which include interventional pain treatment, movement disorders, spasticity, and neurosurgery.

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INS Website Content and Audiences Grow

The INS website, www.neuromodulation.com, now boasts over 70 brief descriptions of neuromodulation therapies and conditions that may be addressed, in addition to two dozen fact sheets by members – accessible at www.neuromodulation.com/therapies.


A long list of contributors is responsible for creating and reviewing the content (see <http://www.neuromodulation.com/ins-web-team>). The results of the yearlong initiative to augment and update site content have been impressive: In the 30 days from Jan. 22 – Feb. 21, 2013, compared to the same period last year:

Page views increased **513%** (from 3,601 to 22,055)
Referral visits increased **446%** (from 193 to 1,054)
Visits increased **279%** (from 2,126 to 8,061)
Visitors increased **237%** (from 1,553 to 5,225)
Pages viewed per visit increased **62%** (from 1.69 to 2.74)
Average **length of visit** increased **37%** (from 2 minutes to 2.44 minutes)
The **number of people** rapidly exiting decreased **21%** (from 70% to 56%)

In addition, the site content is more “discoverable” through search engines:

Pages **indexed** for search increased **71%** (from 267 to 457)
Appearances in search increased **50%** (to 90,000)

No matter where site visitors reside, our built-in translation function can help them access the information. Improvements – such as preparation for external certification – continue to be made.

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New Address for INS Office

Please note: Starting March 15, 2013, the address of the Executive Office of the INS will become:

2000 Van Ness Ave. Suite 414
San Francisco, CA 94109

(Only the suite number has changed.)

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Kick-start Your Networking for the INS Congress

You may find member emails in the Members Only Section of the INS website by logging in at:
<http://www.neuromodulation.com/members-only-section>.

Here, you can also fill out your profile more thoroughly by providing an alternate email address, noting your particular specialty, and indicating whether you are an implanter, as well as add the name and email address of an assistant, and even add your photo. Those options appear when you click the navigation button to edit your profile.

Another option for networking is to start a discussion for members only in the discussion area of this section of the INS website. New discussion threads may be added to the International Neuromodulation Society Discussion Forum at: <http://bit.ly/MembersGlobalDiscussion>. You must be logged in to reply.

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Going to the 11th World Congress? Join the Event Discussion Site on Facebook

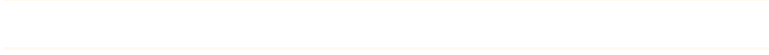
Attendees of the 11th World Congress, Technology Transforming Chronic Illness Management, are welcome to share their RSVP on an event page created on the INS Facebook social media site. See <http://bit.ly/INS2013CongressEvent>.

A few images of the venue are already posted there, and attendees may use the area for informal comments or conversation. The way to let others know of your attendance is to click the “going” button on the upper right.

A big thank you is due to all members and chapters for their enthusiastic work to spread awareness of neuromodulation and the society’s leading role in drawing together different disciplines to advance this field!

We look forward to seeing you in Berlin!

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