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**TITLE:** Nerve Transfers for Improved Hand Function following Cervical Spinal Cord Injury

**PRINCIPAL INVESTIGATOR:** Wilson Z. Ray

**RECIPIENT:** Washington University  
Saint Louis, MO 63130

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**14. ABSTRACT**

Spinal cord injury (SCI) is the result of damage to the spinal cord either due to trauma (90% of cases) or disease (eg. Cancer). This is typically a devastating injury, leaving many patients with permanent disability. Despite advances in acute patient management, patients with SCI are two to five times more likely to die prematurely than those without SCI. More than 50% of the 11-12,000 new SCIs that occur in the United States each year involve the cervical spine resulting in diminished or complete loss of arm and/or hand function. Cervical SCI patients consistently rank hand function as the most desired function above bowel and bladder function, sexual function, standing, and pain control. The overall goal of the proposed study is to evaluate the efficacy of nerve transfers to treat patients with cervical SCIs. Over the last decade, nerve transfers have been used with increasing frequency to treat peripheral nerve and/or brachial plexus injuries. Nerve transfers involve the transfer of nerve function that is less critical and/or redundant to a more critical area of motor function. Recently, these same principles used to treat peripheral nerve injuries have been applied to patients with SCIs, with promising early results. Using uninjured nerve above the level in the spine where the injury occurred, nerve transfers can provide improved upper extremity and hand function to veterans and patients living with cervical SCIs. Since nerves below the injured segment of spine are still in continuity with the distal muscle targets (i.e. hand ), they remain receptive to reinnervation even years after SCI.

**15. SUBJECT TERMS**

None provided

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**b. ABSTRACT**

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**c. THIS PAGE**

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## 1. INTRODUCTION:

Spinal cord injury (SCI) is a significant public health problem with approximately 12,000 new cases each year. More than 50% of SCIs occur in the cervical spine (i.e., tetraplegia), resulting in some loss of arm and/or hand function. Nerve transfers to treat brachial plexus and peripheral nerve injuries have gained significant momentum over last decade. The central principle of nerve transfers is the conversion of a high level nerve injury, to a low injury, placing regenerating axons in close proximity to the target end-organs. While tendon transfers have an established role in the management of patients with SCI and tetraplegia, only recently have nerve transfers been considered as a potential treatment option in patients with cervical SCIs. Utilizing donor nerves above the SCI, nerve transfers can be done either subacutely into the zone of the injury (upper and lower motor neuron dysfunction) or in a delayed fashion below the zone of injury. Motor neurons in the zone of injury are subject to lower motor degeneration, with a similar degeneration pattern seen in peripheral nerve injuries. Injuries in the zone of injury should be treated aggressively, to prevent progressive motor endplate fibrosis and contractures. Motor neurons below the level of injury are still in continuity with distal motor endplates, these nerves do not undergo typical Wallerian degeneration as observed in the zone with injury. This provides two distinct windows of opportunity for subacute treatment (< 6 months) after injury and chronic treatment (years) after injury. The long-term objective of this proposal is to establish and validate clinical guidelines on the use of nerve transfers to restore distal motor function following a cervical SCI. Central Hypothesis: Peripheral nerve transfers in patients with cervical spinal cord injury will improve distal motor function, functional independence, and patient quality of life. A prospective single institution non-randomized single arm design will be utilized. Twenty consecutive subjects with cervical ASIA A-B (International Standards for Neurological Classification of Spinal Cord Injury) SCI and hand function impairment who fit the International Classification for Surgery of the Hand 0-4 will be identified. Primary Outcome Measures: Upper motor strength. (Manual motor testing & Hand Held Dynamometry) Secondary Outcome Measures: Disabilities of the Arm, Shoulder, and Hand (DASH), Michigan Hand Questionnaire (MHQ), Short Form 36 (SF-36) rates of intraoperative and post-operative complications, and rates of reoperation. (pre-operative, post-operatively - 6, 12, 18, and 24 months). We believe this study will provide substantial benefit to patients enrolled at our institution and expect the results to support a larger multi-institutional phase III clinical trial.

## 2. KEYWORDS:

Spinal cord injury, nerve transfer, quality of life, upper extremity function, subacute

## 3. ACCOMPLISHMENTS:

The PI is reminded that the recipient organization is required to obtain prior written approval from the awarding agency grants official whenever there are significant changes in the project or its direction.

1. Finalize clinical protocol
2. Develop informed consents
3. Develop case report forms
4. Obtain required licensing agreements for electronic outcome assessments
5. Submit documents to Washington University IRB and obtain approval
6. Submit documents to USAMRMC and HRPO and obtain approval
7. Recruit full time study coordinator
8. Recruit hand therapist
9. Establish mechanism for patient identification and recruitment

## What was accomplished under these goals?

### **Major Task 1: Coordinate patient recruitment**

*Milestones achieved:* We have identified several potential referral sites and have established a strong referral source through our local rehabilitation hospital. Ongoing outreach efforts are underway with a planned trip to the University of Iowa in September and grand rounds in Springfield, Missouri in August.

### **Major Task 2: Coordinate study staff for clinical trial**

*Milestones achieved:* Our dedicated hand therapist Anna VanVoorhis continues to perform all pre- and post-operative hand assessments. She is providing ongoing hand therapy to all post-operative patients on a regular basis. In addition, she has educated several regional hand therapists in appropriate post-operative therapy to allow patients to get appropriate therapy closer to home. Our research coordinator Alaina Landstrom continues to facilitate pre-operative assessments by the PI. Those patients that have been enrolled continue to receive coordinated care to ensure all scheduled follow-up visits are maintained.

### **Major Task 3: Participant recruitment, therapy, participant evaluation**

1. *Milestones Achieved:* We have enrolled 10 patients since study initiation. Study patient 1 thru 6, remain active in both hand and physical therapy, study patient 7 and 8 are less than 6 weeks post-op and study patient 9 is scheduled for surgery 9/8 and 9/15 and study patient 10 is scheduled for surgery 9/22 and 9/29. Details on each enrolled patient are as follows: The first patient treated was a C6 ASIA A/IC3: that underwent transfer of the supinator to the PIN, Axillary to triceps, and brachialis to AIN. The second patient is a C8/IC4: underwent transfer of the brachialis to AIN and MABC to ulnar sensory. The third patient was a C3 ASIA A/IC0: underwent transfer of the spinal accessory to musculocutaneous nerve and platysma motor branch to triceps. The fourth patient is a C5 ASIA A/IC2: underwent bilateral supinator to the PIN and brachialis to AIN. The fifth patient was a C4 central cord: underwent right-sided transfer of the FDS/FCR to the biceps branch of the MCN. The sixth patient was a C6 ASIA A/IC3: underwent supinator to PIN and brachialis to AIN. The seventh patient was a C4 ASIA A/IC0: underwent spinal accessory to FDS/FCR transfer. The eighth patient was a C6 ASIA A/IC3: underwent brachialis to FDS and supinator to PIN transfer.

### **Major Task 4: Data Analysis**

Milestone in progress: Nothing to report.

## What opportunities for training and professional development has the project provided?

Nothing to report

## How were the results disseminated to communities of interest?

I have given two invited national presentations – discussing the ongoing DOD clinical trial and our results up to this point. In December 2015 I was a visiting professor at the University of Texas – Houston. The presentation was given to the Department of Neurosurgery and Neurology. In June 2016, I was an invited speaker at the Neurotrauma conference in Lexington, KY. Both of these talks highlighted both my pre-award work as well as my ongoing efforts supported by the DOD. I have an additional talk at a Neurosurgery conference in October.

**What do you plan to do during the next reporting period to accomplish the goals?**

This past year focused on patient recruitment, while the next year will focus on both final patient recruitment as well as early patient clinical outcomes. Our target enrollment of 20 patients over the first 2 years of study initiation is on track with 50% of patients already enrolled. We expect continued enrollment as interest and knowledge of the study has increased. In addition, we expect to report the long-term outcomes of our earliest patients in the next reporting period.

**4. IMPACT:**

**What was the impact on the development of the principal discipline(s) of the project?**

To date there are nothing to report

**What was the impact on other disciplines?**

Nothing to report

**What was the impact on technology transfer?**

Nothing to report

**What was the impact on society beyond science and technology?**

Nothing to report

**5. CHANGES/PROBLEMS:**

**Changes in approach and reasons for change**

Nothing to report

**Actual or anticipated problems or delays and actions or plans to resolve them**

We had a 4 – 6 week delay to obtain HRPO approval. This small delay did put our screening and recruitment on hold, but did not significantly impact our enrollment. We expect to reach our target enrollment of 10 patients by October 2016.

**Changes that had a significant impact on expenditures**

Nothing to report

**Significant changes in use or care of human subjects, vertebrate animals, biohazards, and/or select agents**

**Significant changes in use or care of human subjects**

Nothing to report

**Significant changes in use or care of vertebrate animals**

Nothing to report

**Significant changes in use of biohazards and/or select agents**

Nothing to report

**6. PRODUCTS:** List any products resulting from the project during the reporting period. If there is nothing to report under a particular item, state "Nothing to Report."

• **Publications, conference papers, and presentations**

**Presentations**  
1) National Neurotrauma Society Meeting – June 2016, Lexington, KY – Nerve Transfers for Cervical Spinal Cord Injury  
2) University of Texas, Houston – Grand Rounds December 2015, Houston, TX – Paradigm shift, nerve transfers to improve upper extremity function following cervical spinal cord injury

**Journal publications.**

Nothing to report

**Books or other non-periodical, one-time publications.**

Nothing to report

**Other publications, conference papers and presentations.**

Nothing to report

- **Website(s) or other Internet site(s)**

Nothing to report

- **Technologies or techniques**

Nothing to report

- **Inventions, patent applications, and/or licenses**

Nothing to report

- **Other Products**

Nothing to report

**7. PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS**

**What individuals have worked on the project?**

1. Wilson Ray – PI, 15% effort –	Oversees and coordinates all aspects of patient care and recruitment. Performs all surgical interventions.
2. Daniel Osei – CoPI, 15% effort –	Performs independent pre-operative assessments for potential tendon transfers. Assists with patient recruitment/enrollment.
3. Alaina Landstrom – Study Coordinator, 90% effort –	Coordinates pre- and post operative care for all patients. Assists with candidate screening and recruitment. Institutional IRB oversight and compliance.
4. Neringa Juknis – Co-Investigator, 10% effort –	Performs independent pre- and post-operative assessments for all outcome measures. Assists with candidate identification and enrollment.
5. Jack Engsborg – Co-Investigator, 10% effort –	Coordinates and oversees outpatient physical and occupational following nerve transfers

**Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?**

Nothing to report

**What other organizations were involved as partners?**

- *Other.*

Nothing to report

**8. SPECIAL REPORTING REQUIREMENTS**

**COLLABORATIVE AWARDS:** NA

**QUAD CHARTS:** NA

**9. APPENDICES: NA**