## National Institute for Health and Care Excellence IP1852 Percutaneous image-guided cryoablation of peripheral neuroma for chronic pain

IPAC date: 13th October 2022

Co m. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1  Specialist society  Faculty of Pain Medicine of the Royal College of Anaesthetists	1	This appears to be an effective chronic pain treatment for arthritic and neuropathic pain. A concern would be about its duration of efficacy (months to a year most likely, although many studies follow up at 1 year with positive results) and the quality of the studies are largely single-arm, single centre studies meaning there are limited control arms or best current treatments to compare these results against. It is clear there is benefit but the most obvious question is whether it is better that pulsed radiofrequency or radiofrequency for neuromas, and the comparable duration of actions.	Thank you for your comment.  The committee considered that more evidence was needed, including long-term efficacy data. Morton's neuroma is a relatively common condition with other treatment options, which is why the committee recommended that research should preferably be randomised controlled trials in this group.
2	Consultee 1  Specialist society  Faculty of Pain Medicine of the Royal College of Anaesthetists	General	Additional articles highlighted by our reviewers.  Calixte N, Kartal IG, Tojuola B, et al. Urology 2019; 130: 181–185. Salvage ultrasound-guided targeted cryoablation of the perispermatic cord for persistent chronic scrotal content pain after microsurgical denervation of the spermatic cord. https://doi.org/10.1016/j.urology.2019.04.027	Thank you for your comment.  Calixte N et al. (2019) has been added to the key evidence because the committee considered that a proportion of patients were likely to have had a neuroma.

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			Gunnvald Kvarstein, Henrik Högström, Sara Maria Allen and Jan Henrik Rosland. Cryoneurolysis for cervicogenic headache – a double blinded randomized controlled study https://doi.org/10.1515/sjpain-2019-0086	Kvarstein G et al. (2019) describes occipital cryoneurolysis (not ultrasound-guided) for cervicogenic headache and is not covered by this guidance.
			Fiala, M et al. Treating phantom limb pain: cryoablation of the posterior tibial nerve. Radiol Case Rep. 2022 Sep; 17(9): 3168–3171. doi: 10.1016/j.radcr.2022.05.042	Fiala M et al. (2022) is a case report of a patient without an identified neuroma, who had ultrasound-guided cryoablation of the posterior tibial nerve. This has been added to the appendix.
3	Consultee 2	General	We have reviewed the consultation documents and have no comments to add.	Thank you for your comment.
	Company			
	BSCI			
4	Consultee 3  Consultant MSK Interventional Radiologist	General	I am an interventional musculoskeletal Radiologist with more than 20 publications on ablation alone (half of which on cryoablation). I would therefore be considered a key opinion leader in this field. To this end, I have specific international clinical experience on this procedure in various parts of the body including bone, vascular malformation, neuroma ablation and morton's-neuroma and have published on Cryoablation, cryoneurolysis and cryotherapy - all the same procedure	Thank you for your comment.  The NICE IP team contacted the following 8 specialist societies by email to nominate experts to advise on this procedure and sent reminders to those that did not respond:  British Society of Neuroradiologists  British Peripheral Nerve Society

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			essentially for these nerve pain conditions. Much of these procedures are performed by Musculoskeletal and Interventional Radiologist colleagues in Europe and the United States as well as pain management experts, of which there are none on the expert panel.  I have data from patients I have treated with patient recorded outcomes which prove this as a viable cost effective, non-surgical, day case procedure for patients opting not to have surgery.  These papers also need to be considered, some of which I am a lead/Co-author, I am flying to Germany this week to present my research on this topic as a registered clinical trial - see attached scientific abstract.  Even though these are mainly case control and cohort studies, given it's excellent safety profile,	Association of British Neurologists British Orthopaedic Foot and Ankle Society The Society of Chiropodists and Podiatrists The British Pain Society Faculty of Pain Medicine of the Royal College of Anaesthetists Royal College of Radiologists
				We received 4 nominations, 3 of whom completed a Professional Expert Questionnaire.
				Dalili et al. (2021) refers to cryoablation of the anterior femoral cutaneous nerve rather than neuromas.
		reversibility and patient tolerance to the procedure which in my experience supersedes RFA, this should be offered to patients as an alternative therapy as it is simply another form of ablation which is already approved by NICE.	Sconfienza et al. (2022) describes a Delphibased consensus paper, which cites 2 papers on Morton's neuroma cryoablation, both of which are included in the key evidence of the overview. This paper will be added to the appendix.	

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				Conference abstracts are not normally considered adequate to support decisions on efficacy and are not generally selected for presentation in the overview, unless they contain important safety data.
				The committee considered that more evidence was needed, including long-term efficacy data before the procedure could be recommended with standard arrangements.

"Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees."