

## ***SCR TECHNOLOGY***

FOR TREATMENT OF DRUG-RESISTANT  
CHRONIC NEUROPATHIC & CANCER PAIN



**A Technologically Advanced  
Solution For Chronic Pain Management**



## A Bold Effective Solution to Intractable Chronic Pain

A proven, unique, non-invasive method for rapid treatment of chronic intractable

### **Indications for Use:**

Chemotherapy-Induced Peripheral Neuropathy (CIPN)  
Intractable Cancer Pain  
Failed Back Surgery Syndrome  
Sciatic and - Lumbar Pain  
Post-Herpetic Neuralgia (PHN)  
Post-Surgical Pain Brachial Plexus  
Pain Low Back Pain (LBP) Chronic Neuropathic Pain

### **SCR Therapy**

### **Technology Pain Therapy**

### **Treatment Protocol**

The patient visits the practice for 10 to 12 consecutive treatments.  
One treatment per day over a period of two weeks.  
Treatment sessions may last from 30 to 45 minutes.  
Booster cycles are given when needed.

### **Who is it for?**

SCR Therapy is a new electroanalgesia methodology specifically studied for neuropathic and oncologic pain, and in general for pain nonresponsive to other types of drugs and forms of electroanalgesia.

### **SCR Therapy Technology is Non-invasive**

Five independent channels are available to transmit the artificial "no pain" messages via surface electrodes attached to the skin in the dermatome region of the patient's pain.

### **How SCR Therapy Technology Works?**

There are various protocols according to different types of pain treated. In chronic benign pain caused by cures, such as for example CIPN, a treatment cycle is enough for a long period of

wellbeing. In oncologic pain due to the presence of metastasis, after the initial treatment cycle further treatments should be carried out whenever pain reemerges.

### **What are the success possibilities?**

In general, if a specifically trained operator carries out the treatment, chances of success are very high. In the worst case around 60%, however they can be higher than 90%. The physician can make a more detailed forecast after a consultation.

### **Which are the effects of combinations with other analgesic therapies?**

SCR Therapy is a stand-alone medical electroanalgesia device, and does not require combinations with other analgesic therapies.

The usage of anticonvulsants for analgesic purposes generally calls for a higher number of treatments, needed for the weaning. It is also possible to continue the anticonvulsants analgesic therapy, however in this case results are not as good and relapse is quicker. From study-phase data the combination with Ketamine is incompatible since it seems to block the analgesic efficacy of the treatment. The normal analgesic effect of the treatment after the patient stops taking Ketamine is still unknown.

## **Safe, effective, non-invasive relief without drugs or negative side-effects**

During the first treatment, after the electrodes correct positioning and fine-tuned stimulation levels, you will immediately be pain-free and have no discomfort. In the subsequent treatments you will realize that pain will re-emerge with less intensity, and the duration of pain relief is prolonged. SCR Therapy Technology Pain Therapy Treatment is particularly indicated for patients non responsive to other electroanalgesic or pharmaceutical (including opioids) treatments. As by knowledge of today SCR Therapy Technology, when the conditions are of correct use, is without side effects

### **Pain reduction with SCR Therapy Technology is more effective to that of other interventional therapies in RCT vs. medical management**

**Intraspinal bupivacaine plus opioid, VAS pain 7.57 to 3.67 (Pain relief 52%).** Smith T. et al, J Clin Onc 2002

**Spinal cord stimulators in neuropathic pain. VAS pain 7.6 to 3.8 (Pain relief 50%).** Kumar K. et al, Pain. 2007;132:179-88



**MC5-A SCR Therapy Technology, CIPN, (Pain relief 59%).** Smith T. et al, JPSM 2010

**MC5-A SCR Therapy Technology chronic neuropathic pain in RCT. VAS pain 9 to 0.7 (Pain relief 91%).** Marineo G. et al, J Pain Symptom Manage. 2012, Jan;43(1):87-95.



**Chronic pain treatment and SCR Therapy: a multicenter retrospective analysis. VAS pain 7.41 to 1.60 (Pain relief 79%)**

Compagnone C., Tagliaferri F. et al. Acta Biomed. 2015 Sep 14;86(2):149-156.

**Pilot evaluation of SCR therapy for pain induced by bone and visceral metastases and refractory to standard therapies. VAS pain 8.4 to 2.9 (Pain relief 89%).**

Notaro P, Dell'Agnola CA et al. Support Care Cancer. 2015 Sep 26. [Epub ahead of print] PubMed PMID: 26408323.

**Because of the manner in which the SCR Therapy Technology Pain Therapy Treatment operates, the following considerations may exclude some patients:**

- pacemaker or implantable defibrillator
- vena cava, aneurysm clips, coronary or other vascular stents
- pregnancy
- history of epilepsy, brain damage, symptomatic brain metastases
- prior celiac plexus block, or other neurolytic pain control treatment within 4 weeks
- wounds or skin irritation in areas where the electrodes are required to be placed
- cardiac Ischemia within the previous 6 months, or severe arrhythmia
- implanted device such as SCS