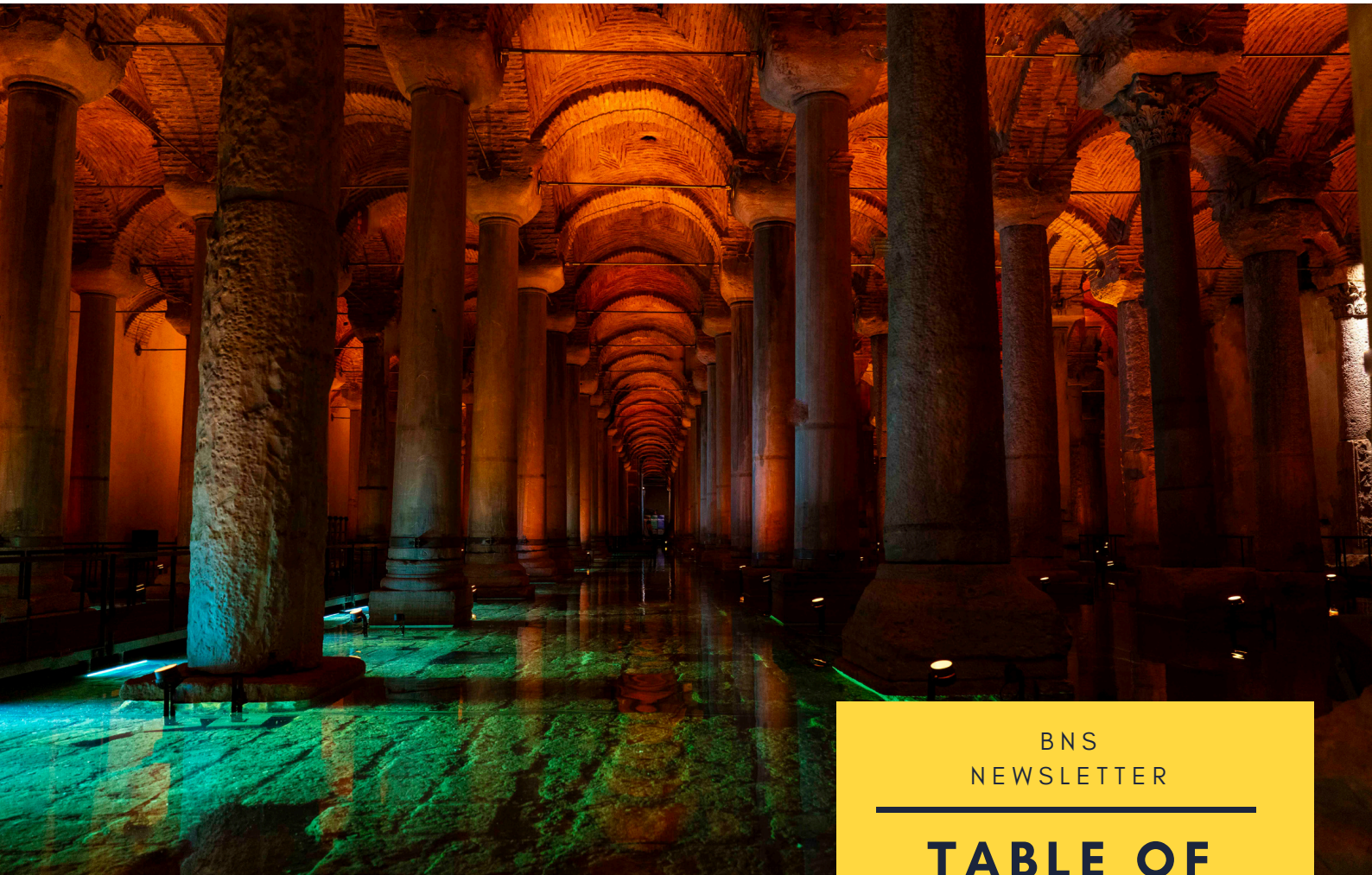




PREFACE BY THE PRESIDENT

LISA GOUDMAN

Dear BNS Members,
Dear Colleagues,

As we reflect on the past few months, one event stands out: the European INS Congress in Istanbul. Many BNS members had the opportunity to attend, and we hope that, in addition to the scientific exchange, everyone also found time to explore the rich history and culture of the city's old quarters.

Looking ahead, preparations for INS 2026 are already well underway. We're excited to share that a preliminary schedule for the scientific program will be announced soon, so stay tuned for updates!

With the holiday season in full swing for some and just around the corner for others, we wish everyone a well-deserved and restful break. May it be both relaxing and enjoyable.

Warm regards,
Lisa

BNS NEWSLETTER

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E-INS impressions @ Istanbul



INS updates

As we continue to reflect on recent developments, we are pleased to share some important updates from the European INS meeting. The INS provided insights into various global advancements, and we wanted to ensure that all BNS members are informed of the key highlights:

1. Journal Neuromodulation:

There has been a significant increase in the impact factor of the Neuromodulation journal. Additionally, the journal is now officially categorized under the 'Neurosciences' section on Web of Science, reflecting its growing influence in the field. It is also worth noting that the journal is closely monitoring the rise of AI-generated data and has made it clear that it will be strictly ensuring that all published work maintains the highest standards of integrity and authenticity.



2. Emerging INS Chapters:

INS continues to expand globally. New chapters are emerging in the Baltic countries, Central and Latin America (including Mexico, the Caribbean, Chile, and Peru), and Saudi Arabia, further strengthening the global network of neuromodulation professionals.

3. Nursing in Neuromodulation Educational Program:

The Allied Health and Nursing Neuromodulation Special Interest Group from Australia & New Zealand has developed a comprehensive educational program on neuromodulation. A written handout booklet, which serves as a valuable resource, is now available based on request.

4. Conflict of Interest Policy Revision:

The current conflict of interest policy will be undergoing revisions over the next year, with a dedicated working group leading this initiative to ensure transparency and clarity within the global neuromodulation community.

5. National Chapter Activities:

Local chapters have been very active in their respective regions. Many have their own journal clubs, in addition to the INS journal club, and regularly publish newsletters. Some chapters have also invested in organizing workshops and developing important guidelines for best practices in neuromodulation.

These updates reflect the ongoing growth and dynamic nature of our field, and we encourage you to explore the resources and opportunities shared through INS and other national chapters.

We look forward to continuing our collective work towards advancing neuromodulation practices globally.

BNS information:

131 members (September 2024; in 2023 116 members) AND
206 members on LinkedIn



BNS member meeting



Friday 23th of May, 2025 at 12.30h



Agenda:

- **Antibiotics in neuromodulation** by Lisa Goudman and Maarten Moens
- **Patient journey mapping in neuromodulation** by Inge Arnts

Location: E-INS in Istanbul
Room 3b60 at congres venue

Everyone is free to attend. **Lunch** will be **provided to participants who subscribed** through the following link before May 19th:

https://vub.fra1.qualtrics.com/jfe/form/SV_25DZiNQOQyflUpIW



We are thrilled to share that the recent BNS member meeting in Istanbul was a great success. During this gathering, two key surveys were presented, and the insights gained were incredibly valuable.

A central theme that emerged was the collective interest in getting to know our patients better and striving to provide them with the best possible care. Understanding our patients' needs, preferences, and experiences is critical to ensuring that we offer the most effective treatments tailored to their individual circumstances. As a result, qualitative research, collaborative networking, and actively listening to one another were highlighted as key strategies for achieving this goal.

We are committed to continuing these important conversations and developing collaborative initiatives to improve our practices and strengthen the neuromodulation community.

Stay tuned for more updates and "to be continued" stories as we all work together to drive progress in the field.



RECENTLY PUBLISHED BNS PAPERS

A spotlight on a selection of papers that were published by BNS members

Original research



Objective, long-term mobility data in patients with chronic pain after lumbar spine surgery treated with spinal cord stimulation—a prospective, multicenter trial

Tobias Hallén^{1,2}, Kaare Meier^{3,4}, Jan Willem Kallewaard^{5,6}, Bart Billet⁷, Lars Elzinga⁸, Johannes Schapendonk⁹, Eric Van den Bosch¹⁰, Xander Zuidema⁹, Kristin Lilja Eyglóardóttir^{1,2}, Helga Gulisano¹¹, Kliment Gatzinsky^{1,2}

SCS and objective data

[Double click for full text](#)

WHAT THIS STUDY ADDS

⇒ This study provides the first long-term, objectively recorded data on changes in mobility during SCS treatment, showing significant improvements in patients with chronic intractable leg pain after lumbar spine surgery. Correlations were demonstrated between increased mobility and reduction in self-reported disability and leg pain.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ The study presents a method for objective, long-term assessment of SCS effects on mobility and highlights the value of integrating objective measures when evaluating the overall effects of SCS on chronic pain in research and clinical practice.



ABSTRACT

Objective Spinal cord stimulation (SCS) is a treatment option for chronic neuropathic pain conditions when conventional therapies have failed. However, objective and measurable long-term data on the effects of SCS are lacking. This study evaluates changes in objectively recorded mobility and the correlation with patient-reported outcomes in SCS-treated patients with intractable back and/or leg pain following lumbar spine surgery.

Methods Fifty patients were enrolled. Baseline mobility was recorded over 4 weeks using an external neurostimulator with a built-in accelerometer. Patients achieving $\geq 50\%$ pain relief during a subsequent SCS test trial received a permanently implanted stimulator at the same site. Mobility data were extracted at 3, 6, and 12 months and compared with baseline alongside work status, medication usage, and patient-reported outcome measures.

Results Thirty-seven patients received a permanent stimulator, and 32 completed the 12 month follow-up of activity data. Time spent in mobility episodes lasting at least 30 s was 34 ± 27 min/24 hours for SCS-patients at baseline compared with 92 ± 51 min for healthy controls ($p=0.009$). Mobility increased gradually after SCS, reaching statistical significance at 12 months ($p=0.045$). The increase was significant in patients with predominant leg pain (35 ± 27 to 54 ± 32 min, $p=0.011$) but not in those with predominant back pain. Significant improvements were observed in working ability, medication reduction, and self-reported outcomes. Increased mobility correlated significantly with reduction in self-reported disability ($p=0.044$) and leg pain ($p=0.046$).

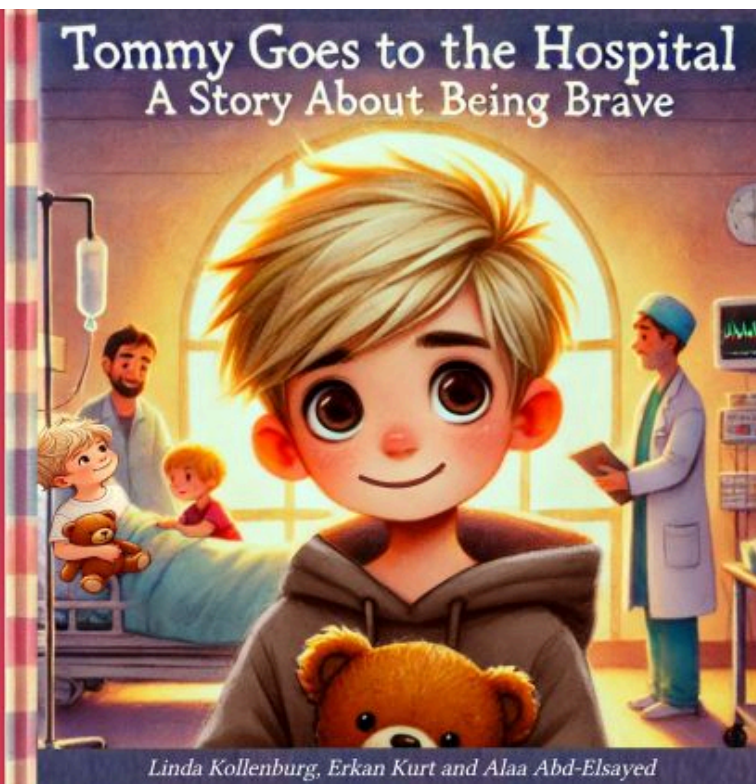
Conclusion The new objective data indicate that SCS has beneficial, long-term effects on mobility in patients with intractable leg pain after spine surgery.

Trial registration number [NCT04710355](#).

Going to the hospital can feel a little scary, but with Tommy, it's an adventure! Join Tommy on his journey and discover that hospitals are full of helpers.

In "Tommy Goes to the Hospital: A Story About Being Brave", you will follow Tommy as he prepares for the big day at the hospital. With the help of kind doctors, friendly nurses and his trusty teddy bear, Tommy learns that being brave doesn't mean you're not scared- it means you try your best anyway!

A heartwarming and encouraging story for children aged 30 months and older who are going to the hospital for surgery. It offers reassurance, practical information and a big dose of bravery to help children feel prepared and confident.



Cluster headache

RESEARCH SUBMISSION

Factors associated with efficacy of occipital nerve stimulation in medically intractable chronic cluster headache

Roemer B. Brandt MD^{1,2} | Casper S. Lansbergen MD² | Linda Kollenburg MD³ | Michel D. Ferrari MD, PhD¹ | Frank J. P. M. Huygen MD, PhD² | Cecile C. de Vos PhD² | Rolf Fronczek MD, PhD¹ | for the Occipital Nerve Stimulation in Medically Intractable Chronic Cluster Headache (ICON) trial study group+

Previous research has not identified any reliable predictors of treatment response related to the use of occipital nerve stimulation (ONS), but early onset of (chronic) cluster headache and smoking may be associated with treatment failure. We investigated data from a randomized controlled trial and its long-term follow-up of occipital nerve stimulation (the ICON trial), and did not find any association between these suggested predictors and treatment response. Our results only showed an association between a positive treatment response at 24 weeks and a positive long-term treatment response, and since a large proportion of patients with medically intractable chronic cluster headache (MICCH) improve with ONS, we recommend offering ONS to all patients with MICCH.

TABLE 6 Binary logistic regression model to model the perceived effect (response or no response) of ONS at 2 years after implantation.

Variable	Multivariate aOR (95% CI)	p	Univariate OR (95% CI)
Age at onset of CCH	1.06 (1.01-1.12)	0.033*	1.05 (1.01-1.10)
Time since onset of CCH	1.01 (0.86-1.19)	0.872	1.07 (0.94-1.21)
Sex (female)	0.24 (0.05-1.09)	0.064	0.46 (0.16-1.31)
MWAFB	1.01 (0.96-1.06)	0.724	1.00 (0.96-1.03)
Number of autonomic symptoms	1.17 (0.84-1.62)	0.354	0.99 (0.79-1.24)
RARFB at 4 weeks	0.81 (0.17-3.88)	0.789	1.00 (0.99-1.01)
RARFB at 24 weeks	1.02 (1.00-1.04)	0.017*	1.02 (1.01-1.03)
Smoking	0.28 (0.05-1.63)	0.158	0.47 (0.12-1.81)

Note: Sex and smoking were used as categorical predictors; age at onset of CCH, time since onset of CCH, MWAFB, the RARFB at 4 and 24 weeks after, and number of ictal autonomic symptoms at baseline were used as continuous predictors. The aOR and its 95% CI (lower limit-upper limit) are reported. The reference category for sex was female. Furthermore, the univariate OR and its 95% CI (lower limit-upper limit) are reported.

Abbreviations: CCH, chronic cluster headache; CI, confidence interval; MWAFB, mean weekly attack frequency at baseline; a)OR, (adjusted) odds ratio; RARFB, relative attack reduction from baseline.

*p < 0.05

Treatment Modalities for Angina with Non-Obstructive Coronary Arteries (ANOCA): A Systematic Review and Meta-Analysis

Fabienne E Vervaat ^{1,*}, Annetiek de Vos ¹, Jimmy Schenk ², Pim A.L. Tonino ¹, Inge F. Wijnbergen ¹

“This systematic review and meta-analysis into the various treatment modalities for patients with ANOCA provides an overview showing improvement of angina pectoris frequency and exercise capacity for a majority of the studied treatment modalities. Important limitations are the fact that that only ten studies meet the current definition of ANOCA and the heterogeneity of the studied treatment modalities on the reported outcomes. This review underlines the importance of undertaking new randomised controlled trials with existing treatment modalities to determine the efficacy in patients with angina pectoris meeting the criteria for ANOCA.”

Abstract: Background and Objectives: Up to 40% of patients undergoing a coronary angiogram due to angina pectoris have no obstructive coronary artery disease, also known as angina with non-obstructive coronary arteries (ANOCA). ANOCA is associated with significant impairment in patients' quality of life, increased risk of myocardial infarction and all-cause mortality. Approximately 25% of patients with ANOCA have persisting symptoms despite optimal medical therapy. There is a lack of in-depth knowledge regarding tailored treatment for patients with ANOCA due to a scarcity of trials designed to assess the effect of treatment modalities. The aim of this systematic review and meta-analysis is to give clinicians an overview of the efficacy of current treatment modalities for patients with ANOCA. **Methods:** PubMed/MEDLINE, Embase, the Cochrane Library and clinical trial registries were searched for randomised controlled and cohort studies regarding treatment modalities for ANOCA. The main outcome was change in angina pectoris frequency for each treatment modality. Secondary outcomes included changes in exercise capacity, quality of life, Canadian Cardiovascular Society (CCS) class, coronary flow reserve (CFR) and survival. **Results:** In total, 80 studies were included and used in the meta-analysis, of which ten studies met the current definition of ANOCA. Angina pectoris frequency improved significantly in the majority of the treatment modalities, with neuromodulation resulting in -3.35 standardised mean difference (SMD) (95% CI: -5.13 ; -1.56), trimetazidine in -1.74 SMD (-2.63 ; -0.85), traditional Chinese medicine in -1.55 SMD (-2.36 ; -0.75), beta-blockers in -1.32 SMD (-1.88 ; -0.77), enhanced external counterpulsation in -1.27 SMD (-2.04 ; -0.49), stem cell therapy in -1.04 SMD (-1.51 ; -0.57), lifestyle interventions in -0.86 SMD (-1.15 ; -0.57), RAAS-inhibitors in -0.83 SMD (-1.31 ; -0.35) and calcium channel blockers in -0.64 SMD (-0.92 ; -0.35). **Conclusions:** This meta-analysis into treatment modalities for patients with ANOCA shows a significant improvement in angina pectoris frequency in the majority of included treatment modalities. However, these results should be interpreted cautiously, as only ten of the studies included in the meta-analysis meet the current definition of ANOCA. This review underlines the importance of undertaking new studies with existing treatment modalities to determine the efficacy in patients with ANOCA.

Table 3. Overview of primary and secondary endpoints per treatment modality and statistical significance. CCS = Canadian Cardiovascular Society, EECF = enhanced external counterpulsation, n = number of patients. Green = statistically significant result, Orange = not statistically significant result, Red = no result, not enough studies available for a meta-analysis.

	Angina Pectoris Frequency	Exercise Capacity	Quality of Life	CCS Class	Coronary Blood Flow	Survival
Calcium channel blockers	n = 188	n = 223	n = 99	n = 88	n = 110	
Lifestyle interventions	n = 153	n = 232	n = 194		n = 66	
RAAS inhibitors	n = 153	n = 116			n = 149	
Beta-blockers	n = 55	n = 110	n = 25			
EECP	n = 181			n = 131		
Long-acting nitrates	n = 55		n = 19			n = 4375
Neuromodulation	n = 58	n = 69	n = 57			
Ranolazine	n = 80	n = 109	n = 147		n = 47	
Trimetazidine	n = 129	n = 85				
Statins		n = 86				n = 7222
Traditional Chinese medicine	n = 271	n = 104				
Hormone therapy		n = 94				
Stem cell therapy	n = 40	n = 40	n = 40	n = 40		

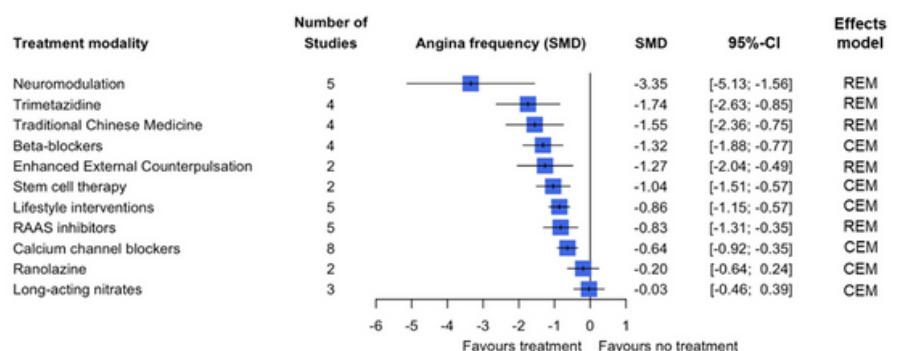


Figure 2. Pooled estimate of the treatment effect on angina pectoris frequency per treatment modality.

REFLECTIONS FROM EFIC 2025



Rethinking “Catastrophizing” in Pain

At EFIC 2025 in Lyon, a noteworthy debate emerged around the term “pain catastrophizing”, frequently used in chronic pain research and clinical discussions. Several important perspectives were shared:

- The term is increasingly under scrutiny for being potentially **stigmatizing**, particularly when used in patient communication. From a sociological standpoint, **language does not merely describe reality—it shapes it**. Describing a person’s pain-related thoughts as “catastrophizing” may unintentionally reinforce inequities or minimize the legitimacy of their experience.
- Some experts argued that what is often labeled as catastrophizing may in fact be a **normal response to an abnormal situation**, rather than an exaggerated or pathological reaction. This raises the question: would more neutral terms like “**worry**” or “**concern**” be more appropriate in certain contexts?
- Others cautioned against abandoning the term altogether. According to **Dr. Michael Sullivan**, who originally developed the construct, “**catastrophizing**” **was intended for research purposes**, not for use in clinical conversations with patients. He emphasized that the concept plays a critical role in understanding psychological predictors of pain outcomes.
- Importantly, it was noted that **catastrophizing and worrying are not the same**—they represent distinct psychological constructs, each with unique implications for assessment and treatment.
- Some experts voiced concern that replacing or downplaying the concept could lead to the **normalization of one of the most robust predictors of chronic pain**, potentially diluting its clinical and research relevance.

This discussion reflects a broader theme at EFIC 2025: the need for thoughtful, precise, and patient-sensitive language in pain science. As professionals working in neuromodulation and pain management, staying engaged with these evolving conversations is vital for both scientific integrity and compassionate care.

SEE YOU IN LYON 2025

PAIN IN EUROPE XIV

COMORBIDITY OF CHRONIC PAIN AND MENTAL
HEALTH DISORDERS: BREAKING THE CYCLE



14TH CONGRESS OF THE
EUROPEAN PAIN FEDERATION EFIC®
24-26 APRIL 2025 | LYON, FRANCE

EFIC-CONGRESS.ORG #EFIC2025

SOME HOT TOPICS

CONFLICT
OF INTEREST

Infographic

Behind the curtain: conflicts of interest in spinal cord stimulation trials—an infographic

Ryan S D'Souza ¹, Johana Klasova,¹ Nasir Hussain ²

SUMMARY

Randomised clinical trials (RCTs) are considered the gold standard for evaluating the efficacy of healthcare interventions, although the presence of conflicts of interest (COIs)

may potentially compromise the scientific integrity of these trials. This article¹ highlights the pervasive issue of COIs in RCTs studying spinal cord stimulation (SCS) for chronic pain. Analysing 38 trials published

between 2013 and 2023, D'Souza *et al*¹ found that 78.9% of these trials reported COIs, with an average of 35.6% of authors per RCT having at least one COI. The monetary value of these conflicts averaged \$41 157.83 per author annually. Concerningly, 76.3% of RCTs had undisclosed conflicts, with an average of 24.2% of authors per RCT having an undisclosed COI. These findings emphasize the need for rigorous COI disclosure policies and enhanced global transparency systems to mitigate potential biases in neuromodulation research.

¹Department of Anesthesiology and Perioperative Medicine, Mayo Clinic, Rochester, Minnesota, USA

²The Ohio State University, Columbus, Ohio, USA

Correspondence to Dr Ryan S D'Souza; D'Souza.Ryan@mayo.edu

X Johana Klasova @JohanaKlasova

Contributors RSD planned and created the infographic and conceived the study and its content. JK and NH were involved in planning the graphic and revised the graphic for content, accuracy and delivery.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

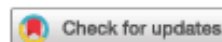
Competing interests RSD is an Associate Editor of *Regional Anesthesia and Pain Medicine*. RSD receives investigator-initiated research grant funding paid to his institution from Nevro Corp and Saol Therapeutics.

Patient consent for publication Not applicable.

Ethics approval Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

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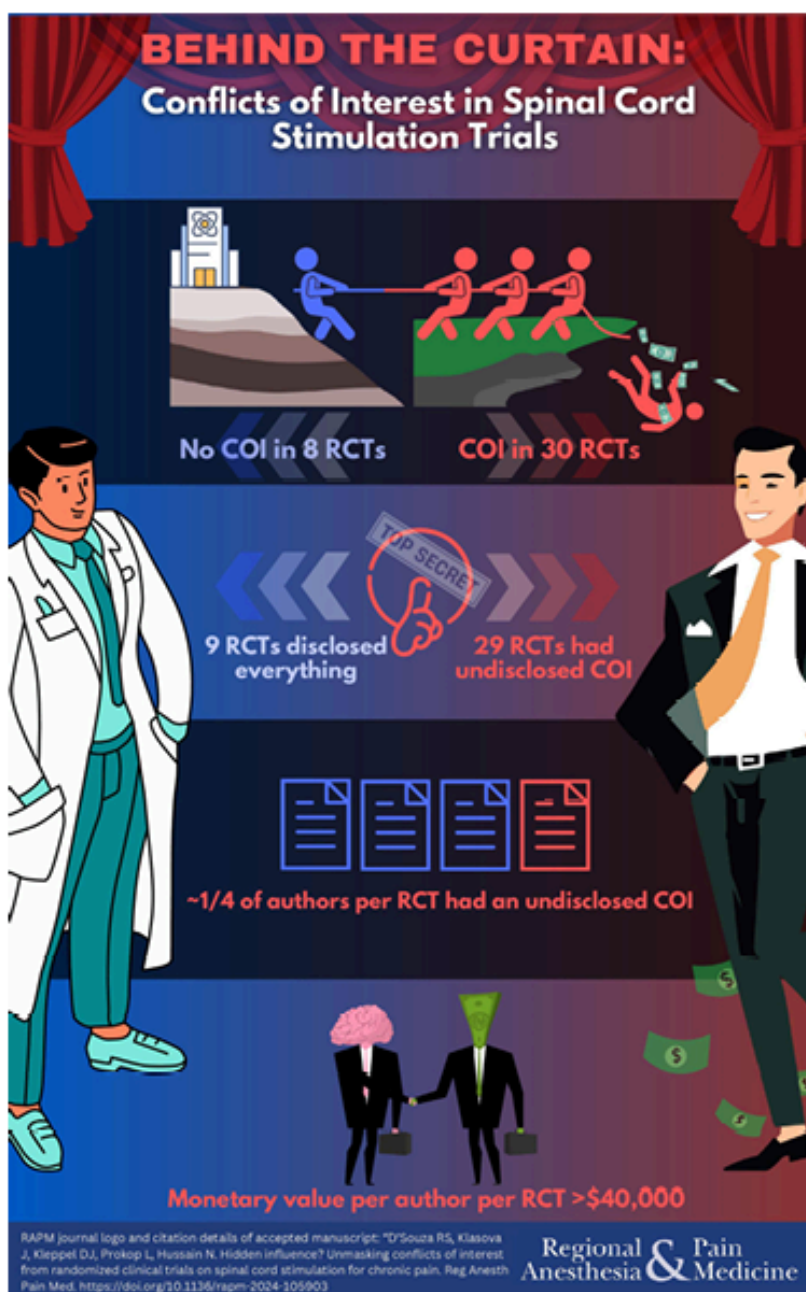
Reg Anesth Pain Med 2024;0:1.
doi:10.1136/rapm-2024-106069

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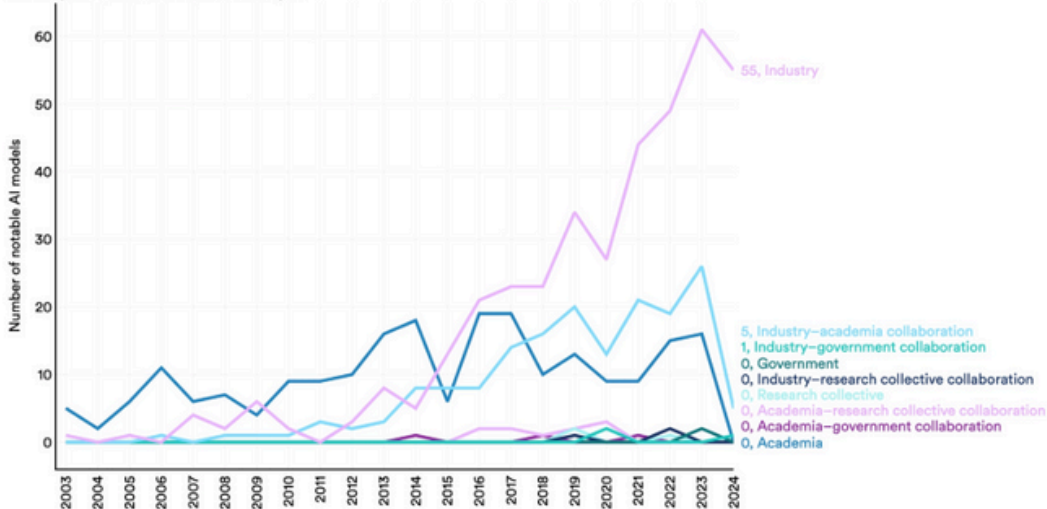
REFERENCE

- 1 D'Souza RS, Klasova J, Kleppel DJ, et al. Hidden influence? Unmasking conflicts of interest from randomized clinical trials on spinal cord stimulation for chronic pain. *Reg Anesth Pain Med* 2024.



Number of notable AI models by sector, 2003–24

Source: Epoch AI, 2025 | Chart: 2025 AI Index report



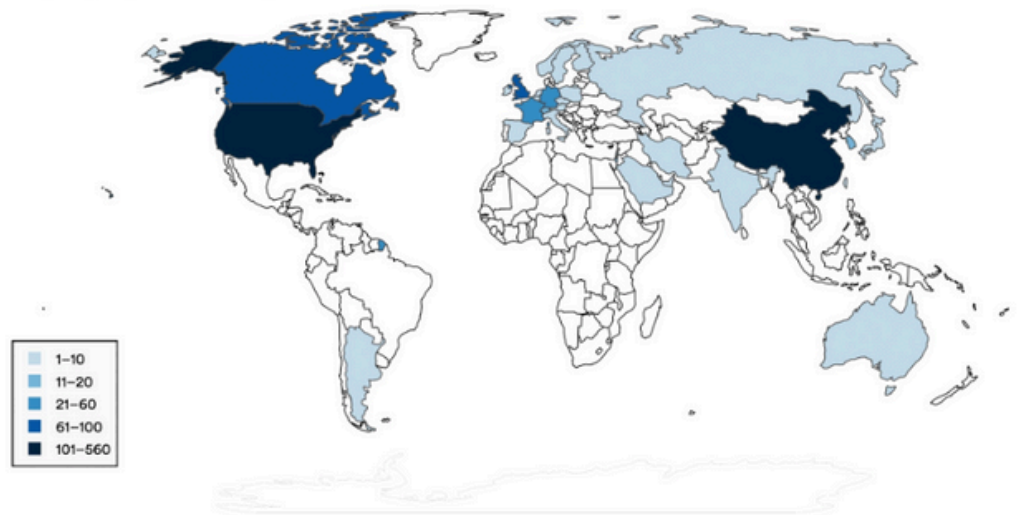
Industry continues to make significant investments in AI and leads in notable AI model development, while academia leads in highly cited research.



The United States continues to be the leading source of notable AI models.

Number of notable AI models by geographic area, 2003–24 (sum)

Source: Epoch AI, 2025 | Chart: 2025 AI Index report



Artificial Intelligence Index Report 2025



Number of AI patents granted worldwide, 2010–23

Source: AI Index, 2025 | Chart: 2025 AI Index report



Between 2010 and 2023, the number of AI patents has grown steadily. In 2024, the number of AI patents has risen 29.6%. As of 2023, China leads in total AI patents, accounting for 69.7% of all grants, while South Korea and Luxembourg stand out as top AI patent producers on a per capita basis.

BNS MEMBERSHIP

The BNS Board encourages all members of the large neuromodulation family to get their BNS membership. Only by standing together, shoulder to shoulder, based on good practice and scientific sound evidence, new indications, new innovations and more awareness around neuromodulation will be achieved.

The BNS stands for being a trusty partner in the regulatory framework for the authorization and for increased focus on research with joint research projects and shared registries.

New members may register online for
170 euro/year.



GOOD TO KNOW

Neuromodulation nurses, students and young researchers in neuromodulation can be a BNS member and therefore also an INS member for only 50 euro/year.

The BNS board believes that treating patients with neuromodulation is a multidisciplinary team effort and strongly encourages nurses and researchers to join the big BNS family!

Please visit our website to register yourself.

BNS MEMBERSHIP

WHAT IS IN FOR YOU?

Access to the journal
'Neuromodulation'

Access to webinars & journal
clubs

Mentorship program

Access to fact sheets and
educational video's

and so much more...

INS LAUNCHED A NEW INITIATIVE: THE INS VIRTUAL DEBATE — AND BNS MEMBERS WERE THERE!

INS Virtual Debate

What is the Best Neuromodulation Treatment for Post Surgical Pain Syndrome?

6 March 2025

ins
International Neuromodulation Society

David Provenzano
MD
Moderator

Jonathan M. Hagedorn
MD
Moderator

Laurens Peene
MD, FIPP
Presenter

Ryan D'Souza
MD
Presenter

Kiran Patel
MD
Presenter

Live at: (●●)

4.30pm EST / 21.30 GMT / 22.30 CET
08.30 (+1 day) AEDT / 10.30 (+1 Day) NZDT

Register here: <https://bit.ly/INS-Mar-2025>

Earn up to 1.5 CME Credits

INS Virtual Debate

What is the Best Neuromodulation Treatment for Chronic Migraine and Cluster Headache?

3 April 2025

ins
International Neuromodulation Society

Christopher J. Gilligan
MD, MBA
Moderator

Konstantin Slavin
MD
Moderator & Presenter

Erkan Kurt
MD
Presenter

Samer Narouze
MD, PhD
Presenter

Live event starts at: (●●)

4.30pm EDT | 21.30 BST | 22.30 CEST | 07.30 (+1 day) AEDT | 09.30 (+1 Day) NZDT

Earn up to 1.5 CME Credits

INS Virtual Debate

What is the Best Neuromodulation Treatment for Drug Resistant Epilepsy?

8 May 2025

ins
International Neuromodulation Society

Arthur Cukiert
MD, PhD
Moderator

Kristl Vonck
MD, PhD
Moderator

George M. Ibrahim
MD, PhD, FRCSC, FAANS, FACS
Presenter

Robert E. Gross
MD, PhD
Presenter

Robert Fisher
MD, PhD
Presenter

Live event starts at: (●●)

4.30pm EDT | 21.30 BST | 22.30 CEST | 06.30 (+1 day) AEST | 08.30 (+1 Day) NZST

Earn up to 1.5 CME Credits

**Stay tuned, as INS
will introduce
another exciting
concept starting
in October 2025.**

Upcoming congresses

NANS in January 2026



Due Soon: NANS 2026 Abstract Submissions

You're invited to submit for the [NANS 2026 Annual Meeting](#), January 22-25, 2026 at Caesars Palace in Las Vegas, NV. NANS 2026 is the premier meeting for neuromodulation that gives you an opportunity to:

- Gain visibility for your work.
- Contribute to scientific advancements in the field of neuromodulation.
- Enhance your professional network.

Submission Deadline: Thursday, August 14, 2025 at 1 PM Central Time



NANS
NORTH AMERICAN NEUROMODULATION SOCIETY

17th World Congress of the INS May 9 - 14 2026, Lisbon, Portugal



Neuromodulation: Bridging Minds, Machines, and Medicine.

9-14 May 2026 | Lisbon, Portugal

Whether you're seeking to advance your knowledge, connect with global experts, or discover the next big thing in your field, Lisbon is the place to be in 2026. Don't just watch the future happen – be a part of it! Abstract Submission is open until 15 October 2025.

Dear Friends and Colleagues,

It is a great honour and privilege to invite you to the 2nd International Society of Pain and Neuroscience (ISPN) Meeting, taking place in London from October 9th to 12th, 2025.

Registration link: <https://lnkd.in/gc7PyMSp>

Our mission is clear: to advance the education of healthcare professionals and elevate the standard of care through safe, evidence-based, and cost-effective interventional pain and neuromodulation therapies. By enhancing clinical knowledge and procedural skill, we aim to improve patient access to innovative treatments and transform outcomes for those living with pain.

Theme: "Together, We Can Conquer Pain"

This year's programme is designed around a multidisciplinary ethos, uniting key opinion leaders from pain medicine, spine surgery, neurosurgery, interventional radiology, sports medicine, and rehabilitation. The field of pain intervention has evolved far beyond the needle, with minimally invasive spine therapies and regenerative medicine now reshaping the way we approach complex pain syndromes.

Day 1 | October 9 | Regenerative Medicine & Ultrasound Workshop

Held at the Millennium Hotel & Conference Centre, this full-day workshop features 15 live stations, including 12 ultrasound-guided on live models and 3 demonstrating regenerative medicine. Expert-led lectures and interactive debates will focus on the role of regenerative medicine and ultrasound in advancing musculoskeletal and pain care.

Days 2 & 3 | October 10–11 | Main Scientific Programme

Join us at the Millennium Conference Centre for two full days of cutting-edge lectures, interactive panels, and case-based discussions. With renowned faculty from the UK, Europe, the US, and beyond, these sessions will deliver the latest scientific insights and practical know-how.

Day 4 | October 12 | Cadaver Course

Hosted at the Anatomy Lab, King's College London - Guy's Campus, this hands-on cadaveric training is led by national and international experts. Participants will refine their interventional techniques in a safe and structured environment, gaining invaluable experience in the application of emerging procedural therapies.

We are grateful for the support of our industry partners, whose presence and collaboration continue to enrich the educational value of ISPN meetings.

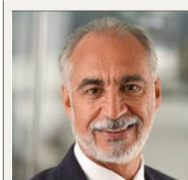
Whether you're a seasoned specialist or an early-career clinician, there will be something for everyone. Our team are committed to delivering an exceptional learning experience, complemented by exciting social events in the heart of London.

We look forward to welcoming you to London this October – let's shape the future of pain medicine together!

Warm regards,

Dr. Adnan Al-Kaisy

On behalf of the ISPN 2025 London Organising Committee



BNS BOARD WISHES YOU: A WONDERFUL HOLIDAY



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BNS presents

OUR INDUSTRIAL PARTNERS



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