

Eloise,

Thank-you for asking for my comment on the ACD. I will keep my comment short as I entirely agree with the content of the response sent by Simon Thomson on behalf of the International Neuromodulation Society(INS) which has been circulated to members of the INS.

The evidence selected (RCTs) is only a tiny proportion of the clinical experience with SCS and it has to be remembered that the patients selected for this treatment are often, by the very nature of the cost and the surgery involved, at the end of the pharmacological pathway. An allowance must be made for the large amount of non-RCT data which are available.

The data for CRPS which was considered by the Committee did not include the latest follow-up data from Kemler et al (J Neurosurg 2008, 108(2):292-8 which has shown that 19 of 20 patients who underwent SCS thought it worthwhile 5 years post implant.

I think the draft advice is too restrictive for SCS in pain states other than "failed back syndrome" and this will potentially deny a large group of patients for which there are no alternative therapies for their pain.

yours sincerely

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