

VA

U.S. Department of Veterans Affairs

Veterans Health Administration
Parkinson's Disease Research,
Education & Clinical Centers**NATIONAL VA PARKINSON'S DISEASE****C O N S O R T I U M***Education · Collaboration · Advocacy*

THE TRANSMITTER

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Article Reviews

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A Phase Ib, Double Blind, Randomized Study of Cannabis Oil for Pain in Parkinson's Disease

Pain is common in Parkinson's disease and is often undertreated. Marijuana and its constituents THC and CBD have often been used to treat pain in non-PD disorders. Two open label clinical trials in PD involving smoked cannabis showed mild improvement in pain but with side effects of vomiting and dizziness. The authors conducted a double-blind randomized dose finding trial enrolling participants from 2020-2022 in order to determine the maximum tolerated dose (MTD) and safety of formulations of THC and CBD for pain in PD. Expiry of the investigational product and delays due to the coronavirus pandemic led to early termination of the trial, resulting in fewer participants. Ultimately, eight participants with bothersome pain and stable on PD meds were randomized to three formulations of cannabis oil (THC:CBD ratios: 10:10, 18:0, or 1:20) with primary outcome being tolerability and safety. Adverse events (AE), mainly drowsiness and dizziness, occurred in seven of eight participants and improved with dose reduction, but no participants withdrew because of AEs. There was some benefit in measures of pain (decrease in King's Pain Scale), but no association with THC:CBD formulation can be made due to the small number of participants. The small sample size also prevented any significant conclusions regarding changes in PD motor symptoms and there was no consistent effect on UPDRS part III. However, the trial does suggest the feasibility of using cannabis oil with dose related tolerability. Further phase II RCT with larger numbers of participants will be beneficial going forward.

Di Luca et al. *Mov Disord Clinical Practice*. 2023 April 20. doi: 10.1002/mdc3.13754.

<https://movementdisorders-onlinelibrary-wiley-com.proxy.library.upenn.edu/doi/full/10.1002/mdc3.13754>

Trial of Globus Pallidus Focused Ultrasound Ablation in Parkinson's Disease

Surgical interventions targeting the globus pallidus have been successful in improving Parkinson's disease motor symptoms, including radiofrequency ablation and deep brain stimulation. However, these procedures may have intolerable risk or be unavailable in certain populations. Focused ultrasound

ablation (FUSA) is an incisionless method to ablate a specific brain target and is currently approved to treat tremor via ablation of the ventralis intermediate nucleus of the thalamus. The authors conducted a prospective, double-blind, randomized, sham-controlled trial to evaluate the safety and efficacy of unilateral FUSA of the globus pallidus internus for medication refractory Parkinson's disease. The primary outcome was an improvement of at least 3 points on the treated side in the MDS-UPDRS III or Dyskinesia Rating Scale (UDysRS) at 3 months. 166 patients were screened, 94 enrolled and randomly assigned to FUSA (69) or sham procedure (25). In the FUSA group, 69% of patients had a response to therapy compared to 32% in the control group ($p=0.003$). Of the initially treated patients who continued in the study to 12 months, 77% who had a response at 3 months continued to have a response at 12 months. Adverse events in the FUSA group included dysarthria, gait disturbance, loss of taste, visual disturbance, and mild facial weakness all of which resolved at 12 months except one case of dysarthria. FUSA of the globus pallidus internus is a promising treatment for improvement of motor symptoms in Parkinson's disease, though a longer follow up is needed to assess longevity of response. Clinicians should continue to use shared decision making to select the best intervention for patients with Parkinson's disease motor symptoms refractory to medications.

Krishna et al. N Engl J Med. 2023 February 23. doi: DOI: 10.1056/NEJMoa2202721.

[Trial of Globus Pallidus Focused Ultrasound Ablation in Parkinson's Disease | NEJM](#)

Assessment of heterogeneity among participants in the Parkinson's Progression Markers Initiative cohort using α -synuclein seed amplification: a cross-sectional study

Parkinson's disease diagnosis remains largely driven by clinical assessment. Recently, research seed amplification assay (SAA) techniques have been developed to assess for misfolded alpha-synuclein as a marker of PD and other synucleinopathies. This study expands upon prior work by assessing CSF alpha-synuclein SAA in a large multicenter cohort of total of 1,123 individuals, including sporadic PD, LRRK2 and GBA PD, prodromal individuals, non-penetrant gene carriers, and healthy controls. One study limitation is an under-representation of non-white individuals, as these represent 7% of PD cases. The study showed high SAA positivity rates in sporadic (93.3%, $n=373$) and GBA (95.9%, $n=49$) PD. LRRK2 PD has a significantly lower positivity rate (67.5%, $n=123$). Notably LRRK2 patients with anosmia had a markedly higher positivity rate than LRRK2 PD cases without anosmia. (89.9% vs 34.7%). There was also a high SAA positivity rate in prodromal patients with RBD and hyposmia (86%, $n=51$). Associations with clinical parameters, DAT scan results, and other biomarkers were weak in the LRRK2-group and negative in the sporadic PD group. Overall, this study expands on work developing alpha-synuclein SAA techniques to diagnose and classify Parkinson's disease. These techniques could potentially aid in earlier and more accurate diagnosis, which would need to take into account the high SAA negative rate in LRRK2-PD. Further work is needed to show if this SAA technique can meaningfully aid in diagnosis of clinically ambiguous cases.

<https://pubmed.ncbi.nlm.nih.gov/37059509/>

Committee Activities

Clinical Care Committee

- **Rotation of Committee Chair:** Leadership for the clinical care committee rotates amongst the PADRECCs. The Philadelphia PADRECC leads the committee for May/June. The committee meets via conference call the first Tuesday of the month at 12pm (EST)
- **Standardize and Optimize Clinical Care:** The committee continues to discuss treatment strategies, new medications and other procedures, and other clinical issues to improve patient care and outcomes across the national PADRECCs service area. It also serves to provide clinical support to the consortium network by focusing on procedures and measures to standardize clinical care across the PADRECC network.
- Recent agenda items have included:
 1. Future planning to enhance clinical service provision at PADRECCs : Suggestions and Strategies
 2. Discussion of DBS management and surgical programs at the PADRECCs
 3. Role of MRI guided focused ultrasound thalamotomy in the management of essential tremor and Parkinson's disease
 4. Exploring integration of VA Mind Brain Program for treatment of functional movement disorders into PADRECC clinical services
 5. Exploring integration of CBT for Depression in PD into PADRECC clinical services-collaboration with the Mental Health Research and Program Development team at VA NJHCS

Education Committee

- **PADRECC/EES Movement Disorder Series-Webinars:** knowledge-based webinars to provide VHA healthcare professionals with current practice standards and emerging trends in the treatment of Parkinson's disease and other movement disorders. CEs are typically provided for the live webinars. Check out the following link for a list of past webinars and if you are interested in receiving a recording of a past webinar please email Gretchen.glenn@va.gov and list the date/topic of interest: https://www.parkinsons.va.gov/Consortium/Presentations/Audio_Conference/MDS.asp
- **National VA PD Newsletter-** Currently accepting articles and updates for the **2023 VA Parkinson Report**.
Articles should cover one or more of the following:
 - Highlight-current research (clinical or basic science) pertaining to PD/movement disorders
 - Rehabilitation strategies pertaining to PD/movement disorders
 - Treatment and management of certain clinical aspects of PD/movement disorders
 - Highlight of PD patient and/or caregiver programs
 - Brief highlight of Consortium Center Activities: clinical, education and/or research in the last year

If you are interested in submitting an article/update for the newsletter please email me, Gretchen.Glenn@va.gov your topic by **May 31st Deadline for final submission is June 30th**

- **National Website Maintenance:** The committee performs periodic maintenance checks of the National Website to ensure information is current and up-to-date.
- **PADRECC Transmitter:** This committee continues to assemble and distribute this *e*-newsletter every other month.
- **Resources available on the National Website:**
 - **Patient Education Brochures-** <https://www.parkinsons.va.gov/patients.asp>
 - Exercise and Physical Activity
 - Fall Prevention
 - Motor Symptoms
 - Non-Motor Symptoms
 - Agent Orange and Toxic Exposures and PD
 - **PADRECC Support/Education Groups:** The PADRECCs are now holding virtual groups open to Veterans and care partners interested in attending. Please check out the National Website for listing of dates/times and contact person to register for the groups and please share with your patients/care partners: <https://www.parkinsons.va.gov/patients.asp>
 - **My Parkinson's Story-**<https://www.parkinsons.va.gov/patients.asp>
A series of short videos prepared by the VA PADRECCs addressing various aspects of Parkinson's disease.
 - **Suggested Education Essentials for Veterans with PD**
 - **Digital version:** <https://www.parkinsons.va.gov/patients.asp>
 - **Printer friendly version:**



Suggested Education
Essentials