Moving Beyond $\mu$ with Kappa Opioid Receptor Agonists

Leaving the Baggage Behind

Saturday, February 20, 2016
12:15 PM to 1:15 PM
Primrose Ballroom A
Palm Springs Convention Center
Palm Springs, California

AAPM will provide lunch for all attendees starting at 11:45 AM

Learning Objectives
After attending this symposium, participants should be better able to:
- Recognize the unmet clinical needs and safety concerns with the current analgesic landscape
- Describe the unique pharmacologic properties of a new class of opioid—
  the peripherally acting kappa opioid receptor agonist, CR845
- Identify the potential benefits of Oral CR845 in the management of chronic and acute pain, and I.V. CR845 for postoperative acute pain
- Evaluate the potential place in analgesic therapy of CR845

Moderator
Joseph Stauffer, DO, MBA
Chief Medical Officer,
Cara Therapeutics Inc., Shelton, Connecticut
Assistant Professor,
Department of Anesthesiology & Critical Care,
Johns Hopkins University School of Medicine,
Baltimore, Maryland

Faculty
Michael J. Brennan, MD
The Pain Center of Fairfield, Fairfield, Connecticut
Senior Attending Physician,
Department of Medicine, Bridgeport Hospital, Bridgeport, Connecticut
Associate Director,
Chronic Pain and Recovery Program, Silver Hill Hospital, New Canaan, Connecticut

Lynn R. Webster, MD
Vice President of Scientific Affairs, PRA Health Sciences, Salt Lake City, Utah

This program is supported by Cara Therapeutics
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We appreciate your generous contribution to the success of the 32nd Annual Meeting. Together we can enhance patient care.
A Message from AAPM’s President

It gives me great pleasure to welcome you to AAPM’s 32nd Annual Meeting here in Palm Springs and to let you know about some of the wonderful educational opportunities you will have this week.

Learn from Distinguished Pain Specialists

One of the most prevalent distinctions of the American Academy of Pain Medicine (AAPM) is that it is composed of the foremost physicians in pain. Our faculty for this meeting work on the front lines of pain treatment, research, and practice. They are recognized experts in their fields and are consultants to the National Institutes of Health, U.S. Department of Defense, and other public health agencies. During this week, you will

• learn from those treating pain in top medical, clinical, and academic institutions
• obtain information you can take with you to be more effective in treating your patients
• understand how to improve collaboration with treatment teams in your daily practice.

Treating Pain Together—Integrating Primary Care and Pain Specialists

As a primary care physician, I see the daily need for collaboration between pain specialists, primary care physicians, and clinicians who have been trained in the basic medical science and language of pain care. Some of us treat patients every day who are consumed by their pain and just desire relief. Our collaboration as health providers can make or break an effective pain care treatment plan that will help those patients in the moment and, more importantly, for a lifetime. This week is our chance to learn, improve, seek, and perfect our communication and ability to help patients—together. As you review this program book or the schedule at a glance on the AAPM website (www.painmed.org/annualmeeting), you will see course designations to help you determine your interest. They are

• Primary Care (PC)
• Interventional Pain Specialist (IPS)
• DoD/VA (DV)

Additional Highlights of the Week

• Essential Tools for Treating the Patient in Pain™ has been a tried and tested, best-selling course for years. This year, to better serve primary care physicians and clinicians, the course has been moved to Saturday and Sunday. This is a general pain course focusing on the provider with very limited experience in pain management.
• The Ultrasound/Cadaver Program, jointly sponsored by the World Academy of Pain Medicine Ultrasonography (WAPMU), includes a 2-day didactic and hands-on cadaver training.
• The Medications Management Program for Opioids and Non-Opioids, co-chaired by Dr. Steven Stanos and Dr. W. Michael Hooten, discusses opioids and other drugs to help primary care physicians and pain specialists implement a more comprehensive, patient-centric approach to helping manage pain care treatment.
• Interventional and neuromodulation programming, presented in collaboration with the North American Neuromodulation Society (NANS), focuses on interventional techniques and neuromodulation therapies for the treatment of pain.
• The Chronic Migraine Education Program (CMEP) session, provided by the American Headache Society, discusses advances in diagnosis and insights into risk factors and mechanisms leading to migraine progression.
• Don’t miss the AAPM Resource Center. It is the place to visit and to learn about all that’s happening, with more 100 companies offering displays of cutting-edge technology and the latest advances in pain medicine. Stop by the AAPM booth (311) to learn more about the Academy, the AAPM Foundation, and the Pain Medicine journal.

Look through this program book, check out www.painmed.org/annualmeeting for additional details, and enjoy the conference!

Sincerely,

Bill McCarberg, MD
President, The American Academy of Pain Medicine
Why should you support the AAPM Foundation?

For our patients. And our profession.

We advocate for patient safety by providing funding support to expand and enhance education and research. Our priorities include:

• leading comprehensive prescriber education efforts to ensure patient safety
• furthering the clinical validity of appropriate and effective treatment and care
• advancing education and research to lessen the likelihood of acute pain becoming chronic
• providing readily accessible education — for pain specialists and primary care clinicians alike
• instilling research values in the next generation of pain clinicians via early career investigator grants.

Visit aapmfoundation.org and click the “Donate” button to make a tax-deductible contribution.
SUPPORT THE AAPM FOUNDATION

JOIN THIS IMPRESSIVE LIST of companies in supporting the efforts of AAPM and advocating for patient safety through education and research.

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Contact Kathy Checea, Director of Professional Relations, to learn how you can support the AAPM Foundation at kchecea@painmed.org.
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Ajay D. Wasan, MD MSC
Vice Chair of Pain Medicine, Department of Anesthesiology
University of Pittsburg Medical Center
Pittsburgh, PA
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Meeting Objectives
After attending the meeting, participants should be better able to
• demonstrate the value of a multidisciplinary team approach to the management of acute, chronic, and cancer pain syndromes
• examine clinical assessment and treatment protocols to improve the treatment of patients with various pain conditions
• overcome barriers to the implementation of evidence-based strategies that improve the management of chronic pain conditions
• analyze the use of cost-effective and evidence-based integrative pain management modalities
• employ patient selection criteria and patient safety protocols designed to mitigate risks
• examine patient outcomes through interventional pain therapies and integrative treatments
• interpret the assessment and evaluation of psychological factors that predict opioid prescription misuse and abuse
• employ the practice of setting functional goals as a standard component of the patient-centered pain treatment plan
• illustrate how to reduce costs, improve efficacy, and use outcome-tracking tools through evidence-based integrative and interventional pain techniques
• improve the coordination and use of evidence-based, patient-centered, and value-oriented pain care in the primary care setting
• advance the role of the patient in improving compliance and patient outcomes
• integrate interventional pain medicine into community-based hospice and palliative care
• examine knowledge of careers in the field of pain medicine research and treatment
• assess evidence-based strategies for chronic pain management
• identify major healthcare trends and explain their impact on the specialty practice of pain medicine
• define alternative routes of medication administration for opioids and commonly used medications for symptom management and interpret common conversions between these routes
• discuss common pitfalls in clinical interactions and identify how to improve provider communication so that a patient’s self-management and realistic treatment expectations are fostered
• locate information and resources for educating patients and facilitating acceptance of more active coping strategies
• discuss the evolution of interdisciplinary pain treatment approaches and describe current and future trends for interdisciplinary care.


The 32nd AAPM Annual Meeting is Tweet-friendly. Tweet and follow #PainMed2016 to share your big ideas and takeaways. And if you’re not doing it already, please follow AAPM on Twitter @AmerAcadPainMed. We’re excited to engage with you!
American Academy of Family Physicians (AAFP)

AAFP is approved by the American Academy of Family Physicians (AAFP) to offer continuing medical education for the 32nd Annual Meeting, the Essential Tools for Treating the Patient in Pain™: For Primary Care Providers and Pain Specialists program, and the Opioid and Non-Opioid Medications Management: Filling in the Gaps, Prescribing for the Whole Patient preconference program.

- This live activity, Opioid and Non-Opioid Medications Management: Filling in the Gaps, Prescribing for the Whole Patient, with a beginning date of February 17, 2016, has been reviewed and is acceptable for up to 12.25 prescribed credits by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- This live activity, Essential Tools for Treating the Patient in Pain™: For Primary Care Providers and Pain Specialists, with a beginning date of February 20, 2016, has been reviewed and is acceptable for up to 12.5 prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- This live activity, American Academy of Pain Medicine’s 32nd Annual Meeting—Ensuring Access to Pain Care: Engaging Pain Medicine and Primary Care Teams, with a beginning date of February 18, 2016, has been reviewed and is acceptable for up to 14.50 prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

American Academy of Physician Assistants (AAPA)

The AAPA accepts AMA PRA Category 1 Credit™ from organizations accredited by the ACCME.

Nursing Credits

This continuing nursing education activity was approved by the American Association of Neuroscience Nurses, an approved approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Disclaimer

AAPM reserves the right to substitute faculty or to cancel or reschedule sessions and preconference sessions because of low enrollment or other unforeseen circumstances. If AAPM must cancel the meeting, registrants will receive a full credit or refund, minus a processing fee of $25. AAPM is not liable for any other loss, cost, or expense, however caused, incurred, or arising from cancellation.

Americans with Disabilities Act

AAPM takes steps to ensure that no individual with a disability is excluded, denied services, segregated, or otherwise treated differently from other individuals because of the absence of auxiliary aids and services. If you require any of the auxiliary aids or services identified in the Americans with Disabilities Act to attend any AAPM program, please contact the AAPM office in advance so that special requests may be met.
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Listing as of January 25, 2016.
OPIOID EMERGENCIES

AMPLIFYING THE VOICE
FOR TAKE-HOME NALOXONE

THURSDAY, FEBRUARY 18, 2016
12 NOON TO 1 PM
Primrose Ballroom B
Palm Springs Convention Center
Palm Springs, California

AAPM will provide lunch for all attendees from 11:30 AM

Learning Objectives
After attending this symposium, participants should be better able to:
• Cite evidence for the growth in opioid emergencies and the resulting public health epidemic
• Identify patients at increased risk for life-threatening opioid-induced respiratory depression (OIRD)
• Understand their role in preparing patients for opioid emergencies

An official independent commercially supported satellite symposium held in conjunction with the American Academy of Pain Medicine’s 32nd Annual Meeting and pre-meeting activities

MODERATOR
Eric S. Edwards, MD, PhD
Chief Medical Officer and Vice President Research & Development, kaleo, Inc., Richmond, Virginia

FACULTY
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The Pain Center of Fairfield, Fairfield, Connecticut
Senior Attending Physician, Department of Medicine, Bridgeport Hospital, Bridgeport, Connecticut
Associate Director, Chronic Pain and Recovery Program, Silver Hill Hospital, New Canaan, Connecticut

Mark A. Kallgren, MD
Medical Director, Pain Medicine, Oregon Anesthesiology Group, PC, Portland, Oregon

This program is supported by kaleo, Inc.
Philipp M. Lippe, MD, Award
The Philipp M. Lippe, MD, Award is given to a physician for outstanding contributions to the social and political aspects of pain medicine. Social and political accomplishments could be those that benefit the science, the practice, or the recognition of the specialty.

John D. Loeser, MD
John D. Loeser, MD, is professor emeritus of neurological surgery and anesthesiology and pain medicine at the University of Washington, and was the director of its Multidisciplinary Pain Center from 1983 to 1997. He is a graduate of Harvard College and New York University School of Medicine. He completed a surgery internship at the University of California in San Francisco and a neurosurgery residency at the University of Washington. He served in the United States Army 1968–1969. Certified by the American Board of Neurological Surgery in 1971, he has been a faculty member at the University of Washington since 1969. Active in research, teaching, and patient care in the field of pain management for more than 45 years, he was a founding member of the American Pain Society, AAPM, and the International Association for the Study of Pain. He is the past president of the American Pain Society and the International Association for the Study of Pain. He was a Fulbright Senior Scholar in Australia.

Early in his career, Dr. Loeser was involved in neurophysiological studies aimed at elucidating the mechanisms of neuropathic pain. His research interests then shifted to the assessment of treatments for low back pain and the effects of socioeconomic factors on pain and disability. He was one of the conveners of a Rockefeller Foundation Symposium on Narrative, Pain, and Suffering held in Bellagio, Italy. The International Association for the Study of Pain established the John D. Loeser Lectureship in 2005, and The Joint Section on Pain of the American Association of Neurological Surgeons/Congress of Neurological Surgeons established the John Loeser Lectureship in Neuromodulation in 2008.

He was a member of the Back Pain Outcomes Assessment Team at the University of Washington. He served as assistant dean for curriculum at the University of Washington and has long been interested in teaching students at all levels. He has received awards for teaching and service excellence from the University of Washington. His current clinical and research interests include multidisciplinary pain management, low back pain, and the management of pains related to injuries of the central and peripheral nervous system. The distinctions between injury, pain, suffering, and pain behaviors have long been a focus of his studies. He was the editor of the third edition of Bonica’s Management of Pain, has authored more than 300 journal articles and book chapters, and recently wrote a book on cancer pain.

Founders Award
The Founders Award is given to an individual for outstanding contributions to the science or practice of pain medicine. This award is given for continued contributions for the basic or clinical science of pain medicine or for the demonstration of clinical excellence or innovation in the practice of pain medicine.

Daniel J. Clauw, MD
Daniel J. Clauw, MD, is professor of anesthesiology, medicine, and psychiatry, and director of the Chronic Pain and Fatigue Research Center (CPFRC) at the University of Michigan. The CPFRC is one of the world’s leading pain research groups and focuses on identifying the mechanisms of and most effective treatments for chronic pain and fatigue syndromes.

Dr. Clauw earned his medical degree at the University of Michigan and served his residency in internal medicine at Georgetown University Medical Center. He did a fellowship in rheumatology, also at Georgetown. After serving as an instructor, assistant professor, associate professor, and director for Georgetown’s Rheumatology Fellowship Program, Dr. Clauw moved to the University of Michigan in his current position in 2002.

Dr. Clauw’s research interests include fibromyalgia and central pain syndromes, stress, mechanisms of pain processing, and functional somatic syndromes. His work has resulted in more than 100 peer-reviewed publications and multiple speaking engagements. He is current and past principal investigator and coinvestigator on numerous National Institutes of Health research grants. Dr. Clauw has been recognized with teaching and research awards throughout his career. He serves on the editorial boards of Arthritis Care and Research, Journal of Musculoskeletal Pain, and Current Rheumatology Reviews; as coeditor for Arthritis and Rheumatism, and Arthritis Research and Therapy; as a study section editor for CSSEC, VA; as well as an ongoing reviewer for numerous professional publications.

Distinguished Service Award
The Distinguished Service Award is given to an individual for commitment and contributions to the American Academy of Pain Medicine. This award is given to an individual for specific outstanding contributions.

Yu “Woody” Lin, MD PhD
Yu “Woody” Lin, MD PhD, is the National Institute on Drug Abuse (NIDA) extramural program director. The Division of Extramural Research provides management and oversight on the development, implementation, and coordination of NIDA’s extramural programs, research training, policies, reviews, and operations planning.

Dr. Lin’s clinical experiences include serving as faculty at the Integrated Science of Chinese Medicine and Western Medicine, China Academy of Chinese Medicine; institute fellow at the China Academy of Traditional Medicine; and anesthesiologist at Norman Bethune University of Medical Sciences, Changchun, China. He served an assistant professor at Nursing School, China Academy of Traditional Medicine. Prior to coming to NIDA, Dr. Lin was a research scientist at Walter Reed Army Medical Center and the National Institute of Sciences.
Patient Advocacy Award

The Patient Advocacy Award recognizes activity of individuals in advocating for appropriate evaluation and treatment of patients suffering from pain. This award was created to honor those healthcare professionals whose deeds reflect their recognition of the importance and impact of the specialty of pain medicine.

Penney Cowan

Penney Cowan is the founder and executive director of the American Chronic Pain Association (ACP A), which provides peer support and education in pain management skills to people with pain and their families and works to build awareness about chronic pain among professionals, decision makers, and the general public.

Previously, she served as consumer representative for the U.S. Food and Drug Administration Center for Drug Evaluation and Research Anesthetic and Analgesic Drug Products Advisory Committee; member of the Interagency Pain Research Coordinating Committee (IPRCC) of the National Institutes of Health; and Cochair of the National Pain Strategies Public Education and Communication Working Group, part of the IPRCC. Most recently, she was elected as a board member of the International Alliance of Patient Organizations. Cowan is the author of Patient or Person, Living with Chronic Pain. She also has written all manuals and materials used by the American Chronic Pain Association. With her Partners for Understanding Pain campaign, she successfully established September as Pain Awareness Month in 2002, which raised awareness about the need to better understand, assess, and treat pain. More than 80 partner organizations joined the campaign.

Since 1980, Cowan has been an advocate and consumer representative for pain issues and received numerous awards from organizations, such as the Institute for Public Service, American Pain Society, and American Academy of Pain Medicine.

Carmen R. Green, MD

Carmen R. Green received a BS in biology from the University of Michigan-Flint and received an MD from Michigan State University College of Human Medicine. After completing an internship in internal medicine, Dr. Green completed a residency in anesthesiology, subspecialty training in ambulatory and obstetrical anesthesiology, and a fellowship in pain medicine at the University of Michigan. She completed the Association of American Medical Colleges’ Health Services Research Institute fellowship, the National Institute of Aging’s Summer Research Institute fellowship, Hedwig van Ameringen Executive Leadership in Academic Medicine program, Mayday Pain & Society fellowship, and the Institute of Medicine/Robert Wood Johnson Health Policy fellowship (where she was also a health policy fellow with the U.S. Senate Health, Education, Labor and Pensions Committee, and the Children and Families Subcommittee).

Dr. Green is associate vice president and associate dean for health equity and inclusion for the University of Michigan Health System; a tenured professor of anesthesiology, obstetrics and gynecology, and health management and policy; an attending physician in the Back and Pain Care Center; a principal investigator for the Michigan Pain Outcomes Study Team; a faculty associate in the Program for Research on Black Americans Research Center for Group Dynamics at the Institute for Social Research; and a faculty member of the Depression Center and Cancer Center. She is codirector of the Dissemination and Health Policy Core and Community Liaison Core and director of the Healthier Black Elders Center for the Michigan Center for Urban African American Aging Research. Dr. Green serves on the editorial board for Pain Medicine and the Journal of Pain, and was the guest editor for Pain Medicine’s first special issue on disparities in pain care.

Dr. Green’s research focuses on pain management outcomes, physician decision making, and access to care, and has documented disparities due to age, race, gender, and class across the lifespan. She has helped to develop and diversify the health professional pipeline, including service on faculty and advisory boards for programs designed to achieve a critical mass of minorities and women in biomedical science.

Presidential Excellence for Education Award

The Presidential Excellence for Education Award honors an individual who has made major contributions to the education of others about pain medicine.

Gagan Mahajan, MD

Gagan Mahajan, MD, is the director of the Pain Medicine Fellowship and associate professor of anesthesiology and pain medicine at the University of California–Davis Medical Center. He received his medical degree from Pennsylvania State University College of Medicine (Hershey, PA). He did his internship in internal medicine at Loma Linda University Medical Center (Loma Linda, CA) and residency in physical medicine and rehabilitation at Baylor College of Medicine (Houston, TX). He completed his fellowship training in pain medicine through the Department of Anesthesiology and Pain Medicine at the University of California–Davis Medical Center (Sacramento, CA). Dr. Mahajan is board certified in physical medicine and rehabilitation (American Board of Physical Medicine and Rehabilitation) with subspecialty certification in pain medicine through the American Board of Physical Medicine and Rehabilitation. Dr. Mahajan has coauthored peer-reviewed articles in medical journals, book chapters, and other scholarly reviews.

Dr. Mahajan has cochaired AAPM’s Essentials Tools for Treating Patients in Pain™ since its inception. He also serves on the AAPM Nominating Committee and the Pain Medicine Fellowship Excellence Award Committee and is a member of the Interdisciplinary Pain Medicine Shared Interest Group.

Robert G. Addison, MD, Award

The Robert G. Addison, MD, Award is given to an individual or organization in recognition of outstanding efforts to foster international cooperation and collaboration on behalf of the specialty of pain medicine.

Andrew Moore, DSc

Dr. Andrew Moore works in Pain Research at Churchill Hospital in Oxford, part of the Nuffield Division of Anaesthetics of the University of Oxford. Dr. Moore has more than 40 years of experience in biomedical research and has published more than 600 scientific and clinical publications. He is an honorary member of the International Association for the Study of Pain and the British Pain Society, and is a fellow by election of the Royal College of Anaesthetists. He was previously an honorary professor at the School of Health Sciences, University of Wales at Swansea.

He has written a number of books on evidence-based medicine and pain, as well as more than 200 systematic reviews, many on the topic of pain, including around 100 Cochrane reviews.

Dr. Moore is the founding editor of Bandolier, an evidence-based journal that started in 1994. His research interests include pain and anesthetics. Throughout his career, Dr. Moore focused on different aspects of pain research and evidence.

He graduated from the University of Oxford with a BA, MA, and DPhil from Balliol College, University of Oxford, and in 1987 was awarded a doctor of science degree by the University. Dr. Moore started his career as a consultant biochemist at Radcliffe Infirmary and was involved with research in a range of medical disciplines.
2016 AAPM AWARDS

2016 Presidential Commendations

Daniel B. Carr, MD
In recognition of his representation of the Academy at the AMA Task Force to Reduce Opioid Abuse
AAPM President-Elect Daniel B. Carr, MD, is a professor at Tufts University School of Medicine and directs its interprofessional program in pain research, education, and policy. Founded in 1999, it is the only such program based in a department of public health and community medicine.

A clinician and investigator, Dr. Carr has published on pain research, evidence-based medicine, and the social and political aspects of pain relief. He played a key role in developing multidisciplinary pain treatment centers and clinical pain fellowships at the Massachusetts General Hospital, Tufts-New England Medical Center, and St. Elizabeth’s Medical Center (all in Boston). He was founding editor of International Association for the Study of Pain’s (IASP) Pain: Clinical Updates; co-founding editor for pain trials in the Cochrane review group on pain, palliative, and supportive care; and serves on editorial boards of pain-related journals. Additional contributions to publications include coediting the first two U.S. Department of Health and Human Services (HHS) clinical practice guidelines on pain; the first monograph on evidence, outcomes, and quality of life in pain management; and the latest edition of the authoritative Cousins and Bridenbaugh text on neural blockade and pain medicine.

Beyond his work with IASP and the U.S. Agency for Health Care Policy and Research and Agency for Healthcare Research and Quality, he has had advisory roles (many ongoing) for the American Academy of Pain Medicine, American Society of Anesthesiologists, American Pain Society (APS), Interstitial Cystitis Association, Phoenix Society for Burn Survivors, Joint Commission, National Institutes of Health (NIH), U.S. Food and Drug Administration, and American Chronic Pain Association. He is an oversight panelist and subgroup member for the National Pain Strategy of the NIH’s Interagency Pain Research Coordinating Committee. His honors include AAPM’s Philipp M. Lippe, MD, Award and Founders Awards; Bonica Lectures at the American Society of Regional Anesthesia and the University of Washington; APS’s Fordyce, Distinguished Service, and Narcissian (Educational Excellence) Awards; and two citations from the Secretary of HHS.

Jianguo Cheng, MD PhD
In recognition of his work as vice president for scientific affairs, Scientific Review and Guidelines Committee co-chair, and thoughtful input on numerous important documents presented to the Academy for review
Jianguo Cheng, MD PhD, is professor and director of the Cleveland Clinic Pain Medicine Fellowship Program, AAPM vice president for scientific affairs, and immediate past chair of the U.S. section of the World Institute of Pain. Dr. Cheng is trained in neurology (Qingdao University), anesthesiology (University of Louisville), pain medicine (Harvard Medical School/Massachusetts General Hospital), biophysics (University of Guelph), and neuroscience (University of Alberta and University of Manitoba). He is committed to patient care, research, education, and leadership in pain medicine. As a caregiver, Dr. Cheng is recognized as one of the 70 Best Pain Management Physicians in America (Becker’s ASC Review, 2011), Top 10 Anesthesiologists in Cleveland (Vitals, 2014), and Best Doctors in America (Best Doctors Inc., 2015–2016). As a principal investigator, he has received research grants of more than $4 million from the National Institutes of Health (NIH), the Department of Defense, and other agencies. He has published more than 200 research papers, review articles, abstracts, and book chapters. As an educator, he has trained more than 120 clinical pain fellows, postdoctoral fellows, and clinical research fellows. He was recognized as Best Teacher of the Year of Pain Medicine and Staff of the Year of Anesthesiology/Pain Medicine 2015 at the Cleveland Clinic. He is a member of grant review panels and committees for the NIH and the Department of Defense, among many other national and international committees. He is editor-in-chief elect of Pain Practice, senior editor of Pain Medicine, and editorial board member of Pain Physician. He has been serving as co-chair of the AAPM Scientific Review and Guidelines Committee since 2013 and has been a member of the AAPM Professional Education Committee since 2011. In addition, Dr. Cheng is active in the Association of University Anesthesiologists, the American Board of Anesthesiology, and the American Society of Anesthesiologists. He has received more than 40 awards and honors from institutions, societies, and government agencies.

Edward C. Covington, MD
In recognition of his work as chair of AAPM’s Opioid Advisory Task Force
AAPM Past President Edward C. Covington, MD, was trained in psychiatry at the Mayo Clinic. He is certified by the American Board of Psychiatry and Neurology in psychiatry, with added qualifications in addiction psychiatry and pain management. He also is certified by the American Board of Pain Medicine.

Dr. Covington founded the Chronic Pain Rehabilitation Program at Cleveland Clinic in 1979 and has served as its director since that time. He developed a hospital pain consultation service for the diagnosis and management of problematic acute, chronic, and malignant pain.

Dr. Covington has published articles and chapters on subjects related to the psychology, physiology, and pharmacology of chronic pain. He is a reviewer for the Clinical Journal of Pain and a member of the editorial review board for Pain Medicine. He lectures nationally and internationally on subjects related to chronic pain.

He has been active in medical organizations and served as president of the Ohio Psychiatric Association. He serves as secretary of the American Board of Pain Medicine and is a longtime member of the American Chronic Pain Association Board of Directors. Currently, Dr. Covington chairs AAPM’s Opioid Advisory Task Force.

Eduardo M. Fraifeld, MD
In recognition of his work on behalf of the Academy and the field of pain medicine related to coding and reimbursement, and particularly for service on the Current Procedural Terminology Advisory Committee and AMA Relative Value Scale Update Committee
AAPM Past President Eduardo M. Fraifeld, MD, is a distinguished, nationally recognized leader in the field of pain medicine.

While earning his undergraduate degree in biology he worked full time as a researcher at the Texas Medical Center in Houston. He earned his MD at the University of Texas Medical School at Houston. He completed a surgical internship at LSU Medical Center in Shreveport, LA, before going on to do his anesthesia residency at Vanderbilt University Hospital in Nashville, TN, where he focused his training in the field of pain medicine.

Dr. Fraifeld has received many distinguished honors. He has more than 1,500 hours of continuing medical education to his credit since finishing his training. He is board certified by the American Board of Anesthesiology and also is a diplomate of the American Board of Pain Medicine.

He is a reviewer for Pain Medicine and Neuromodulation. He previously has been honored by AAPM with the 2007 Distinguished Service Award.
Dana L. Simon, MD

In recognition of many years of service to the Academy as chair of the CME Oversight Committee

Dana L. Simon, MD, is founder and director of Mercy Hospital Center for Pain Medicine, Des Moines, IA, and director of Medical Center Anesthesiologists. He has served AAPM as a director-at-large, Clinical Practice Committee chair, CME Oversight Committee chair, Annual Meeting Program Committee member, and Ethics Council member. He is a past president of the Midwest Pain Society and Iowa Society of Anesthesiologists (ISA). Dr. Simon has served on the Iowa Governor’s Committee on Prescription Drug Abuse, as a reviewer for the Clinical Journal of Pain, as a consultant to the Iowa Department of Health Services, and as ISA delegate to the Iowa Medical Society Services Committee.

Dr. Simon has authored and coauthored numerous professional articles and presented on several clinical studies.

Lynn R. Webster, MD

In recognition of his ongoing efforts on behalf of pain patients and the recent publication of his book The Painful Truth, and the related documentary, telling the stories of people living with pain

Lynn Webster, MD, has dedicated more than 3 decades to becoming an expert in the field of pain management. He is the vice president of scientific affairs for PRA Health Sciences and an AAPM past president. A leading voice in trying to help physicians safely treat pain patients, Dr. Webster actively works within the industry to develop safer and more effective therapies for chronic pain and addiction. He is board certified in anesthesiology and pain medicine, and also is certified in addiction medicine. Dr. Webster lectures extensively on the subject of preventing opioid abuse and criminal diversion in chronic pain patients. In addition, he has authored the book Avoiding Opioid Abuse While Managing Pain: A Guide for Practitioners and more than 300 scientific abstracts, manuscripts, and journal articles, many of which are the basis for training physicians who are studying pain.

Dr. Webster has played an instrumental role in the profession as a strong advocate for safe and effective pain resolution methods. The Opioid Risk Tool (ORT), which he developed, is currently used and is the standard in multiple countries and thousands of clinics worldwide. He spends most of his time now developing safer and more effective therapies for chronic pain and campaigning for safer use of medications.

He received his doctorate of medicine from the University of Nebraska and later completed his residency at the University of Utah Medical Center’s Department of Anesthesiology. Dr. Webster has been quoted by multiple media sources, including in the Los Angeles Times and The Wall Street Journal, and has given more than 250 presentations across the United States and internationally. He is the author of The Painful Truth: What Chronic Pain Is Really Like and Why It Matters to Each of Us.

Pain Medicine Fellowship Excellence Award

AAPM’s annual Pain Medicine Fellowship Excellence Award recognizes Pain Medicine Fellowship Programs within the United States that are accredited by the Accreditation Council for Graduate Medical Education (ACGME) and that provide an exceptional learning experience to their fellows, preparing them to deliver the highest standard of care to patients with pain. Additionally, the award is intended to honor programs whose efforts coincide with AAPM’s mission “to optimize the health of patients in pain and eliminate the major public health problem of pain by advancing the practice and the specialty of pain medicine.”

2016 Pain Medicine Fellowship Excellence Award Recipients

Cleveland Clinic
Cleveland, OH
Program Director: Jianguo Cheng, MD PhD

Medical College of Wisconsin
Milwaukee, WI
Program Director: Meredith C.B. Adams, MD MS

University of California–Davis
Sacramento, CA
Program Directors: Naileshni Singh, MD (outgoing) and Charles DeMesa, DO (incoming)

University of Pittsburgh Medical Center
Pittsburgh, PA
Program Director: Scott A. Brancolini, MD PhD
Philipp M. Lippe, MD, Award
1995 Philipp M. Lippe, MD
1996 Joel Saper, MD
1997 Richard Stieg, MD
1998 Sridhar Vasudevan, MD
1999 Hubert Rosomoff, MD
2000 J. David Haddox, DDS MD
2001 Kathleen M. Foley, MD
2002 Michael Ashburn, MD MPH
2003 Daniel B. Carr, MD
2004 Robert G. Addison, MD
2005 Kenneth A. Follett, MD PhD
2006 Samuel J. Hassenbusch, MD PhD
2007 Scott M. Fishman, MD
2008 Benjamin L. Crue Jr., MD FACS
2009 Albert L. Ray, MD
2010 Michel Y. Dubois, MD
2011 Douglas Throckmorton, MD
2012 Philip A. Pizzo, MD
2013 Chester (Trip) Buckenmaier III, MD COL MC USA
2014 James P. Rathmell, MD
2015 Lieutenant General Eric Schoomaker, MD PhD

Founders Award
1995 Benjamin Crue, MD
1996 Wilbert Fordyce, PhD
1997 Peter Wilson, MBBS PhD
1998 Tony Yaksh, PhD
1999 Steven Feinberg, MD
2000 Rollin M. Gallagher, MD MPH
2001 Gary J. Bennett, PhD
2002 Russell Portenoy, MD
2003 Donald D. Price, PhD
2004 James C. Eisenach, MD
2005 Edward C. Covington, MD
2006 Gerald F. Gebhart, PhD
2007 Richard B. North, MD
2008 Michael J. Cousins, MD DSc
2009 Nikolai Bogduk, MD PhD DSc
2010 David Jonanson, MSSW
2011 Daniel B. Carr, MD MA
2012 Howard L. Fields, MD PhD
2013 Allan Basbaum, PhD
2014 Steven P. Cohen, MD
2015 Clifford Wolff, MD PhD

Pain Medicine Fellowship Excellence Award
2013 Brigham and Women’s Hospital, Boston, MA
2014 Jackson Memorial Hospital/University of Miami (JMH/UM), Miami, FL
2015 Beth Israel Deaconess Medical Center, Brookline, MA
2015 Mayo Clinic, Rochester, MN

Distinguished Service Award
1996 Patricia Owen
1997 Not Awarded
1998 Paul Gebhard, JD; Kristie Haley
1999 Peter Wilson, PhD MBBS; Ruth Tiernan
2000 Not Awarded
2001 Joel R. Saper, MD FACP FAAN
2002 Elliot Krames, MD
2003 Samuel J. Hassenbusch, MD PhD; Jeffrey W. Engle
2004 Albert L. Ray, MD
2005 Rollin M. Gallagher, MD MPH
2006 Edward C. Covington, MD
2007 Eduardo M. Fraifeld, MD
2008 David A. Fishbain, MD DFAPA
2009 Colleen M. Healy
2010 Scott M. Fishman, MD
2011 Timothy R. Deer, MD DABPM
2012 B. Todd Sitzman, MD MPH
2013 Philip A. Saigh Jr.
2014 Charles E. Argoff, MD; Marsha Stanton, PhD RN
2015 Perry G. Fine, MD

Patient Advocacy Award
2001 Warner Wood, MD
2002 Robert Biscup, MS DO
2003 Not Awarded
2004 Kenneth Moritsugu, MD MPH
2005 John (Jack) C. Lewin, MD
2006 Not Awarded
2007 Louis W. Sullivan, MD
2008 Robert D. Kerns, PhD
2009 Not Awarded
2010 Myra Christopher
2011 Will Rowe
2012 Robert J. Saner II, JD
2013 Malene Davis, MBA MSN CHPN, and Capital Caring
2014 Edward J. Bilsky, PhD
2015 Samir K. Ballas, MD FACP

AAPM Presidential Excellence Award for Education
2012 Lynn R. Webster, MD
2013 Debra K. Weiner, MD
2014 Beth B. Murinson, MD PhD
2015 Michael Cousins, MD DSc

Robert G. Addison, MD, Award
2014 Tanja Erika Schlereth, MD PhD
2015 ChildKind International
For your career.  
For your profession.  
For your patients.

**Join** the distinguished community of 2,400 physicians, researchers, and other pain professionals.

**The American Academy of Pain Medicine** (AAPM) has been the premier non-profit, professional medical association serving this community for more than 30 years.

**Resources.** Members receive the Academy’s journal, *Pain Medicine*, the premier source of peer-reviewed research and commentary on pain medicine. The robust AAPM website includes a library of pain medicine resources, patient education materials, practice management resources, an online career center and more.

**Education.** Easy online access to Continuing Medical Education (CME) programs for physicians and other pain professionals by top experts and researchers. AAPM is accredited by the Accreditation Council for Continuing Medical Education (ACCME).

**Engagement.** Get discounts on conference registration to AAPM’s Annual Meeting. This preeminent annual event features expert faculty, outstanding educational sessions on the hottest topics in pain, and an unparalleled opportunity to network with fellow pain medicine practitioners and nationally recognized leaders in the field. Participating in a Shared Interest Group or an AAPM Committee provides another forum for engagement with your colleagues.

**Updates.** Stay on top of the latest news in the field of pain medicine with AAPM’s bimonthly e-news. Members also receive AAPMail Alerts—timely emails on FDA alerts, advocacy updates, member information and more.

**Advocacy.** AAPM voices your concerns - the needs of both patients and professionals. As part of the Pain Care Coalition in Washington DC, and through representation in the AMA House of Delegates (HOD), the Academy advocates for a balanced approach to safe and effective pain treatment.

**Questions?**  
Contact Member Services at info@painmed.org or 847.375.4731.  
Or visit painmed.org

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Apply online at painmed.org/membercenter
<table>
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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7–11:45 am</td>
<td>World Academy of Pain Medicine Ultrasound/Cadaver Program</td>
</tr>
<tr>
<td></td>
<td>Musculoskeletal Ultrasound and Regenerative Medicine—Day 1 (001)</td>
</tr>
<tr>
<td>11:45 am–1 pm</td>
<td>Lunch On Your Own</td>
</tr>
<tr>
<td>1–5 pm</td>
<td>WAPMU Ultrasound/Cadaver Program</td>
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<tr>
<td></td>
<td>Musculoskeletal Ultrasound and Regenerative Medicine—Day 1 (001)</td>
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<tr>
<td></td>
<td>WAPMU Ultrasound/Cadaver Program</td>
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<tr>
<td></td>
<td>Advanced Ultrasonography in Interventional Pain Management—Day 1 (002)</td>
</tr>
<tr>
<td>7–11:30 am</td>
<td>WAPMU Ultrasound/Cadaver Program</td>
</tr>
<tr>
<td></td>
<td>Musculoskeletal Ultrasound and Regenerative Medicine—Day 2 (001)</td>
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<tr>
<td></td>
<td>WAPMU Ultrasound/Cadaver Program</td>
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<tr>
<td></td>
<td>Advanced Ultrasonography in Interventional Pain Management—Day 2 (002)</td>
</tr>
<tr>
<td>11:30 am–Noon</td>
<td>AAPM-Provided Lunch</td>
</tr>
<tr>
<td>Noon–1 pm</td>
<td>Non-CME Satellite Symposium—Opioid Emergencies: Amplifying the Voice for Take-Home Naloxone</td>
</tr>
<tr>
<td>1:15–5:15 pm</td>
<td>WAPMU Ultrasound/Cadaver Program</td>
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<tr>
<td></td>
<td>Musculoskeletal Ultrasound and Regenerative Medicine—Day 2 (001)</td>
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<tr>
<td></td>
<td>WAPMU Ultrasound/Cadaver Program</td>
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<tr>
<td></td>
<td>Advanced Ultrasonography in Interventional Pain Management—Day 2 (002)</td>
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<tr>
<td>5:15–6:45 pm</td>
<td>AAPM 32nd Annual Meeting Welcome Reception</td>
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<td>Exhibits &amp; Poster Sessions—Group 1 and Late-Breaking Posters</td>
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**FRIDAY, FEBRUARY 19**

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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>6:15–6:45 am</td>
<td>AAPM-Provided Breakfast</td>
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<tr>
<td>6:45–7:45 am</td>
<td>Non-CME Satellite Symposium—Reducing Opioid Misuse and Diversions: A Focus on New Abuse-Deterrent Formulation Technologies</td>
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<tr>
<td>8–9 am</td>
<td>What’s Trending in Pain Medicine in 2016: Opioids and Education (101)</td>
</tr>
<tr>
<td>9–9:40 am</td>
<td>Novel Approaches to Integration of Pain Medicine with Primary Care (102)</td>
</tr>
<tr>
<td>9:40–10:40 am</td>
<td>BREAK Exhibits &amp; Poster Sessions—Group 1</td>
</tr>
<tr>
<td>10:40–11:20 am</td>
<td>Plenary Research Highlights (103)</td>
</tr>
<tr>
<td>11:20 am–Noon</td>
<td>Mechanisms of Low Back Pain Due to Soft Tissues (104)</td>
</tr>
<tr>
<td>Noon–12:30 pm</td>
<td>AAPM-Provided Lunch</td>
</tr>
<tr>
<td>12:30–1:30 pm</td>
<td>Non-CME Satellite Symposium—Beyond Chronic Pain in the Opioid-Managed Patient: Addressing Comorbid Sleep and Psychiatric Disorders</td>
</tr>
<tr>
<td>1:45–2:45 pm</td>
<td>Laboratory Medicine Practice Guidelines (LMPGs) to Support Pain Management: Public Comment (201)</td>
</tr>
<tr>
<td>2:45–3:45 pm</td>
<td>BREAK WITH EXHIBITS</td>
</tr>
<tr>
<td>4:45–5 pm</td>
<td>BREAK WITH EXHIBITS</td>
</tr>
<tr>
<td>5–6 pm</td>
<td>Bridging Gaps in Perioperative Acute Pain Management (209)</td>
</tr>
<tr>
<td>6–7:30 pm</td>
<td>AAPM 32nd Annual Meeting Reception</td>
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<tr>
<td></td>
<td>Exhibits &amp; Poster Sessions—Group 2 and Late-Breaking Posters</td>
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### SATURDAY, FEBRUARY 20

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<tr>
<th>Time</th>
<th>Session</th>
<th>Type</th>
<th>Location</th>
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<tbody>
<tr>
<td>8–9:30 am</td>
<td>Multifaceted Approach to Improve Pain Care and the Safety of Opioids Prescribing in the Veterans Health Administration (VHA) (301)</td>
<td>PC, DV</td>
<td>PC, DV</td>
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<td></td>
<td>The Past, Present, and Future of Interdisciplinary Pain Management (302)</td>
<td>PC, DV</td>
<td>PC, DV</td>
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<td>Evidence-Based Medicine in Spinal Stimulation: What Is the Best Choice? Is There One, or Are There Many? (303)</td>
<td>PC, DV</td>
<td>PC, DV</td>
</tr>
<tr>
<td>9:30–10:45 am</td>
<td><strong>BREAK</strong> Exhibits &amp; Poster Sessions—Group 2</td>
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<tr>
<td>10:45–11:45 am</td>
<td>New Developments in Fibromyalgia Syndrome (304)</td>
<td>PC, DV</td>
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<td></td>
<td>Pain Psychology: A Global Needs Assessment and National Call to Action (305)</td>
<td>PC, DV</td>
<td>PC, DV</td>
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<td></td>
<td>Best Practices in the Interventional Implant Practice (306)</td>
<td>PC, DV</td>
<td>PC, DV</td>
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<tr>
<td>11:45 am–12:15 pm</td>
<td><strong>AAPM-Provided Lunch</strong></td>
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<td>Non-CME Satellite Symposium—Moving Beyond Mu with Kappa Opioid Receptor Agonists: Leaving the Baggage Behind</td>
<td>PC, DV</td>
<td>PC, DV</td>
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<tr>
<td>1:30–3 pm</td>
<td>Making System- and Population-Based Pain Care Happen in Your Local Healthcare System (307)</td>
<td>PC</td>
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<td>Transforming DoD and VA Pain Care for Service Members and Families (308)</td>
<td>PC, DV</td>
<td>PC, DV</td>
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<td>Intrathecal Therapies in the Non-Cancer Pain Patient (309)</td>
<td>PC, DV</td>
<td>PC, DV</td>
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<tr>
<td>3–3:15 pm</td>
<td><strong>BREAK</strong></td>
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<tr>
<td>3:15–4 pm</td>
<td><strong>AAPM Members’ Business Meeting and Awards Presentation</strong></td>
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<tr>
<td>4:05–4:15 pm</td>
<td><strong>BREAK</strong></td>
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<tr>
<td>4:15–5:45 pm</td>
<td>Pain Curriculum Development for Primary Care Practitioners (311)</td>
<td>PC, DV</td>
<td>PC, DV</td>
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<td>Patient Aligned Care Team (PACT) (312)</td>
<td>PC, DV</td>
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<td>Cost-Effectiveness of Interventional Pain Therapy (313)</td>
<td>PC, DV</td>
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<td>The Nuts and Bolts of Integrating a Psychologist into Your Practice (314)</td>
<td>PC, DV</td>
<td>PC, DV</td>
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### SUNDAY, FEBRUARY 21

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Type</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:15–8:15 am</td>
<td>Special Event: How to Succeed as an Academic Clinical Pain Researcher</td>
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<td><strong>This is not a CME program. See page 23 for details.</strong></td>
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<tr>
<td>8:30–9:30 am</td>
<td>Non-Pharmaceutical/Integrative Therapies Pearls (401)</td>
<td>PC, DV</td>
<td>PC, DV</td>
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<td></td>
<td>Best Pain Care at Lower Cost: Collaborative Health Outcomes Information Registry (CHOIR) as a Model Platform for Learning Health Systems (402)</td>
<td>PC, DV</td>
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<td>Practical Advice for Real-World Practice: Facilitating Self-Management in Challenging Patients (403)</td>
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<td>Clinical Pearls of Pain Medicine (404)</td>
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<td>Creating Effective Simulation and Immersive Learning Experiences for Pain Medicine Education (405)</td>
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<td>Challenging Headaches: What to Do? Understanding the Roles of IV Infusions, Nerve Blocks, Neuromodulation, and Behavior Modifications (406)</td>
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<td>11 am–Noon</td>
<td>Practice Issues and Professional Development (407)</td>
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<td>Cancer Pain Management: Changing Paradigms (408)</td>
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<td>The Challenging Dyad of Pain Medicine: Obesity and Chronic Pain (409)</td>
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**AAPM would like to thank these organizations for their educational support of the 32nd Annual Meeting: AstraZeneca, Depomed, Jazz Pharmaceuticals, Medtronic, Pfizer, Teva, and Nevro Corp. (List as of February 4, 2016)**

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**PC**: These sessions are appropriate for clinicians in primary care setting.

**DV**: These sessions are presented by or for clinicians in a military (DoD) or Veteran’s Administration (VA) setting.

**I**: These sessions will discuss interventional therapies and are appropriate for clinicians who want to learn more about these therapies.
**Poster Hours**
The six highest-ranking poster authors have been selected to present their posters at a plenary research highlights session or a concurrent scientific session, as noted below:
- **Plenary Research Highlights**—Friday, February 19, 10:40 am–11:20 am
- **Poster Research Highlights**—Friday, February 19, 1:45–2:45 pm

Scientific posters will be on display in the AAPM Resource Center. There will be two presentation groups of posters. Be sure to visit the Resource Center to see both groups as they are available to be viewed on different days. Copies of the six highest-ranking posters will also be displayed close to the registration area. Poster authors are invited to provide copies of their posters for inclusion on the AAPM website. **Late-breaking posters will be on display through both poster sessions.**

**Group 1**
This presentation group, with posters numbered 100–169, includes posters categorized by the following clinical topics:
- basic science
- procedures
- psychosocial

These posters will be on display in the Resource Center from Thursday, February 18, at 5:15 pm until Friday, February 19, at 10:40 am.

**Group 2**
This presentation group, with posters numbered 170–239, includes posters categorized by the following clinical topics:
- epidemiology/health policy/education
- pharmacological
- rehabilitation
- translational.

These posters will be on display in Resource Center from Friday, February 19, at 6 pm until Saturday, February 20, at 10:45 am.

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**Author-Attended Sessions**

**Welcome Reception with Poster Session**

**Thursday, February 18**

5:15–6:45 pm

**Group 1 and Late-Breaking Posters**

**Author-Attended Sessions**

**Reception with Poster Session**

**Friday, February 19**

6–7:30 pm

**Group 2 and Late-Breaking Posters**

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**Speaker Ready-Room Hours**

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**Registration Hours**

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**Paperless Meeting**
Registrants are able to view, download, and print faculty slides and presentation information at [www.painmed.org/palmsprings](http://www.painmed.org/palmsprings) during the Annual Meeting, and also after the meeting.

**Sunshine Act**
The Physician Payment Sunshine Act (Sunshine Act)—Section 6002 of the Patient Protection and Affordable Care Act mandates the disclosure of the National Provider Identifier (NPI) number for any “payment or other transfer of value over $10” given to a physician from any pharmaceutical, device, or biologics manufacturing company. As an accredited ACCME provider for CME, physician participation in AAPM CME-accredited activities is deemed a “nonreportable” event.

**Evaluation Tool**
AAPM offers the meeting evaluation in an online format. Meeting registrants can access the evaluation by visiting the AAPM website at [www.painmed.org/palmsprings](http://www.painmed.org/palmsprings) and clicking on the evaluation link. The online evaluation may be completed during the meeting or after attendees have returned home. Participants will receive their continuing medical education certificate immediately when they submit their evaluations online. Certificates also can be sent from the system to participants’ e-mail addresses for printing later or saving electronically. All attendees are encouraged to complete the meeting evaluation by March 30, 2016, regardless of whether they are seeking continuing education credits. If you have any questions, please call 847.375.4731.
Networking Opportunities/ AAPM Members’ Annual Business Meeting

Thursday, February 18

5:15–6:45 pm
Welcome Reception
AAPM Resource Center
Join friends and colleagues for the Welcome Reception, Exhibits, and Poster Sessions (Group 1 and late-breaking posters).

Friday, February 19

5–6 pm
Pain Medicine Program Directors, Fellows, Residents, and Students Reception
Meet with program directors and learn more about the specialty of pain medicine. Pain medicine fellows, residents, and students are welcome to attend.

6–7:30 pm
Reception
AAPM Resource Center
Join friends and colleagues for the Reception, Exhibits, and Poster Sessions (Group 2 and late-breaking posters).

Saturday, February 20

3:15–4 pm
AAPM Members’ Business Meeting and Awards Presentation

Sunday, February 21

7:15–8:15 am
Special Event
How to Succeed as an Academic Clinical Pain Researcher
Moderator: Sean Mackey, MD PhD

What the NIH Is Looking for in Your Grant Proposal
Yu Lin, MD PhD

What Editors of Peer-Reviewed Journals Are Looking for in Your Manuscript
Rollin M. Gallagher, MD MPH; R. Norman Harden, MD

Advice from a Junior Investigator
Jennifer Hah, MD MS

This is not a CME program.

Shared Interest Groups
Meet with AAPM meeting attendees with similar interests during shared interest group (SIG) meetings during the Annual Meeting. Watch for information about the following SIG gatherings:

• Acute pain
• Interdisciplinary pain medicine
• Military/VA
• Pain psychology
• Primary care
• Resident fellow education.
Enjoy the convenience of having meeting content on your mobile device. Attendees can access meeting schedules, session information, exhibit maps, sponsors and exhibitors, and more! Download the AAPM–American Academy of Pain Medicine 32nd Annual Meeting App hosted by Grupio in two easy steps:

1. Search for Grupio in the App Store for iPad or iPhone users or on Google Play for Android devices.

2. Once Grupio is installed on your device, launch the app and search for AAPM under the Featured Events list.

Username: Painmed2016
Password: Painmed2016
World Academy of Pain Medicine Ultrasonography — Ultrasound/Cadaver Programs*

The World Academy of Pain Medicine Ultrasonography (WAPMU) is collaborating with AAPM to offer two distinct ultrasound/cadaver programs. These programs will take place over 2 days and provide 16 hours of CME to attendees. Because these programs take place simultaneously, you will be able to register for only one program.

Target audience: Orthopedic and pain medicine specialists interested in expanding and improving their knowledge of ultrasound for needle guidance and diagnostics

View detailed program information and register at www.painmed.org/wapmu.

Musculoskeletal Ultrasound and Regenerative Medicine (001)

During the past decade, musculoskeletal ultrasound (MSKUS) has evolved into a separate imaging discipline. Physical medicine and rehabilitation was the first nonradiology specialty that embraced ultrasound methods in daily practice. MSKUS is an integral part of the comprehensive evaluation and treatment of musculoskeletal problems and is a powerful tool for assessing neurological conditions. However, these applications are not yet incorporated into routine neurological practice.

This course is designed to provide an overview of the musculoskeletal and peripheral nerve anatomy of the upper and lower extremities, discussing common pathology and its diagnosis. The procedural segment includes tutelage of common MSKUS procedures, regenerative medicine, cryotherapy, and chemodenervation.

Wednesday, February 17 — Day 1

Presentations and Live Model Scanning 7 am—5 pm

7–7:30 am Registration and Continental Breakfast
7:30–9:15 am Regenerative Medicine and Orthobiologics
9:15–10:30 am Ultrasound Procedural Interventions of the Upper Extremity
10:30–10:45 am Break (Meet with our exhibitors.)
10:45–11:45 am Ultrasound Procedural Interventions of the Lower Extremity
11:45 am–1 pm Lunch on Your Own (Please return by 1 pm for hands-on rotations.)
1–5 pm Attendees rotate through hands-on stations

Thursday, February 18 — Day 2

Cadaver Workshop 7 am–5:15 pm

7–7:30 am Registration and Continental Breakfast
7:30–7:45 am Changing into Personal Protective Equipment (PPE) for Lab
7:45–11:30 am Cadaver Stations (Attendees rotate through stations)
11:30 am–Noon Lunch provided by AAPM
Noon–1 pm Optional Non-CME Satellite Symposium
1:15–5:15 pm Live Scanning (Attendees rotate through stations)
  • Shoulder
  • Elbow and wrist
  • Hip
  • Knee and ankle
  • Regenerative medicine (All stations)
4:45–5:15 pm Open Laboratory and Regenerative Medicine Demonstration
  • Regenerative medicine (All faculty)

Advanced Ultrasonography in Interventional Pain Management (002)

Interventional pain management practitioners have been pioneers in the field of ultrasound-guided procedures in chronic pain. Recently, pain medicine luminaries have implemented ultrasonography in the clinical setting, successfully using ultrasound as an extension of physical examination. Numerous painful conditions may be diagnosed in the office, sparing expensive and time-consuming journeys to an MRI suite.

During this course, diagnostic methods will be discussed and core peripheral, sympathetic, and axial procedures will be outlined and demonstrated on human cadavers.

Wednesday, February 17 — Day 1

Presentations and Live Model Scanning 7 am—5 pm

7–7:30 am Registration and Continental Breakfast
7:30–8:15 am Musculoskeletal Ultrasound—Upper Extremity
8:15–9 am Musculoskeletal Ultrasound—Lower Extremity
9–9:15 am Break (Meet with our exhibitors.)
9:15–10:15 am Ultrasound and Regenerative Medicine (Platelet-Rich Plasma and Stem Cell)
10:15–11 am Neurosonology
11–11:45 am Spinal and Sympathetic Chain Ultrasonography Procedures
11:45 am–1 pm Lunch on Your Own (Please return by 1 pm for hands-on rotations.)
1–5 pm Live Model Scanning

Thursday, February 18 — Day 2

Cadaver Specimen Training 7 am–5:15 pm

7–7:30 am Registration and Continental Breakfast
7:30–7:45 am Changing into PPE for Lab
7:45–11:30 am Cadaver Lab Training (Attendees rotate through stations)
11:30 am–Noon Lunch provided by AAPM
Noon–1 pm Optional Non-CME Satellite Symposium
1:15–5:15 pm Cadaver Lab Training
  • Musculoskeletal ultrasound—upper extremity
  • Musculoskeletal ultrasound—lower extremity
  • Neurosonology
  • Spinal sonography
  • Regenerative medicine (All stations)
4:45–5:15 pm Open Laboratory Training and Regenerative Medicine Demonstration

*All attendees must complete a WAPMU-provided online evaluation to receive a certificate of credit. The number of credits awarded will be based upon the hours of attendance you indicate on the evaluation. A certificate of attendance/credit will be e-mailed to you within 2 weeks after the workshop. If you do not receive your certificate within 2 weeks, please e-mail Scot Sarver at ssarver@wapmu.org.

There is an additional fee to attend all preconference programs. Registration is required. These programs are subject to cancellation if attendance does not meet capacity.
PRECONFERENCE SESSIONS

Opioid and Non-Opioid Medications Management: Filling in the Gaps, Prescribing for the Whole Patient (003)*

Co-Chairs

W. Michael Hooten, MD
Professor of Anesthesiology
Mayo Clinic College of Medicine
Rochester, MN
No relevant financial relationships

Steven P. Stanos Jr., DO
Medical Director, Pain Services
Swedish Health Services
Seattle, WA
Analgesic Solutions (Consultant); Astra Zeneca (Consultant); Collegium (Consultant); MyMatrixx (Consultant); Pfizer (Consultant); Purdue (Consultant)

The pharmacologic management of chronic pain is an important aspect of clinical practice in the primary care setting. However, strategies aimed at optimizing the use of non-opioid analgesics while mitigating the potential risks associated with opioid use can be difficult to implement in daily clinical practice. The focus of this compelling 1.5-day preconference is to provide useful, practical information about the use of opioid and non-opioid analgesics to improve the effective pharmacologic management of adults with chronic pain in the primary care setting.

Faculty

Charles E. Argoff, MD
Zahid H. Bajwa, MD
Michael R. Clark, MD MBA MPH
Edward C. Covington, MD
Richard C. Dart, MD PhD
Halena Gazelka, MD
Jeffrey A. Gudin, MD
W. Michael Hooten, MD
Gagan Mahajan, MD
Wayne (Nick) T. Nicholson, MD PharmD
Marvin D. Seppala, MD
Steven P. Stanos Jr., DO
David J. Tauben, MD
James C. Watson, MD
Lynn R. Webster, MD

Wednesday, February 17—Day 1

12:30–5:30 pm

I. Opioid Management and Controversies
A. Opioid Management Introduction
1. Opioid Pharmacology
2. Abuse-Deterrent Technologies
3. Opioid Tapering
4. Opioid Management and Monitoring: Urine Toxicology Screening
5. Other Adverse Effects of Opioids (Nonconstipation)
6. Hyperalgesia: From Bench-Side to Clinical Practice—Does It Really Exist?
7. Methadone: What Physicians Need to Know
B. Integrating Recent Guidelines into Clinical Practice: Debate

Q&A

Thursday, February 18—Day 2

7:30–11:30 am

I. Opioid Management and Controversies (continued)
C. OIH Pain Medicine White Paper Presentation
2. OIC: A Consensus Definition and Its Clinical Implications
3. OIC: A Consensus on When Prescriptive Therapies Should Be Considered Supported by a grant from the AAPM Foundation
D. Epidemiology of Abuse, Misuse, and Addiction
E. Addiction Medication Primer

II. Non-Opioid Analgesics and Agents
A. Anticonvulsants for Neuropathic Pain

11:30 am–Noon
Lunch provided by AAPM

Noon–1 pm
Optional Non-CME Satellite Symposium

1–5:30 pm

II. Non-Opioid Analgesics and Agents (continued)
B. Psychiatric Medication Primer for the Pain Clinician: Depression, Anxiety
C. NSAIDs for Acute and Chronic Pain
D. Topical Analgesics for Acute and Chronic Pain
E. Muscle Relaxers: Review of Agents and Evidence

III. Other Pain Conditions
A. Headache Medications
B. Insomnia: Medication Approaches

Q&A

*There is an additional fee to attend all preconference programs. Registration is required. These programs are subject to cancellation if attendance does not meet capacity.

Be sure to visit to our website, www.painmed.org/annualmeeting, to view the program agenda and confirmed faculty.
Friday, February 19

8–9 am

What’s Trending in Pain Medicine in 2016: Opioids and Education (101) [PC]

From the White House to local health authorities, numerous task forces and initiatives are seeking to address the crisis of prescription drug abuse, particularly involving opioids. These efforts are taking place in tandem with ongoing actions to improve pain assessment and treatment, shortfalls in which constitute another public health crisis. This course features national leaders of several of the most important initiatives addressing these linked crises, describing their efforts, and emphasizing the key roles of professional and lay public education in doing so.

Moderator
Daniel B. Carr, MD MA

The AMA Task Force to Reduce Opioid Abuse
Patrice A. Harris, MD MA

Opioids and Pain in Medical Education and Licensing Examinations
Scott M. Fishman, MD

Opioids 2016: Evidence and Education for the Primary Care Physician
Erin E. Krebs, MD MPH

9–9:40 am

Novel Approaches to Integration of Pain Medicine with Primary Care (102) [PC] [DV]

Collaborating with primary care physicians in an organized system of care can prepare you for the coming changes in health care. This session, moderated by Bill McCarberg, AAPM president, explores the birth of a patient-centered medical home for pain and the future of pain medicine in a community setting, within a large HMO, and within the Veterans Administration (VA) Healthcare System.

Moderator
Bill McCarberg, MD

Integration of Pain Medicine Within a Large HMO
Bill McCarberg, MD

Birth of a Patient-Centered Medical Home for Pain: The Results of a 4-Year Collaboration with an HMO to Provide Specialty Pain Care to a High-Risk Population
Fred N. Davis, MD

Integration of Pain Medicine with Primary Care Within the VA Healthcare System
Rolin M. Gallagher, MD MPH

Integration of Pain Medicine Within the University of Washington
David J. Tauben, MD

10:40–11:20 am

Plenary Research Highlights (103) [PC] [I] [DV]

Increasing both the quality and quantity of scientific pain research remains a primary goal for the 32nd Annual Meeting Planning Committee. AAPM’s reputation as a premier academic and scientific research organization continues to increase the quality and quantity of cutting-edge scientific research abstract submissions. The Scientific Poster Abstract Committee has selected two of the highest ranking 2016 poster submissions for presentation in this plenary venue. Four additional poster submissions will be presented in a concurrent Poster Research Highlights session on Friday afternoon.

Moderator
James C. Watson, MD
Additional Faculty TBA

Intravenous Transplantation of Bone Marrow–Derived Mesenchymal Stem Cells Attenuated Activation of Glial Cells and Reversed Opioid Tolerance and Opioid-Induced Hyperalgesia (Poster 233—Group 2)
Jianguo Cheng, MD PhD

Network of Coordinated Care: Collaborative Relationship of Pain Medicine with Primary Care for Complex Patients with Pain: A Large-Scale Network Study Using a Learning Health System Platform (Poster 175—Group 2)
Ming-Chih Kao, MD PhD
Ian Mackey

11:20 am–Noon

Mechanisms of Low Back Pain Due to Soft Tissues (104) [PC] [I] [DV]

Soft tissue pain is often experienced, poorly understood, and inconsistently, if ever, evaluated and treated in a systematic fashion. One reason for its absence in the pain curricula is the lack of understanding of the pathophysiological processes known to produce the pain. This session presents experimental animal and human data that explain the potential role of soft tissue in nonspecific low back pain patients. For the first time, the role of psychological stress on the activity of nociceptive neurons has been addressed directly.

Faculty
Siegfried Mense, MD
PLAN NOW TO ATTEND AAPM’S
33rd ANNUAL MEETING
The Emerging Science & Practice of Pain Medicine

AAPM’s 33rd Annual Meeting is the premier meeting for physicians and their treatment teams in the field of pain medicine.

• Hear presentations by nationally recognized leaders in the specialty of pain medicine.
• Get the latest in the science, clinical practice, and social policy issues in pain medicine.
• Network with colleagues, mentors, and partners.
• Past conferences have qualified for 30+ hours of AMA PRA Category 1 Credits™ of CME* in pain medicine and end-of-life care.

* AAPM is accredited by the Accreditation Council of Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

For More Information
www.painmed.org  847.375.4731  info@painmed.org

Loews Sapphire Falls Resort | Orlando, FL
MEETING DATES: MARCH 15–19, 2017
EXHIBIT DATES: MARCH 16–18, 2017
Friday, February 19

1:45–2:45 pm
Laboratory Medicine Practice Guidelines (LMPGs) to Support Pain Management: Public Comment (201)
PC
Urine drug testing is commonly incorporated into the management of pain patients. This session discusses the scientific evidence supporting the use of laboratory tests to direct the care of pain patients, also the first draft of the National Academy of Clinical Biochemistry LMPGs for the use of laboratory tests in the management of pain patients.

Clinical Utility and Role of Qualitative and Quantitative Laboratory Testing for Pain Management: Appropriate Analytes, Cutoffs, and Methodology
Paul J. Jannetto, PhD

Frequency and Appropriate Specimen Types Required to Detect Medications Used and Abused by Pain Management Patients
Robin Hamill-Ruth, MD

Clinical Utility of Pharmacogenomics, Adulterant Testing, and Current Regulatory Guidelines for Monitoring Pain Patients
Nancy Bratanow, MD

1:45–2:45 pm
Poster Research Highlights (202)
PC
I
DV
AAPM’s reputation as a premier academic and scientific research organization continues to increase the quality and quantity of cutting-edge scientific research abstract submissions. In addition to the research highlights presented in the plenary venue, this scientific session provides cutting-edge research from four additional award-winning scientific poster submissions.

Moderator
James C. Watson, MD

Long-Term Results (12 Months) of a Prospective, Multicenter, Open-Label Clinical Trial Comparing Intradiscal Biacuplasty to Conventional Medical Management for Discogenic Lumbar Back Pain (Poster 123—Group 1)
Michael Gofeld, MD

Sphenopalatine Ganglion Block (SPGB) vs Epidural Blood Patch (EBP) for Accidental Postdural Puncture Headache (PDPH) in Obstetric Patients: A Retrospective Observation (Poster 145—Group 1)
Preet Patel, MD

The Combination of Perineural and Systemic Dexamethasone Enhances the Duration of Operatively Placed Intercostal Nerve Blocks Compared to Systemic Dexamethasone Alone as Measured by Objective Pulmonary Function Testing (Poster 135—Group 1)
Dermot P. Maher, MD MS

Do Epidural Steroid Injections Reduce Healthcare Spending for Patients with Low Back Pain? Evidence from the Marketscan® Database (Poster 187—Group 2)
Eric Sun, MD PhD

1:45–2:45 pm
Noninvasive Brain Stimulation: What Is It and Does It Work for Pain? (203)
This session provides an overview of the emerging therapies for pain that involve noninvasive electrical stimulation of the brain. It also reviews the literature on transcranial magnetic stimulation and transcranial direct current stimulation for treating pain indications, along with methodological, ethical, and clinical considerations.

Moderator
Anne Louise Oaklander, MD PhD

Overview of Brain Stimulation Techniques
Max M. Klein, PhD

Clinical, Regulatory, and Ethical Considerations
Anne Louise Oaklander, MD PhD

Transcranial Magnetic Stimulation (TMS): Almost Ready for Clinical Use
Anne Louise Oaklander, MD PhD

Transcranial Direct Current Stimulation (tDCS): Almost Ready for Home Use
Max M. Klein, PhD

1:45–2:45 pm
A Palliative Care Primer: The ABCs of End-of-Life Pain and Symptom Management for the Pain and Primary Care Provider (204)
PC
This primer of end-of-life care provides a practical approach to palliative pain and symptom management for the pain and primary care provider. This session discusses symptoms pertinent to patients with advanced disease states and their rationale for treatment: pain management in disease states altering metabolism and/or available routes of administration, delirium, anxiety, depression, dyspnea, nausea, and constipation.

Palliative Approach to Pain Management at the End of Life: A Painless Approach to Issues and Challenges at the End of Life, Including Making Sense of Alternative Medication Routes and Dosing Strategies
Halena Gazelka, MD

Delirium, Anxiety, and Depression: A Clear-Thinking Approach to the Evaluation and Management of Patients at the End of Life
Jacob J. Strand, MD

Dyspnea, Nausea, and Constipation: Practical Pearls to Manage These Common End-of-Life Symptoms
Mihir M. Kamdar, MD

3:45–4:45 pm
A core recommendation of the 2011 Institute of Medicine report “Relieving Pain in America” (recommendation 2-2) calls for the development of “a comprehensive, population health–level strategy for pain prevention, treatment, management, education, reimbursement, and research that includes specific goals, actions, time frames, and resources.” This will include the development and dissemination of the Health and Human Services and National Institutes of Health National Pain Strategy. This session’s speaker panel, who
Central Neuropathic Pain from Stroke, Spinal Cord Injury, and MS: Unique Challenges and Emerging Treatments (206)

Central neuropathic pain is extremely challenging to treat. This session presents valuable information: the unique mechanisms necessary to develop a central neuropathic pain state, how to differentiate it from other pain types in a neurologically devastated patient, an evidence-based treatment approach to central neuropathic pain, unique challenges to spinal cord stimulation for central pain types, and emerging evidence on the role of cannabinoids and deep brain and motor cortex stimulation.

Central Neuropathic Pain Treatment: Incidence, Unique Mechanisms, and Clinical Challenges
James C. Watson, MD

Central Neuropathic Pain Treatment: Traditional, Cannabinoid, and Emerging
Paola Sandroni, MD PhD

Emerging Trends in Pain Education: Content, Curriculum, and Competencies (207)

This interactive workshop addresses the role of content, curriculum, competencies, and barriers to change in the design and delivery of effective pain education. It is primarily targeted at those teaching prelicensure health professions trainees, but also is relevant to graduate medical education. Three internationally recognized experts in health professions education anticipate trends, preparing and inspiring participants to implement highly effective pain education experiences for learners.

Content: Prioritization and Integration Across Educational Settings
Beth B. Hogans, MD PhD

Curriculum Design in the Interprofessional and Uniprofessional Setting
Judy Watt-Watson, PhD MSc RN

Competencies: Implementation and Impact on Curriculum Design
Patricia Thomas, MD FACP

Demystifying Chronic Pelvic Pain Management: A Case-Based Approach to Interdisciplinary Treatments (208) (PC) (I)

This session highlights interdisciplinary treatment approaches for managing the multidimensional complexities of chronic pelvic pain, beginning with assessment algorithms and a brief review of pelvic anatomy. The session also discusses multimodal therapies using case-based presentations on patients suffering from vaginal pain and pelvic floor hypertonicity, endometriosis, musculoskeletal pain referred to the pelvis, and pudendal neuralgia. Finally, a discussion of interdisciplinary management illustrates gynecological, interventional, pharmacological, physical therapy, and behavioral strategies.

An Interventional and Medication Management Perspective
Antje M. Barreveld, MD

A Gynecological Perspective
Eman Elkadry, MD

A Physical Therapy and Behavioral Therapy Perspective
Jessica McKinney, MS PT

A Psychological Perspective
Ravi Prasad, PhD

Bridging Gaps in Perioperative Acute Pain Management (209) (DV)

Acute pain physicians typically focus only on immediate postoperative care. However, numerous patients have modifiable risk factors placing them at risk for severe postoperative and persistent pain. Little analgesic coordination with patients’ primary team occurs, and rarely are analgesic planning processes available at discharge. To fill these gaps, this session focuses on three phases: (1) preadmission (stratification and optimization), (2) inpatient (analgesic coordination), and (3) postdischarge (advising for analgesic planning and weaning).

Moderator
Michael L. Kent, MD CDR MC USN

Preadmission Optimization of the Acute Pain Patient
John Corey, MD

Inpatient Perioperative Pain Management (The ERAS Model)
Christopher M. Sobey, MD

Time for Discharge: Now What?
Jennifer Hah, MD MS

How Expectation and Learning Shape Pain: Lessons for the Clinician from Placebo and Nocebo Studies (210)

The profound influence of context surrounding a pain experience on pain perception and the therapeutic response to pharmacological and other treatments is underappreciated. This session outlines the psychological and neurobiological mechanisms and the translational relevance of placebo analgesia and nocebo hyperalgesia in clinical practice, providing a greater understanding of how expectation-induced pain modulation has profound clinical implications and offering the potential to optimize therapeutic strategies for improved treatment outcomes.

Placebo and Nocebo: Historical Context and Implications in Analgesic Development
Friedhelm Sandbrink, MD

The Neurobiology of the Placebo and Nocebo Response in Experimental and Clinical Settings
Luana Colloca, MD PhD

How Context Shapes the Clinical Outcome: Implications for Clinical Practice in Pain Management
Friedhelm Sandbrink, MD
Boots on the Ground: Novel Assistance for Prescribers (211)

National calls to reduce opioid prescribing have exposed critically limited resources for prescribers to meet this goal. There is a growing need for behavioral opioid taper support for nonaddicted individuals with chronic pain, and for automated assistance with tapering of prescriptions. This session addresses both needs by presenting an opioid taper program with psychobehavioral support embedded into clinical care and the Stanford Opioid Taper Tool, an algorithm that enhances safety and success with customized tapering schedules.

Moderator
Beth D. Darnall, PhD

Boots on the Ground: A Low-Cost, Medically Supervised Behavioral Opioid Taper Program for Community-Dwelling Chronic Pain Patients

Beth D. Darnall, PhD
Richard L. Stieg, MD MHS

The Stanford Opioid Taper Tool
Ming-Chih Kao, PhD MD

Assessing and Managing Insomnia in Patients with Chronic Pain (212)

Sleep disorders commonly occur in patients with chronic pain, and there is persuasive evidence of the reciprocal deleterious effect of sleep on pain and pain on sleep. This session reviews the underlying pathophysiology of the interrelationship between pain and sleep, provides practical methods to efficiently and effectively assess sleep disorders, and outlines basic pharmacologic and nonpharmacologic interventions to improve sleep quality in the pain population.

Pain and Insomnia: Theoretical Models and Assessment
Martin Cheatle, PhD

Pharmacotherapy of Sleep Disorders in Patients with Chronic Pain
Lynn R. Webster, MD

Cognitive-Behavioral Therapy for Insomnia in Patients with Chronic Pain
Ignacio Badiola, MD

Multifaceted Approach to Improve Pain Care and the Safety of Opioids Prescribing in the Veterans Health Administration (VHA) (301)

This session provides a multifaceted approach that aims to improve the quality of pain care in the VHA and safety of opioid prescribing. In focusing on SCAN-ECHO, an effective educational tool, it proposes its targeted utilization with outlying primary care providers. In addition, it introduces a novel opioid risk stratification and mitigation tool, describing the design of this computerized tool as well as the predictive method with which this model estimates risks.

Moderator
Rollin M. Gallagher, MD MPH

Identification and Targeted Enrollment in a 1-Year SCAN-ECHO Training of Outlying Primary Care Physicians
Evan Carey, MS

Predictive Model-Based Patient Management Tools for Stratified Risk Mitigation for Patients Receiving Chronic Opioid Therapy
Jodie A. Trafton, PhD

SCAN-ECHO: An Effective Innovative Model for Education and Training of the Primary Care Workforce
Ali S. Mchaourab, MD

Evidence-Based Medicine in Spinal Stimulation: What Is the Best Choice? Is There One, or Are There Many? (303)

AAPM has collaborated with the North American Neuromodulation Society (NANS) to design educational programming for those interested in interventional and neuromodulation techniques for pain management. The field of spinal stimulation has evolved rapidly during the past few years with significant hardware and software changes that appear to be improving outcomes for patients. This course highlights some of the newest and most exciting spinal stimulation advances in the field.

Moderator
Tim J. Lamer, MD

Conventional Spinal Cord Stimulation
Salim M. Hayek, MD PhD

Burst Spinal Cord Stimulation
Timothy R. Deer, MD

High-Density Spinal Cord Stimulation
Tim J. Lamer, MD

Dorsal Root Ganglion Stimulation
Timothy R. Deer, MD

High-Frequency Stimulation
Leonardo Kapural, MD PhD

Summary and Conclusions
Timothy R. Deer, MD
10:45–11:45 am
New Developments in Fibromyalgia Syndrome (304) [PC]
Fibromyalgia affects 2%–5% of the global population, and new findings linking it to small-fiber polyneuropathy will affect the practice of pain medicine, as will new treatment options. This session reviews new data and discusses implications for pain practice.

Samer Narouze, MD PhD

Small-Fiber Polyneuropathy in Fibromyalgia: Big Changes Coming
Anne Louise Oaklander, MD PhD

10:45–11:45 am
Pain Psychology: A Global Needs Assessment and National Call to Action (305)
Clear deficits exist in pain education, leading to a national call from the Institute of Medicine in 2010 to increase training across diverse disciplines, including psychology. This session provides knowledge of pain psychology in terms of training and core competencies, presenting the first data to quantify gaps in psychologist training and patient access to pain psychology services. In addition, the faculty, members of the AAPM Pain Psychology Task Force, review the task force’s national call to action and plan.

Judith Scheman, PhD
Sara A. Davin, PsyD MPH

The AAPM Pain Psychology Task Force: A National Call to Action
Beth D. Darnall, PhD

10:45–11:45 am
Best Practices in the Interventional Implant Practice (306) [I]
AAPM and the North American Neuromodulation Society (NANS) have collaborated to design educational programming for those interested in interventional and neuromodulation techniques in pain management. The techniques of placing spinal stimulator systems and intrathecal drug delivery systems have become safer, and complication rates have improved with the advent of new technology, improvements in surgical techniques, and the publication of consensus-based guidelines. On the other hand, new anticoagulation medications, more and more patients on long-term anticoagulation therapy, and emerging infection challenges, including drug-resistant organisms and new-generation antibiotics, continue to challenge the implanting physician. This course highlights current best practices for mitigating bleeding and infection risks in the implant practice.

Bryan C. Hoelzer, MD

Best Practices for Infection Prevention and Control in the Implant Practice
Samer Narouze, MD PhD

Best Practices for Anticoagulation Management in the Implant Practice

1:30–3 pm
Making System- and Population-Based Pain Care Happen in Your Local Healthcare System (307) [PC DV]
This session discusses the logistics and current success and failures of spreading population- and systems-based approaches to pain management throughout the country as well as through systems of various levels and sizes. Faculty discuss aspects of population-based pain care from the national level to initiatives at the VA Healthcare System, which during the past 10 years has had the most experience implementing such approaches, to networks of academic and community-based pain clinics that have built their systemwide initiatives from the ground up with few external resources.

Bill McCarberg, MD

Making System- and Population-Based Pain Care Happen: VA System
Rollin M. Gallagher, MD MPH

Making System- and Population-Based Pain Care Happen: University of California–Davis
Scott M. Fishman, MD

Making System- and Population-Based Pain Care Happen: University of Pittsburgh Medical Center
Ajay Wasan, MD MSc

1:30–3 pm
Transforming DoD and VA Pain Care for Service Members and Families (308) [PC DV]
This session describes three far-reaching collaborative efforts between the Department of Defense (DoD) and Veterans Health Administration (VHA) to improve pain care. First, the Joint Pain Education Program (JPEP) and implications across the continuum of care are discussed. Second, lessons learned during beta testing of the Pain Assessment Screening Tool and Outcomes Registry (PASTOR) and application to other DoD and VA facilities are provided. Finally, implementation of the functional restoration approach to chronic pain management in DoD and VA pain clinics is detailed.

Friedhelm Sandbrink, MD
Steven R. Hanling, MD

DoD/VHA Joint Pain Education Project

Rollin M. Gallagher, MD MPH

Making System- and Population-Based Pain Care Happen: VA System

Pain-Assessment Screening Tool and Outcomes Registry (PASTOR): Lessons Learned During Initial 2 Years of Use at Madigan Army, Balboa Navy, and Walter Reed National Military Medical Centers
Diane M. Flynn, MD Col. (ret) MC USA

Building a Functional Restoration Program for Active-Duty Service Members and Veterans and Application to Your Patients
Ivan K. Lesnik, MD
Timothy C. Dawson, MD
1:30–3 pm

Intrathecal Therapies in the Non-Cancer Pain Patient (309)

AAPM has collaborated with the North American Neuromodulation Society (NANS) to design educational programming for those interested in interventional and neuromodulation techniques in pain management. Intrathecal drug delivery system (IDDS) therapy is effective treatment for many intractable pain conditions, but the success of the therapy is dependent on several key considerations, including medication selection, dose and infusion strategies, and patient factors. This course identifies and explains those factors that will help the practitioner improve outcomes with IDDS therapy and also compares and contrasts IDDS to spinal cord stimulation (SCS) therapy for the refractory back pain patient.

Drug Distribution and Uptake in the Thecal Sac

Jason E. Pope, MD

Ziconotide-Trial and Infusion Strategies

Timothy R. Deer, MD

Strategies to Optimize Outcomes in IDDS Therapy for Patients with Non-Cancer Pain

Salim M. Hayek, MD PhD

IDDS Versus SCS in the Patient with Refractory Axial Back Pain: IDDS Is the Preferred Treatment

Salim M. Hayek, MD PhD

IDDS Versus SCS in the Patient with Refractory Axial Back Pain: SCS Is the Preferred Treatment

Timothy R. Deer, MD

1:30–3 pm

American Headache Society Program: Chronic Migraine Education Program (310)

The Chronic Migraine Education Program (CMEP), an educational initiative of the American Headache Society, conveys the incredible progress in headache medicine. This session discusses advances in diagnosis and insights into risk factors and mechanisms leading to migraine progression. It also reviews biological theories that emerge from animal models and human studies of epidemiology, genetics, and neuroimaging. The CMEP is designed to provide a comprehensive understanding of migraine, including how to better diagnose and treat these serious problems.

Transitions, Risk Factors, and Barriers to Care

Richard Lipton, MD

Pathophysiology of Chronic Migraine and Episodic Migraine

Andrew C. Charles, MD

Migraine Therapy

David W. Dodick, MD

4:15–5:45 pm

Cost-Effectiveness of Interventional Pain Therapy (313)

AAPM has collaborated with the North American Neuromodulation Society (NANS) to design educational programming for those interested in interventional and neuromodulation techniques in pain management. Pain therapies are under increasing scrutiny to demonstrate not only clinical effectiveness, but also cost effectiveness. This session reviews the cost savings attributable to the use of interventional approaches to manage chronic back and leg pain using epidural steroid injections, spinal cord stimulation, and intrathecal drug delivery. In addition, it provides data on the cost savings that result from utilizing interventional techniques to manage pain in select populations.

Cost Savings Attributable to the Use of Spinal Cord Stimulation

Nagy A. Mekhail, MD PhD

Cost Savings Attributable to the Use of Intrathecal Drug Delivery

Robert Bolash, MD

Billing and Reimbursement for Neuromodulation Devices

Ramsin M. Benyamin, MD
**CONCURRENT SESSIONS**

**4:15–5:45 pm**

The Nuts and Bolts of Integrating a Psychologist into Your Practice (314) **PC**

This session discusses the logistics of adding a psychologist to your medical practice, detailing how it is possible and financially sustainable in private practice, community, and academic settings. In addition, interprofessional training opportunities are discussed.

A Sustainable Plan for a Pain Psychologist in Your Practice

**Sunday, February 21**

**8:30–9:30 am**

Non-Pharmaceutical/Integrative Therapies Pearls (401) **PC**

If you are looking for a fast-paced, targeted, interactive approach to integrative pain medicine treatment, look no further. This clinical pearls session is the quickest and most efficient way to cover key concepts on multiple treatment topics, exploring three topics of particular interest to pain clinicians. **Moderator**

Heather Tick, MD

The Evolution of Evidence-Based Hypnotic Techniques in Acute Care Settings

Elvira V. Lang, MD PhD FSIR FSCEH

Spirituality and Religion-Based Therapies Across the Continuum of Pain and Suffering

Marta Illueca, MD FAAP

Acupressure vs. Trigger-Point Massage: Evidence-Based Recommendations

Beth B. Hogans, MD PhD

**8:30–9:30 am**

Best Pain Care at Lower Cost: Collaborative Health Outcomes Information Registry (CHOIR) as a Model Platform for Learning Health Systems (402)

The Institute of Medicine and National Pain Strategy called for patient registries that serve as platforms for learning health system (LHS). This session describes LHS and existing LHS platforms, illustrating these tools by discussing the open source and free Collaborative Health Outcomes Information Registry (CHOIR). In addition, faculty members share their experiences in transforming their organizations, including early success stories in care coordination, patient experience, data utility, clinical research, and quality of care.

**9:45–10:45 am**

Clinical Pearls of Pain Medicine (404) **PC**

In the next few years, predicting treatment responses via genetic and other testing will have a tremendous impact on the practice of pain medicine. This is an area of new and exponentially growing information. This clinical pearls session provides insights on the need for predictors of analgesic response, explaining how genetic testing can assist in the clinical care of patients with chronic pain.

**9:45–10:45 am**

Creating Effective Simulation and Immersive Learning Experiences for Pain Medicine Education (405) **PC**

An engaging method for teaching various topics related to pain medicine includes the use of simulation and immersive learning. However, educators may be reluctant to trial this method for a number of reasons, including a lack of training in simulation and difficulty measuring learning outcomes. This session, which includes experts in simulation and pain medicine, guides participants in how to effectively utilize simulation and immersive learning.
Elements of Effective Simulation and Immersive Learning Experiences in Pain Medicine
Jordan L. Newmark, MD

Use of Standardized Patients in Pain Medicine
Jordan L. Newmark, MD

Selection of Relevant Topics and Curriculum Design
Bryan C. Hoelzer, MD

Measurement and Assessment of Learning
Naileshni S. Singh, MD

9:45–10:45 am
Challenging Headaches: What to Do? Understanding the Roles of IV Infusions, Nerve Blocks, Neuromodulation, and Behavior Modifications (406) PC
Particularly challenging, but common, headache situations include the patient with a history of headache who presents with a subacute, intractable exacerbation refractory to their usual abortive regimen and the patient with chronic daily headache. This session presents an evidence-based treatment algorithm to treat chronic daily headache, including the role of neuromodulation. It also focuses on evidence-based parenteral infusions and interventions that can be used to deal with subacute, severe, intractable exacerbations.

Parenteral Treatments of Intractable Headache Exacerbations
James C. Watson, MD

Classification and Treatment of Chronic Daily Headache
Zahid H. Bajwa, MD

Interventional Treatments of Intractable Headache Exacerbations and Neuromodulation for Chronic Headaches
Samer Narouze, MD PhD

11 am–Noon
Practice Issues and Professional Development (407) PC
This session explores safety concerns related to medication, sleep, tobacco, and cannabis use and the ethical dilemmas prescribers face daily in their practices. In addressing these issues from the perspectives of healthcare providers, including clinical pharmacists, it provides helpful information on medication management safeguards.

Cannabis, Tobacco Use, Opioids, and Nonrestorative Sleep: Driving and Work Concerns
Gerald M. Aronoff, MD

Medical Marijuana and Opiates: Indications for Use
E. Alfonso Romero-Sandoval, MD PhD

Medical Marijuana and Opiates: Impact on Psychomotor Function
Syeda Sabah A. Kareem, PharmD

11 am–Noon
Cancer Pain Management: Changing Paradigms (408)
As treatments for cancer become more sophisticated, physicians see and anticipate an evolution in the pain syndromes a patient may suffer. Faculty in this session elucidate some of these cancer pain syndromes and discuss coordination of a patient’s pain care with multiple specialties that possess specific expertise in pain treatments. In addition, the session presents changing paradigms for treatment of cancer pain syndromes that incorporate broad treatment options during a patient’s oncologic treatment.

Evolving Cancer Pain Syndromes
Amitabh Gulati, MD

A New Understanding of Multimodal Pain Therapy in Cancer Pain Management
Vinay G. Puttanniah, MD

Incorporating Cancer-Specific Paradigms for the Treatment of Cancer Pain
Joseph C. Hung, MD MPOG

11 am–Noon
The Challenging Dyad of Pain Medicine: Obesity and Chronic Pain (409) PC
The pain complaints and comorbidities of obese patients can challenge the scope of practice of any single medical specialty. This session discusses the strategies, tools, and infrastructure needed for the treatment of obesity that already exist in the realm of pain medicine. It also explores the strategies for extension of skills and knowledge of pain physicians, including nuances of interplay between these two very common problems, as well as tools for simultaneous management of these conditions.

Mechanisms of the Obesity and Pain Relationship
Dmitri Souzdalnitski, MD PhD

Interventional Treatments in Obesity and Pain Management
Dmitri Souzdalnitski, MD PhD

Pharmacotherapy of Obesity and Chronic Pain States
Samer Narouze, MD PhD

32nd Annual Meeting Educational Supporters

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Listing as of February 4, 2016
Many healthcare professionals do not feel adequately trained to evaluate and treat the patient in pain. Essential Tools for Treating the Patient in Pain™ is designed for clinicians interested in the fundamentals of pain medicine and practical approaches to the treatment of common pain disorders. The program offers clinically focused lectures and case presentations on the assessment, diagnosis, and treatment of patients with various acute, cancer, end-of-life, and chronic pain syndromes, providing practical information that a practitioner can immediately implement upon returning to his or her practice the next day. If you did not pre-order, a limited number of printed handouts will be available for purchase at the registration desk.

The target audience for this program includes primary care providers, pain specialists, subspecialists, and trainees. This year, in particular, there will be a heavy emphasis on primary care providers.

Be sure to visit our website, www.painmed.org/annualmeeting, to view the program agenda and confirmed faculty.

Attendees are required to complete all three Essential Tools core programs during the 2 days of the program, as well as two Annual Meeting concurrent session electives within the Saturday Annual Meeting program (at 1:30–3 pm and 4:15–5:45 pm) to consider their attendance at the program complete and receive a 12.5-hour CME certificate.

Please note that this program is not a preconference this year and runs concurrently with the Annual Meeting.

* There is an additional fee to attend this program. Registration is required.

For the most current information for this program, visit www.painmed.org/annualmeeting.
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David W. Dodick, MD  
Mayo Clinic  
Phoenix, AZ  
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Amitabh Gulati, MD  
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PaxarBio (Advisory Board)
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<th>Name</th>
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<td>Paola Sandroni, MD PhD</td>
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<td>Patricia Thomas, MD FACP</td>
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<td>Heather Tick, MD</td>
<td>University of Washington</td>
<td>No relevant financial relationships</td>
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<tr>
<td>Mark A. Ware, MD MSc</td>
<td>McGill University</td>
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<td>James C. Watson, MD</td>
<td>Mayo Clinic</td>
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<td>Judy Watt-Watson, PhD MSc RN</td>
<td>University of Toronto, Bloomberg Faculty of Nursing</td>
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<td>Lynn R. Webster, MD</td>
<td>PRA Health Sciences</td>
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<td>David J. Tauben, MD</td>
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Introducing Nuvecutra™ and Algovita® SCS.

Powerful Capabilities. Simplified Designs.

The Algovita Spinal Cord Stimulation System from Nuvecutra is the smart way to treat chronic pain. It features a broad set of capabilities to provide powerful yet simplified therapy for you and your patients.

Visit our booth to learn more about our commitment to innovative technology, intuitive design, and enhanced usability in neurostimulation devices.

VISIT US AT BOOTH #429
We invite you to attend the Non-CME Satellite Symposia to gain comprehensive insight into important topics and issues facing today’s pain specialists. Registration is not required; however, seating is limited. We recommend arriving at the symposia location early. Breakfast or lunch will be provided prior to the symposia that are sponsored by AAPM.

Thursday, February 18

Noon–1 pm

Opioid Emergencies: Amplifying the Voice for Take-Home Naloxone

(Lunch provided by AAPM 11:30 am–Noon)

Prescription opioid deaths have reached epidemic levels in the United States, with the number of deaths more than quadrupling between 1999 and 2014. A large proportion of opioid emergencies in patients prescribed opioids for pain are unintentional, resulting in life-threatening opioid-induced respiratory depression (OIRD). Seconds count with life-threatening OIRD, and without intervention hypoxia may result in brain injury in as little as 4 minutes. However, the average emergency medical services (EMS) response time is approximately 9.4 minutes. Most opioid emergencies occur in the home and are witnessed by friends or family members who may be in the best position to intervene quickly prior to EMS arrival. Injectable naloxone, an opioid antagonist, has been FDA-approved for more than 40 years and is used primarily in the hospital setting or by EMS to reverse OIRD. Many state, national, and international government and professional organizations are calling for naloxone to be readily accessible to individuals likely to witness a life-threatening opioid emergency.

Please join us for this symposium during which the faculty will present the epidemiology of opioid emergencies and provide guidance on how to identify and communicate with at-risk pain patients. They will also offer practical strategies to help prepare patients for potential life-threatening opioid emergencies.

Faculty

Eric S. Edwards, MD PhD
Chief Medical Officer and Vice President Research & Development
Kaleo, Inc.
Richmond, VA

Michael J. Brennan, MD
The Pain Center of Fairfield
Fairfield, CT

Senior Attending Physician, Department of Medicine
Bridgeport Hospital
Bridgeport, CT

Associate Director, Chronic Pain and Recovery Program
Silver Hill Hospital
New Canaan, CT

Mark A. Kallgren, MD
Medical Director, Pain Medicine
Oregon Anesthesiology Group, PC
Portland, OR

Educational Objectives

After attending this symposium, participants should be better able to:
• cite evidence for the growth in opioid emergencies and the resulting public health epidemic
• identify patients at increased risk for life-threatening opioid-induced respiratory depression (OIRD)
• understand their role in preparing patients for opioid emergencies.

Friday, February 19

6:45–7:45 am

Reducing Opioid Misuse and Diversion: A Focus on New Abuse-Deterrent Formulation Technologies

(Breakfast provided by AAPM 6:15–6:45 am)

Prescription opioid products are an important component of modern pain management. However, abuse and misuse of these products have created a serious and growing public health problem. One potentially important step toward the goal of creating safer opioid analgesics has been the development of opioids formulated to deter abuse. Because opioid products are often manipulated for purposes of abuse by different routes of administration or to defeat extended-release (ER) properties, most abuse-deterrent technologies that have been developed to date are intended to make manipulation more difficult or to make abuse of the manipulated product less attractive or less rewarding. The fact that a product has abuse-deterrent properties does not mean that there is no risk of abuse. It means, rather, that the risk of abuse is lower than it would be without such properties. Because opioid products must in the end be able to deliver the opioid to the patient, there may always be some abuse of these products.

Current regulations related to opioid prescribing affect the adoption of the new abuse-deterrent formulation (ADF) technology. Ironically, it is the medical professional’s responsibility to do all that is possible to safely alleviate pain while mitigating the risk of harm from opioids. Payers, however, continue to be a barrier to adopting the safer formulations by making them more expensive to the patient than non-ADF formulations. Even though there is evidence ADFs confer significant reduction in harm, both public and private payers have been slow to implement policies that would encourage the use of ADF formulations. Some payers are more inclined than others to establish policies that will support the preference of ADF formulations.

This session will provide information on abuse deterrent formulations, policies and regulations that affect the adoption of ADF technology.

Faculty

Lynn R. Webster, MD FACPM FASAM
Vice President, Scientific Affairs, PRA Health Sciences
Past President, American Academy of Pain Medicine
PRA Health Sciences
Salt Lake City, UT

Educational Objectives

After attending this session, attendees will be better able to:
• demonstrate an understanding of the different types of abuse deterrent formulations (ADFs)
• demonstrate an understanding of the clinical significance of ADFs
• demonstrate an understanding of the trends towards legislative efforts to curb opioid prescribing
• interpret evidence of rising rates of misuse, abuse, and accidental deaths
• assess consideration of ADF when an opioid is an appropriate therapy.

This activity is funded by Teva Pharmaceuticals.
Beyond Chronic Pain in the Opioid-Managed Patient: Addressing Comorbid Sleep and Psychiatric Disorders

Patients with chronic pain can be complex and present with multiple comorbidities, including sleep disturbance and affective disorders. Longitudinal studies generally support a reciprocal relationship between sleep disturbance and pain, where poorly controlled pain can disrupt sleep and poor sleep exacerbates pain. Pain correlates with shorter sleep durations and worse sleep quality and impacts mood, daily activities, relationships, quality of life (QOL), and ability to work, while sleep disturbance worsens the long-term prognosis of chronic pain, increases disability, and influences daily fluctuations in clinical pain. There is also a high prevalence of sleep apnea in patients receiving chronic opioid therapy, which can increase risk for overdose. Concomitant affective disorders are associated with greater pain intensity, greater interference with activities, a lower likelihood of responding to treatment, and higher healthcare costs.

Increased opioid use among patients with sleep problems or depression lends support to the hypothesis that pain patients may be self-medicating with opioids. Accidental overdose may occur when patients attempt to relieve suffering from poorly controlled pain, depression, anxiety, or disturbed sleep.

Please join us for this symposium during which the faculty will provide guidance on assessing sleep and affective disorders in chronic pain patients and present a rationale for treatment choices to improve clinical outcomes, enhance QOL, and mitigate risk of opioid misuse and overdose.

Faculty
Michael J. Brennan, MD
The Pain Center of Fairfield
Fairfield, CT
Senior Attending Physician, Department of Medicine
Bridgeport Hospital
Bridgeport, CT
Associate Director, Chronic Pain and Recovery Program
Silver Hill Hospital
New Canaan, CT

Martin D. Cheatle, PhD
Director, Pain and Chemical Dependency Program
Center for Studies of Addiction, Perelman School of Medicine
University of Pennsylvania
Philadelphia, PA
Director, Behavioral Medicine, Reading Health System
West Reading, PA

Jeffrey Fudin, PharmD DAAPM FCCP FASHP
Adjunct Associate Professor
Western New England University College of Pharmacy
Springfield, MA
Adjunct Associate Professor of Pharmacy Practice & Pain Management
Albany College of Pharmacy & Health Sciences
Albany, NY
Clinical Pharmacy Specialist and Director PGY2 Pain & Palliative Care Residency
Stratton VA Medical Center,
Albany, NY

Educational Objectives
After attending this symposium, participants should be better able to:
• describe the prevalence and consequences of comorbid sleep and affective disorders in patients with chronic pain
• develop a plan to routinely screen and assess chronic pain patients for disturbed sleep and affective disorders
• implement a rational approach to treat chronic pain and comorbid conditions, where present, that addresses risk and improves clinical outcomes.

This activity is funded by Pernix Therapeutics.

12:30–1:30 pm
Opioid-Induced Constipation: When Reliable and Rapid Relief Matters

Opioid-induced constipation (OIC) is one of the most common side effects of opioids, which are commonly used to manage moderate to severe chronic pain. Initial therapies are typically used to manage OIC, but they may provide insufficient relief. This program explores a relevant treatment option for patients suffering from OIC.

Faculty
Gerald M. Sacks, MD
Director of Pain Management
Pain Institute of Santa Monica
Santa Monica, CA

This activity is funded by Salix Pharmaceuticals, a division of Valeant Pharmaceuticals.

Saturday, February 20

12:15–1:15 pm
Clinical Dialogues: What Is the Role of Buprenorphine in Chronic Pain?

This program will discuss the current and emerging role of buprenorphine in the treatment of chronic pain. Following a brief discussion of the biochemical pharmacology of full and partial agonists, faculty will present results from studies supporting the recent approval of Belbuca™, the first oral buccal film formulation of buprenorphine for chronic pain. The program will feature a panel discussion on the efficacy, safety, and tolerability of Belbuca in both opioid-naïve and opioid-experienced patients.

Faculty
Jeffrey Gudin, MD
Director, Pain Management and Palliative Care, Englewood Hospital and Medical Center
Englewood, NJ
Clinical Instructor, Anesthesiology, Mount Sinai University School of Medicine
New York, NY

Jeffrey Fudin, PharmD DAAPM FCCP FASHP
Clinical Pharmacy Specialist, Stratton VA Medical Center
Albany, NY

Richard Rauck, MD
Director, Carolinas Pain Institute
Winston-Salem, NC
Pain Fellowship Director at Wake Forest University School of Medicine
Winston-Salem, NC

This program is funded by Pernix Therapeutics.
Educational Objectives

• Examine the in vitro pharmacological constructs of full and partial agonism and their practical considerations for chronic pain management.
• Describe the study design and results of the Belbuca phase 3 clinical trial program in opioid-naïve and opioid-experienced patients with chronic pain.
• Incorporate the latest preclinical and clinical data supporting a potential role for Belbuca in the treatment of patients with chronic pain.

This activity is funded by Endo Pharmaceuticals.

12:15–1:15 pm
Moving Beyond Mu with Kappa Opioid Receptor Agonists: Leaving the Baggage Behind
(Lunch provided by AAPM 11:45 am–12:15 pm)

Traditional mu opioid agonists play an important role in the management of acute and chronic pain. However, their use is associated with the public health epidemics of abuse, misuse, and diversion, as well mortality and morbidity due to opioid-associated overdose and respiratory depression. In addition, mu opioid agonists cause other adverse effects, such as nausea and vomiting, which can delay postoperative recovery and increase healthcare costs.

A novel peripherally acting kappa opioid receptor agonist, CR845, is currently in phase 3 trials for postoperative pain (I.V. CR845) and in phase 2 trials for chronic pain (Oral CR845). Because of its unique pharmacologic properties, CR845 has been shown to produce significant analgesia with low abuse potential and little to no traditional mu opioid side effects like nausea/vomiting and respiratory depression.

Please join us for this symposium during which the faculty will describe the pharmacology of CR845, present clinical data for CR845, and consider CR845’s potential place in analgesic therapy for acute and chronic pain.

Faculty
Joseph Stauffer, DO MBA
Chief Medical Officer
Cara Therapeutics Inc.
Shelton, CT
Assistant Professor, Department of Anesthesiology & Critical Care
Johns Hopkins University School of Medicine
Baltimore, MD

Michael J. Brennan, MD
The Pain Center of Fairfield
Fairfield, CT
Senior Attending Physician, Department of Medicine
Bridgeport Hospital
Bridgeport, CT
Associate Director, Chronic Pain and Recovery Program
Silver Hill Hospital
New Canaan, CT

Lynn R. Webster, MD
Vice President of Scientific Affairs
PRA Health Sciences
Salt Lake City, UT

Educational Objectives

After attending this symposium, participants should be better able to
• recognize the unmet clinical needs and safety concerns with the current analgesic landscape
• describe the unique pharmacologic properties of a new class of opioid—the peripherally acting kappa opioid receptor agonist, CR845
• identify the potential benefits of Oral CR845 in the management of chronic and acute pain and I.V. CR845 for postoperative acute pain
• evaluate the potential place in analgesic therapy of CR845.

This activity is funded by Cara Therapeutics.

Interactive Professor

Intrathecal Drug Delivery for Chronic Pain
Evolving Best-Practice Strategies to Maximize Efficacy and Safety

Location: AAPM registration area in the Oasis Lobby

This CME-accredited Interactive Professor™ program includes prerecorded expert faculty projected on a high-resolution display to discuss best practices in intrathecal therapy for chronic pain. Presenting two case studies, the program will examine patient and medication selection, treatment trials, dose titration, and patient monitoring, among other subjects.

This activity is funded by Jazz Pharmaceuticals, Inc.

Thursday, February 18
1–5 pm

Friday, February 19
7:45 am–Noon, 1:30–6 pm

Saturday, February 20
7:45–11:45 am, 1:15–6 pm
The best place to find the right physician or clinician for your pain practice is careers.painmed.org.

The Career Center of the American Academy of Pain Medicine is where pain specialists look for career opportunities.

Post your position with us and be seen by qualified candidates – lots of them:

- More than 7,000 unique visits per month
- Nearly 70% of AAPM members work in a private practice
- 74% of AAPM members have more than five years experience practicing pain medicine

Plus, your ad can cross-post to the National Healthcare Career Network (NHCN) where your position will be seen by more than 100,000 additional potential candidates.

For more information, please call 847.375.4731.

Post your job now at careers.painmed.org. It's fast, it's easy, and it works.
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<td>Atherosclerotic Disease and Its Relationship to Lumbar Degenerative Disc Disease, Facet Arthritis, and Stenosis Using Computed Tomography Angiography</td>
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<td>Phenotyping of NCS-1 Knockout Mice as a Tool for Understanding Neuropathic Pain</td>
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<td>Evaluation of the Abuse Potential of a Hydrocodone Extended-Release Bitartrate Tablet Formulated with Abuse-Deterrence Technology in Nondependent, Recreational Opioid Users</td>
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<td>Development of Chronic Pain and Dynamic Changes of CCR2+ Monocyte and Cx3CR1+ Microglia After Sciatic Nerve Injury in Mice</td>
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<td>Prevalence of Genetic Variants in Nociceptive Versus Neuropathic Pain Patients</td>
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<td>Genetics and Fibromyalgia: Mesocorticolimbic Genetic Variants Are Associated with Risk of Fibromyalgia</td>
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<td>ZX007: Novel Extended-Release Formulation of Hydrocodone Bitartrate Resistant to Physical Manipulation and Extraction of Hydrocodone</td>
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<td>Efficacy and Safety of Hydrocodone Extended-Release Tablets Formulated with an Abuse-Deterrence Technology Platform for the Treatment of Moderate to Severe Pain in Patients with Chronic Low Back Pain</td>
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<td>Utilization of Genetic Testing in Clinical Care for Medication Risk and Response</td>
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<td>Heart Rhythm Analysis by Sparse Representation for Acute Deep Pain Detection</td>
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<td>Ehlers Danlos, POTS, and a Headache Cured</td>
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<td>Caudal Lysis of Adhesions as Neuromodulation-Sparing Treatment for Failed Back Surgery Syndrome (FBSS)</td>
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<td>Slowly Titrated Intrathecal Ziconotide Completely Ameliorated Chronic Post-Herpetic Neuralgia in a Patient Whose Pain Was Refractory: An Optimized Medication Regimen, Radiofrequency Ablations, Spinal Cord Stimulation, and Intrathecal Opioid Therapy</td>
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<td>Percutaneous Lumbar Disk Decompression Using the Dekompressor: A Prospective 8-Year Outcome Study</td>
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<td>Treatment of Occipital Neuralgia with Radiofrequency Ablation</td>
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<td>Fluoroscopic Exposure During Transforaminal Epidural Steroid Injections—A Multicenter Evaluation of 4,793 Injections</td>
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<td>Radiofrequency Ablation of L5 Dorsal Ramus and S1 Lateral Branch Nerve for Long-Term Pain Relief in Patients with Lumbosacral Transitional Vertebral Anatomy</td>
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<td>PASTOR Use in an Army Interdisciplinary Pain Management Clinic: Lessons Learned and Future Implications of a 10-Month Beta Test</td>
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<td>Long-Term Reduction in Disability Using Spinal Cord Stimulation (SCS) Capable of Anatomically Guided Neural Targeting</td>
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<td>A Multiview Lumbar Epidural Contrast Spread Analysis to Create 3-D Understanding of Fluoroscopic Images</td>
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<td>Post-Dural Puncture Headache Following Cooled Radiofrequency Ablation of the Lumbar Medial Branches</td>
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<td>Long-Term Results (12 Months) of a Prospective, Multicenter, Open-Label Clinical Trial Comparing Intradiscal Biacuplasty to Conventional Medical Management for Discogenic Lumbar Back Pain</td>
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<td>Low Estimated Demand for Magnetic Resonance Imaging in the Spinal Cord Stimulation Population</td>
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<td>Rare Complications After Spinal Cord Stimulation Placement with Surgical Paddle Lead Implants: A Case Report</td>
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<td>Long-Term Clinical Outcomes of Neural Targeting Spinal Cord Stimulation (SCS): Final Results of the LUMINA Clinical Study</td>
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<td>Dural Cutaneous Fistula: A Case Report of a Late Complication of Intrathecal Catheter Granuloma in a Patient with CRPS</td>
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<td>Burst Spinal Cord Stimulation for Chronic Intractable Pain: A Critical Review of the Literature</td>
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**Late-Breaking Posters**

| LB001 | Noninvasive Transcutaneous Vagus Nerve Stimulation and Changes in Autonomic Output Following Heat Pain: A Blinded, Placebo-Controlled, Crossover Pilot Study |
| LB002 | Pharmacokinetics of 2.0 mg Intranasal and Intramuscular Naloxone HCl Administration and the Impact of Vasoconstrictor Use on the Bioavailability of Intranasal Naloxone HCl |
| LB003 | Ketamine Infusion: A Useful Tool for Chronic Neuropathic Pain |
| LB004 | Ultrasound-Guided Greater Occipital Nerve Block at a Novel Proximal Location: A Feasibility Study |
| LB005 | 2016 AAPM Robert G. Addison Award Winner—R. Andrew Moore, DSc—For Evidence-Based Pain Mentoring Provided by Dr. Moore and His Oxford Colleagues to Numerous Researchers, Clinicians, and Students |
| LB006 | Frequency of Naloxone Use for Opioid Overdose Based on Ward Type in a Tertiary Care Medical Center |
| LB007 | The Prevalence and Characteristics of Munchausen Syndrome in Patients with Complex Regional Pain Syndrome |
| LB008 | The Genetic Characterization of Chronic Pain Patients and Its Impact on Treatment Outcomes |

Late-breaking posters will be on display through both poster sessions.

**Thursday, February 18, at 5:15 pm until Friday, February 19, at 10:40 am**
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<td>Comparison of 10 kHz High-Frequency and Traditional Low-Frequency Spinal Cord Stimulation (SCS) for the Treatment of Chronic Back and Leg Pain: 24-Month Results from a Multicenter Randomized Controlled Pivotal Trial (SENZA-RCT)</td>
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<td>131</td>
<td>Spinal Cord Stimulator: A Case Report with Increasing Weakness After Permanent Placement</td>
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<td>132</td>
<td>Effective and Underutilized Approach for Lumbar Epidural Steroid Injections That Can Reduce the Cost of Interventional Pain Management</td>
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<td>Smoking and Obesity Do Not Interfere with Efficacy of Spinal Cord Stimulators and Do Not Increase the Risk of Complications</td>
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<td>134</td>
<td>Effects of Implantation Delay on Conversion to Permanent Implant of a Spinal Cord Stimulation (SCS) System</td>
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<td>The Combination of Perineural and Systemic Dexamethasone Enhances the Duration of Operatively Placed Intercostal Nerve Blocks Compared to Systemic Dexamethasone Alone as Measured by Objective Pulmonary Function Testing</td>
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<td>Retrospective Analysis of Quality Improvement When Using Liposome Bupivacaine for Postoperative Pain Control</td>
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<td>137</td>
<td>ToxID: A New and Valuable Validity Test for Urine Drug Testing</td>
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<td>Median Nerve Compression Mimics Painful Clenched Fist in a 9-Year-Old Child: A Case Report</td>
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<td>Retrospective Analysis of Auricular Acupuncture as an Adjunct Therapy for Neuropathic Pain in Children and Adults</td>
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<td>Dexamethasone Versus Particulate Steroid Injections for the Treatment of Needle Electromyography-Confirmed Painful Lumbosacral Radiculopathy</td>
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<td>Is There a Relationship Between Body Mass Index and Fluoroscopy Time During Sacroiliac Joint Injection? A Multicenter Cohort Study</td>
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<td>Treatment of Sacroiliac Joint Pain in Failed Back Syndrome with Radiofrequency Ablation of L4-5 Dorsal Rami and S1-3 Lateral Sacral Nerves</td>
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<td>Occipital Nerve Stimulation for the Treatment of Intractable Seizures</td>
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<td>Acute Visual Loss Secondary to Epidural Blood Patch</td>
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<td>Sphenopalatine Ganglion Block (SPGB) vs Epidural Blood Patch (EBP) for Accidental Post-Dural Puncture Headache (PDHP) in Obstetric Patients—A Retrospective Observation</td>
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<td>How Much Does Preprocedure Sedation Contribute to the Procedure-Associated Reduction in Pain Intensity?</td>
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<td>Cooled Radiofrequency Ablation of Gencular Nerves for Knee Osteoarthritis Pain: A Protocol for Patient Selection</td>
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<td>Alleviating Acute Thoracostomy Pain with Intercostal Liposomal Bupivacaine: A Case Report</td>
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<td>Epidural Hematoma Following Intralaminar Epidural Injection: A Case Report</td>
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<td>Epidural Abscess of Unknown Etiology: A Case Report</td>
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<td>153</td>
<td>Epidural Abscess of Unknown Etiology: A Case Report</td>
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<td>154</td>
<td>Pain Score Really Does Matter: Predictors of an Interdisciplinary Team’s Recommendation to Utilize Neuromodulation</td>
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<td>Intradiscal Injection of an Autologous Alpha-2-Macroglobulin (A2M) Concentrate Alleviates Back Pain in FAC-Positive Patients</td>
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<td>Duration of Clinical Effect of Platelet-Rich Plasma (PRP) Injections for Knee Osteoarthritis</td>
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<td>Predictive Factors Associated with Epidural Blood Patch in Patients with Spontaneous Intracranial Hypotension</td>
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<td>MRI-Induced Nocebo Effect: A Case Report</td>
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<td>The Network of Pain: Simultaneous High-Dimensional Mediator Analysis with Bayesian Network Reconstruction Using a Learning Healthcare System Platform</td>
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<td>Comparison of Pain Assessment Scales in Chronic Pain Patients</td>
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<td>Do Various Types of Chronic Pain (CP) Differ in Their Reported Prevalence of PTSD and Is There Consistent Evidence that CP Is Associated with PTSD? An Evidence-Based Structured Systematic Review</td>
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<td>Effects of a Pain Catastrophizing Induction on Quantitatively Measured Pain Perception in Women with Chronic Low Back Pain</td>
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<td>Clinical Characteristics of Fibromyalgia in a Chronic Pain Population</td>
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Reasons to Visit the AAPM Resource Center

- Compare relevant products and services in one convenient place.
- Stay current with new and advanced technology.
- Gain firsthand knowledge of how devices work and how they will benefit your patients and practice.
- Network with peers and colleagues in a dynamic and synergistic atmosphere.

Scientific Posters

More than 140 posters will be on display, with posters categorized by the following clinical topics:

- basic science
- epidemiology/health policy/education
- late-breaking
- pharmacological
- procedures
- psychosocial
- rehabilitation
- translational

Networking

Join us to network with your colleagues during the unopposed hours of educational programming. More than 1,000 physicians who specialize in pain medicine, plus a growing number of primary care physicians from across the country, will be attending this meeting. Take advantage of the opportunity to network with your colleagues to discuss research and diagnosis, treatment, and management of acute, chronic, cancer, recurrent, and noncancer pain.

Interactive Exhibits

Visit more than 150 booths from companies and organizations showcasing products and services specially designed for leaders in the study and treatment of pain. The AAPM Resource Center is an additional benefit of educational learning. By visiting these vendors, you will learn more about advancements that will keep you and your practice at the forefront of your field. Products and information from pharmaceutical companies, medical supplies and equipment, laboratory testing, medical publications, and alternative delivery systems will be featured.

Learn about new research, products, and services from companies specializing in the field of pain medicine.

All Things AAPM and AAPM Foundation

AAPM’s booth (311), located in the Resource Center, is the one-stop destination for the latest in practice resources, discounted products and publications, guidance on educational offerings, and AAPM member service assistance. Come to AAPM’s booth and recharge your devices while learning more about what AAPM has to offer.

Come meet the Pain Medicine editorial staff, stock up on the latest Pain Medicine issues, and learn how to become a contributor. Pain Medicine is the specialty’s most highly acclaimed scientific publication, offering the latest in clinical and scientific innovations every month, and is among the most highly referenced pain journals, highlighting peer-reviewed research and commentary on multidisciplinary clinical practice.

Attendees also can meet representatives from the AAPM Foundation, make a contribution, and learn how your donations have contributed to today’s practices and benefitted the patients we serve. Be sure to stop by booth 311.

INvisible Project by the U.S. Pain Foundation

View firsthand the photography and stories of real pain survivors. Nearly 100 million Americans deal with pain. Chronic pain is an all-encompassing problem that knows no boundaries.

AAPM Showcase Schedule—Non-CME Events

Attend showcase sessions that feature products, services, or programs in the field of pain medicine. All attendees are invited to the 30–60 minute sessions that will be held in the AAPM Resource Center. Please refer to the on-site information regarding updated topics and faculty.

Friday, February 19

9:45–10:15 am
Next-Generation Analgesia: The First and Only FDA-Approved Long-Acting Opioid Designed to Control Both Nociceptive Pain and the Neuropathic Pain Associated with Diabetic Peripheral Neuropathy

Supported by Purdue Pharma L.P.

2:45–3:45 pm
Purdue Pharma L.P. Product Portfolio Options for the Management of Chronic Pain

Michael Brennan, MD
The Pain Center of Fairfield
Fairfield, CT
Supported by Purdue Pharma L.P.

6:15–6:45 pm
Breaking Through Limitations in Postherpetic Neuralgia Therapy

Join your colleagues for this educational presentation focusing on the disease state of postherpetic neuralgia (PHN). We will discuss concerns about managing your adult patients with PHN and examine how a prodrug, providing dose-proportional bioavailability and sustained, predictable absorption, may provide relief. We will further discuss the clinical trial designs, efficacy results, and safety profile information related to the use of HORIZANT. The presentation will be followed by a question-and-answer session.

Supported by XenoPort, Inc.

Resource Center Schedule

Thursday, February 18

Welcome Reception with Exhibits and Posters—Group 1
9–10:45 am, 2:30–7:30 pm
Break with Exhibits and Posters—Group 1
2:45–3:45 pm, 4:45–5 pm
Reception with Exhibits and Posters—Group 2
6–7:30 pm

Friday, February 19

Exhibits Open
9–10:45 am, 2:30–7:30 pm
Break with Exhibits and Posters—Group 1
9:40–10:40 am
Break with Exhibits
2:45–3:45 pm, 4:45–5 pm
Reception with Exhibits and Posters—Group 2
6–7:30 pm

Saturday, February 20

Exhibits Open
9:15–10:45 am
Break with Exhibits and Posters—Group 2
9:30–10:45 am
Prize Drawing
10:30 am

Please note: Resource Center hours are subject to change.
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- WellBrain 331

*Listing as of January 15, 2016*

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**Be a Winner**

Win prizes and support AAPM by participating in the AAPM Resource Center Passport Program. Visit participating exhibitors in the Resource Center and enter your passport to win a $1,000 gift card, a $500 gift card, or conference registration to the 2017 Annual Meeting.

- Find answers to questions listed on the passport from participating companies.
- Visit the booths listed in the passport and receive their stamp.
- Drop your completed passport into the tumbler located in the Resource Center at the AAPM booth (311).
- Winning passports will be drawn on Saturday at 10:30 am.
Booth 214
1st Providers Choice—Pain EMR
www.1stproviderschoice.com
IMS for Pain Management is a user-friendly, fully certified electronic medical record and practice management solution. Pain management doctors across the country have helped us design and customize the software for maximum efficiency and profitability in your practice. Save hours of time on visit notes and documentation with pain management—specific templates.

Booth 229
Above It All Treatment Center
www.aboveitalltreatment.com
The use of pain medication to ease suffering is an important part of your care. Managing the risk of addiction through a treatment partnership is a responsible way to practice it. Located in the mountains of Lake Arrowhead, CA, and beautiful Beverly Hills, Above It All Treatment Centers offer a full continuum of addiction treatment, including intervention, supervised detox, in-patient residential treatment, intensive outpatient treatment, and relapse prevention programs. Clients receive lifetime aftercare and we are proud to be CARF accredited. In support of your care.

Booths 230
Advanced Targeting Systems, Inc.
www.ATsbio.com
Advanced Targeting Systems’ pain therapeutic offers one-shot permanent pain relief from chronic intractable pain. What differentiates SP-SAP is that it is a single-dose, non-opioid drug that seeks out and removes a small, specific subpopulation of pain-pathway neurons. Targeting this nerve subset disrupts only chronic pain transmission to the brain. Visit Booth 230 to learn about this targeting technology and how it can advance your pain studies.

Booth 423
Advanced Therapeutics
www.advancetherapeutics.com

Booths 527
Aeon Clinical Laboratories
www.aeonclinical.com
Our mission at Aeon Clinical is better patient care through state-of-the-art toxicology, personalized pharmacogenomics, and innovative cancer genomics. We are confident that partnering with us will provide you with the most accurate analysis and timely results to optimize your treatment plan. Use Aeon Clinical for your testing needs so you can prescribe with confidence.

Booth 419
AIS Pain Care
www.aispaincare.com
AIS Pain Care is the industry leader in injectable medications for patients with implanted intrathecal pain pumps. Founded in 1998, AIS has a new state-of-the-art pharmacy and clean room in Jackson, MS. AIS is USP 797 compliant and licensed to provide medications in all 50 states and Puerto Rico. Our patient-first always approach, combined with knowledgeable and experienced pharmacists with more 225 years of experience, can meet all your intrathecal needs, 24 hours a day, 7 days a week.

Booths 231
AllMeds Specialty Practice Services
www.allmeds.com
Aspen Medical Products
Aspen Medical Products is a leader in the development of innovative spinal braces for pain management, post-trauma stabilization, pre- and postsurgical stabilization and long-term patient care. Aspen’s commitment to clinical research is unparalleled in the orthotics community and has directly impacted product development, providing unsurpassed motion restriction, superior comfort, and the most effective pain-relieving braces on the market. The company makes more than 35 spinal orthotics options, including the award winning Vista™ adjustable product lines that provide unsurpassed motion restriction, superior comfort, and an economic advantage, encouraging better patient compliance.

Avazzia/First Alternatives
First Alternatives is the main distributor of the Avazzia micromedical device. Avazzia products are nonpharmaceutical, noninvasive devices that are FDA-cleared for the symptomatic relief and management of chronic, intractable pain and adjunctive treatment in the management of postsurgical and post-traumatic pain. Stop by our booth for a free demo, and learn how our technology will greatly benefit your practice.

Boston Scientific
Investing in innovative products, clinical initiatives, and world-class service, Boston Scientific is committed to leading the way in spinal cord stimulation by providing better pain relief to a broad range of patients.

Collegium Pharmaceuticals, Inc.
Collegium Pharmaceutical, Inc., is a specialty pharmaceutical company developing and planning to commercialize next-generation, abuse-deterrent products for the treatment of patients suffering from chronic pain and other diseases. Collegium’s portfolio was designed to address the growing problems associated with nonmedical use, abuse, and misuse of prescription products by leveraging the company’s proprietary DETERx™ technology platform.

Complete Medical Services
Complete Medical Service, your C-Arm expert with 18 years of experience refurbishing OEC, brings you the best valued C-Arm in the market, ZEN-7000. ZEN-7000 by Genoray offers NEW C-Arm with more robust features without a premium price. ZEN-7000 comes with 30FPS, a complete digital system, and flat screen monitors with excellent image quality and much more.

Cosman Medical
Cosman Medical is pioneering the treatment of chronic pain by providing physicians with a unique selection of advanced radiofrequency generators and electrodes. Use our intuitive four-output G4 generator to treat chronic neck, back, and knee pain. The G4 is fully automatic and programmable, ideal for busy pain clinics.

Daiichi Sankyo, Inc.
Daiichi Sankyo, Inc. (DSI), headquartered in Parsippany, NJ, is the U.S. subsidiary of Daiichi Sankyo Co., Ltd., a global pharmaceutical company. The company is focused on the development of cardiovascular and oncology therapies and concentrates in the therapy areas of hypertension, thrombosis, dyslipidemia, diabetes, and acute coronary syndrome.

Depomed, Inc.
Depomed, Inc., is a specialty pharmaceutical company focused on developing and commercializing products to treat pain and other central nervous system conditions. The company was founded in 1995 and has established itself by developing and incorporating promising technology into differentiated therapeutic products, taking those products through clinical approval and building a strong market presence.

Dolor Technologies, LLC
Dolor Technologies is the inventor and manufacturer of the patented SphenoCath® device, a flexible FDA-registered nasal catheter used to administer SPG/PPG/trigeminal ganglion blocks, which have been shown to be effective in treating migraine headache, cluster headache, trigeminal neuralgia, and other trigeminal autonomic cephalgia and idiopathic facial pain syndromes. Stop by our booth and learn more about the patented SphenoCath® device.
Dove Medical Press is an open-access publisher of peer-reviewed biomedical and scientific journals that focus on medicine, drug treatment, and adherence across a breadth of disease states and technologies. Visit our booth to discuss your publishing needs. The benefits of publishing with us include wider dissemination, increased visibility, and greater impact of your work.

**Booth 624**
Dr Fuji/ACIGI  
www.fujichair.com

**Booth 117**
eLab Solutions  
www.elabsolutions.com

**Booth 614**
Elsevier  
www.elsevierhealth.com

**Booth 109**
Endo Pharmaceuticals  
www.endo.com
Endo Pharmaceuticals Inc. is focused on developing and delivering high-value branded pharmaceutical products that meet the unmet needs of patients. Endo Pharmaceuticals is an operating company of Endo International plc (NASDAQ: ENDP) (TSX: ENL), a global specialty healthcare company focused on improving patients’ lives while creating shareholder value. Learn more at www.endo.com.

**Booth 116**
First Capital Benefit Advisors, Inc.  
www.owneronlyplans.com
Our goal is to customize DB and 401k plans for our clients and provide retirement plans to self-employed and small businesses (1-25), where the contributions and tax deductions are very significant for the owner. We help you change your high-income status to a high net worth status with our careful and cautious guidance.

**Booth 308**
Flowonix Medical  
www.flowonix.com
At Flowonix, our patient-centric approach drives the design, development, and deployment of targeted drug-delivery platforms whose sole purpose is to provide physicians an optimal solution for the treatment of their patients’ numerous neurological disorders.

**Booth 226**
Genotox Laboratories  
www.genotoxlabs.com

**Booth 613**
The Gideons International  
www.gideons.org

**Booth 217**
GoodRx  
www.goodrx.com
GoodRx allows patients to compare prices for prescription drugs at local and national pharmacies and provides discount coupons that patients can use to save money on their medications. We’re like Orbitz for prescription drugs. Healthcare providers use GoodRx to help patients save money.

**Booth 524**
Halyard Health  
www.halyard.com
Formerly part of Kimberly-Clark, Halyard Health is a medical technology company focused on preventing infection, eliminating pain, and speeding recovery. Solutions for chronic pain include COOLIEF® Cooled Radiofrequency (RF) treatment, a revolutionary technology that uses cooled RF energy to safely treat the sensory nerves that are causing pain, providing up to 24 months of relief.

**Booth 526**
HealthBreeze, Inc.  
www.healthbreeze.com
HealthBreeze creates medical animations and provides patients with effective patient education through innovative mobile/Web application. HealthBreeze is the world-first medical animation studio, creating medical animations with “Author-Publisher” model. A healthcare-related organization (association, society, foundation, etc.) becomes a HealthBreeze author with loyalty incomes as a publishing business model.

**Booth 119**
INSYS Therapeutics  
www.insysrx.com
INSYS Therapeutics is a specialty pharmaceutical company that develops and commercializes innovative drugs and novel drug delivery systems for therapeutic molecules that improve the quality of patients’ lives. Using proprietary sublingual spray technology and our capabilities to develop pharmaceutical cannabinoids, we work to address the clinical shortcomings of existing pharmaceutical products.

**Booth 413**
ITelagen  
www.itelagen.com
ITelagen® redefines healthcare IT for medical practices by providing electronic health records (EHR) as part of a back-office solution including unlimited onsite and remote technical support for all of your staff and secure hosting of your patient data. ITelagen becomes the single point of contact for IT and EHR infrastructure.

**Booth 521**
Jant Pharmacal Corporation  
www.jantdx.com
Jant Pharmacal provides innovative laboratory instrumentation and point-of-care rapid tests for varied pain management and toxicology practice settings.

**Booth 424**
Jazz Pharmaceuticals, Inc.  
www.jazzpharma.com
Jazz Pharmaceuticals plc (NASDAQ: JAZZ) is an international biopharmaceutical company focused on improving patients’ lives by identifying, developing, and commercializing meaningful products that address unmet medical needs. The company has a diverse portfolio of products and product candidates in the areas of sleep, hematology/oncology, and pain.

**Booth 427**
Kaléo, Inc.  
www.evizio.com
Kaléo is a pharmaceutical company dedicated to putting a new generation of life-saving personal medical products into your patient’s hands. Each Kaléo product combines an established drug with an innovative delivery platform with the goal of achieving superiority, cost effectiveness, and patient preference. Please visit us at booth 427.

Healthcare providers use GoodRx to help patients save money on their medications at national pharmacies and provides discount coupons that patients can use to save money on their medications. Please visit us at booth 427.
together challenges faced by healthcare systems today

As a global leader in medical technology, services, and solutions, Medtronic improves the lives and health of millions of people each year.

Meds Management Group (MMG) is a national, full-service medication management company servicing medical provider clients that focus on workers' compensation and personal injury claims.

Medical Disposables Corp is an Orlando, FL-based drug test company that has one of the most extensive selections of drug test kits, including CLIA-waived tests, alcohol strip tests, multipanel tests, pregnancy and ovulation tests, saliva drug test, drug test cups, and more for both onsite and at-home use.

The Medicines Company is to save lives, alleviate suffering, and contribute to the economics of health care by focusing on 3,000 leading acute/intensive care hospitals worldwide. Its vision is to be a leading provider of solutions in three areas: acute cardiovascular care, surgery and perioperative care, and serious infectious disease care. The company operates in the Americas, Europe and the Middle East, and Asia Pacific regions with global centers today in Parsippany, NJ, USA, and Zurich, Switzerland.

Meds Management Group (MMG) is a national, full-service medication management company servicing medical provider clients that focus on workers’ compensation and personal injury claims. MMG leads the industry in point-of-service medication dispensing comprising quality, service, technology, and leadership.

As a global leader in medical technology, services, and solutions, Medtronic improves the lives and health of millions of people each year. We use our deep clinical, therapeutic, and economic expertise to address the complex challenges faced by healthcare systems today. Let’s take healthcare further, together. Learn more at Medtronic.com.

Millennium Health is a leading health solutions company that delivers accurate, timely, and clinically actionable information to inform the right treatment decisions for each patient at the right time. Millennium offers a comprehensive suite of services to better tailor patient care. More information is available at www.millenniumhealth.com.

Developed by practicing physicians, EMA™ is the cloud-based, mobile, and specialty-specific electronic health record system designed to save doctors time while supporting quality-based care. Available as a native iPad application or from almost any Web-enabled Mac or PC, it automates the documentation process and utilizes real-time data to help improve outcomes and patient engagement. It includes 40 new pain-specific interventional procedures and chronic pain syndrome and narcotic use content for pain medicine doctors.

Pain management physicians–owned pathology labs are the future! Molecular Diagnostics Consultants, LLC specializes in pathology labs build-up to diagnose small fiber neuropathy using patented protocols and technologies. Toxicology labs can be incorporated into physician-owned pathology labs.

Toxicology labs can be incorporated into physician-owned pathology labs

Myoscience is a privately held medical device company committed to making its platform technology, the iovera system, the standard of care for the treatment of peripheral nerves to immediately block pain. The iovera treatment is powered by the Focused Cold Therapy™ delivery system, a patented miniaturization of traditional cryotherapy.

PainShield is a comprehensive wearable ultrasound solution for localized, neurological, musculoskeletal, and soft tissue pain management. PainShield provides ultrasound therapy that reduces pain and expedites healing. Unlike conventional bulk wave ultrasound, the PainShield’s unique therapeutic parameters allow for long, low intensity treatment sessions that are much more effective.

More information is available at www.millenniumhealth.com.

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Noel Medical, Inc.
www.noblemedical.com

North American Neuromodulation Society (NANS)
www.neuromodulation.org
The North American Neuromodulation Society (NANS) is a 1,200-member medical specialty society dedicated to being the premier organization representing neuromodulation. NANS promotes multidisciplinary collaboration among clinicians, scientists, engineers, and others to advance neuromodulation through education, research, innovation, and advocacy. Through these efforts, NANS seeks to promote and advance the highest quality patient care. For more information, please visit www.neuromodulation.org.

Omega Laboratories, Inc.
www.omegalabs.net
Omega Laboratories is the industry leader in hair and oral fluid testing for drugs of abuse. Omega offers a variety of panel options, seamless data integration, competitive pricing, superior client service, and the fastest turn-around time in the industry. Omega’s services are used by physicians, clinics, and insurance companies worldwide.

Pain Management Group, LLC
www.painmgmtgroup.com
Pain Management Group (PMG) is a leading provider of balanced, quality, hospital-based pain management centers. PMG specializes in joint venture partnerships with hospitals to develop and operate pain management facilities that provide patients with the highest level of health care. We are looking for providers with an entrepreneurial spirit to join our team. Please stop by to learn more.

Pain Medicine Journal

Booth 227
Pernix Therapeutics
www.pernixtx.com
Pernix Therapeutics is a specialty pharmaceutical business with a focus on acquiring, developing, and commercializing prescription drugs primarily for the U.S. market. Pernix targets underserved therapeutic areas such as the central nervous system, including neurology and pain management, and has an interest in expanding into additional specialty segments. For more information, visit www.pernixtx.com.

Booth 219
Practice Partners in Healthcare
www.practicepartners.org

Booth 531
PrognoCIS by Bizmatics
www.prognocis.com
PrognoCIS, “More Than a Great EHR,” provides general practice and ambulatory specialty pain management specific workflows in cloud-based and locally hosted systems, including templates for trigger point injections, selective nerve root blocks, spinal cord stimulation, and more. Developed by Bizmatics, Inc., PrognoCIS is Meaningful Use Stage 2 certified and ICD-10 compliant, and also offers medical billing, patient portal, credentialing and revenue cycle management services.”

Booths 407, 511
Purdue Pharma L.P
www.purduepharma.com
Purdue Pharma L.P is well known for its pioneering work on chronic pain, a principal cause of human suffering. The company’s leadership and employees are dedicated to providing healthcare professionals, patients, and caregivers with effective therapies and innovative educational resources and tools that support their proper use.

Booth 418
Proove Biosciences, Inc.
www.proove.com

Booth 520
Prospira PainCare
www.prospirapaincare.com
Prospira PainCare is the nation’s premier provider of comprehensive, multidisciplinary pain management services. Our business model is based upon building partnerships with industry-leading physicians to accelerate the value of each practice through organic growth of the patient base combined with operational efficiencies leading to increased profitability. Our network of physician partners delivers high-quality, individualized pain management services for patients suffering from acute or chronic pain. Prospira PainCare’s commitment to the highest standards of care will enable us to advance innovative therapies that restore the health and quality of life while delivering superior outcomes for our patients.
with the latest medical advances, resources to help you manage your patients, run your office, and stay current. Among our comprehensive menu of laboratory testing services, we offer a variety of options to safely secure your medications with our locking cap upon receiving your prescription to ensure your medication is properly secured.

Booth 330
Recre Pharma, Inc.
www.recropha.com
Recre Pharma, Inc., is a specialty pharmaceutical company developing non-opioid therapeutics for pain management. Two product candidates are in mid- to late-stage clinical trials for acute pain: IV/IM meloxicam, a proprietary, long-acting preferential COX-2 inhibitor, and intranasal dexmedetomidine, a selective alpha-2 adrenergic agonist demonstrating analgesic and anxiolytic properties.

Booth 600
Retreat Premier Addiction Treatment Centers
www.retreataddictioncenters.com
Retreat Premier Addiction Treatment Centers is a 150-bed inpatient substance abuse facility providing a full continuum of care, including detox and outpatient rehabilitation. We work with most commercial insurers and offer 24/7 admissions and complimentary transportation to the tri-state area. At Retreat we provide a compassionate and spiritual environment for those struggling with addiction.

Booth 592
Rev-Ignition
www.rev-ignition.com
Rev-Ignition provides the benefits of revenue cycle management software, coupled with billing, collection, and consulting services. Our professional business consulting ignites the way our clients conduct business by revealing ways to improve and increase their revenue.

Booth 115
RxAssurance
www.rxassurance.com
RxAssurance creates software systems for safe and effective guideline-based opioid prescribing. We use Web- and electronic health record–linked solutions to assess and risk stratify patients, perform automated prescription drug monitoring program checks, and generate customized provider-patient pain agreements and aftercare protocols. We use Web and smartphone technology to collect outcome data from patients between visits, inform clinical decision making, and ensure that agreements are followed, ensuring safety for both patient and provider.

Booth 530
Safer Lock
www.saferlockrx.com
Safer Lock is a four-digit combination locking cap aimed at preventing abuse among children and teens. Simply replace any existing child-resistant closure with our locking cap upon receiving your prescription to ensure your medications are safely secured.

Booth 326
Salix Pharmaceuticals
www.salix.com
For more than 20 years, Salix Pharmaceuticals, a wholly owned subsidiary of Valeant Pharmaceuticals International, Inc., has been committed to providing solutions for the management of many chronic and debilitating conditions. Salix currently markets products to U.S. healthcare providers in the areas of gastroenterology, hepatology, internal medicine, primary care, infectious disease, and allergy/immunology.

Booth 503
Sciex
www.sciex.com
SCIEX helps improve the world by enabling scientists and laboratory analysts to find answers to complex analytical challenges they face in basic research, drug discovery, and development, in addition to food and environmental testing, forensics, and clinical research and diagnostics. As part of SCIEX, SCIEX Diagnostics brings the power, flexibility, reliability, and accuracy of mass spectrometry to clinical testing laboratories. SCIEX Diagnostics offers an expanding portfolio of mass spectrometry solutions and assays for in vitro diagnostic use, enabling customers to deliver high-quality results to clinicians who make decisions affecting patient care.

Booth 125
Shionogi, Inc.
www.shionogi.com
Shionogi, Inc., is the U.S.-based subsidiary of Shionogi & Co., Ltd., a Japanese pharmaceutical company with a 137-year history of discovering and developing innovative therapies. Shionogi, Inc., currently markets products in several areas, including women’s health, anti-infectives, pain, and cardiovascular diseases. Our pipeline focuses on infectious disease, pain, central nervous system, and oncology.

Booth 128
Stryker Interventional Spine
www.stryker.com
Stryker is one of the world’s leading medical technology companies, and together with our customers, we are driven to make healthcare better. The company offers a diverse array of innovative products and services in orthopedics, medical and surgical, and neurotechnology and spine, which help improve patient and hospital outcomes.

Booth 320
Surgenex
www.surgenex.com
SURGENEX® is the producer and distributor of the highest quality of amniotic membrane tissue allograft in the industry. Our bioactive amniotic products are used for a wide variety of clinical applications, including orthopedics, sports medicine, podiatry, pain management, wound care, and diabetic ulcers. The company has developed innovative processes and safety protocols, which deliver the highest tissue viability and safety standards.
Teva Pharmaceuticals is a leading global pharmaceutical company with a focus in pain care. With a diverse portfolio and pipeline of products to help advance treatments in pain management, Teva is committed to supporting responsible pain care that meets the needs of people living with pain as well as healthcare professionals.

U.S. Pain Foundation is a true patient-advocacy nonprofit organization dedicated to serving those who live with pain and their care providers. Our mission is to educate, connect, inform, and empower those living with pain while advocating on their behalf. We make sure pain patients are heard, validated, and empowered.

Practical Pain Management (PPM), in its 16th year of publication, is the nation’s premier teaching journal for pain practitioners. The mission of PPM is to provide the tools, information, and resources to help healthcare professionals better treat their chronic pain patients. Approximately 40,000 clinicians have requested a subscription to PPM and rely on the journal and its companion website, www.practicalpainmanagement.com, for timely and relevant insight on emerging pain-treating techniques, research, medications, and devices and also for advice on how to navigate the ever-shifting landscape of pain management. PPM articles are authored by leading clinicians from across the country and all articles are reviewed by PPM’s esteemed editorial board (comprising more than 35 professionals regarded as experts in pain management). PPM is published 10 times per year and is a free subscription for qualified healthcare professionals.
An official independent commercially supported satellite symposium held in conjunction with the American Academy of Pain Medicine’s 32nd Annual Meeting and pre-meeting activities.
PREMIER EXECUTIVE

AstraZeneca  
Daiichi-Sankyo  
Millennium Health

Pfizer  
TEVA  
CNS

ELITE ASSOCIATE

Medtronic  
NEKTAR  
Pernix Therapeutics

Purdue  
Shionogi Inc.

ASSOCIATE

Collegium Pharmaceutical  
Depomed  
Mallinckrodt Pharmaceuticals

Quest Diagnostics
Transitioning patients from Short-Acting Opioids to Long-Acting Opioids?

Find out if there is a treatment option that is right for your patients at booth 109.
Please Join Us for a Product Theater Lunch Presentation at the American Academy of Pain Medicine’s 32nd Annual Meeting

Opioid-Induced Constipation

FRIDAY, FEBRUARY 19

2016

12:30 PM – 1:30 PM

Renaissance Palm Springs Hotel & Convention Center
Primrose Ballroom B
Palm Springs, California

Gerald M. Sacks, MD
Director of Pain Management
Pain Institute of Santa Monica
Santa Monica, California

If you are licensed in any state or other jurisdiction (eg, VT, Wash, DC, ME, MN) or are an employee or contractor of any organization or governmental entity that limits or prohibits meals from pharmaceutical companies, please identify yourself so that you (and we) are able to comply with such requirements. Your name, the value, and the purpose of any educational item, meal, or other items of value you receive may be reported as required by state or federal law. Once reported, this information may be publicly accessible.

Thank you for your cooperation.

An official independent commercially supported satellite symposium held in conjunction with the American Academy of Pain Medicine’s 32nd Annual Meeting and pre-meeting activities.

Please visit Salix booth #326.
ONC-ATCB COMPLETE Government-Certified
Pain Management EHR

- Pain-specific ISIS/ASIP protocols and all pain-specific interventional procedure screens
- ePrescribe including controlled substances
- Complete government certification to ensure optimal reimbursement
- Randomized text generation to avoid generic-looking reports
- Customizable, appointment-driven workflows
- Connect WritePad directly to your billing service

As low as $499 a month

The WritePad™ Product Suite

- Online Patient Intake and Patient Portal
- Patient Check-In/Intake Kiosk
- Easily attach images/documents to patient file
- Fully-integrated link to your billing software or lab
- Doctor connectivity to e-Prescribing network, including controlled substances
- Connects to schedulers and specific intake screens
- Automated ICD/CPT codes posted to billing
Long-Term Reduction in Back Pain and Disability with Anatomically-Guided Neural Targeting: Final Results of the Multicenter LUMINA Study


TREATING LOW BACK PAIN
Real Innovation. Real Results.

Indications for Use. The Precision Spectra™ Spinal Cord Stimulator System (Precision Spectra System) is indicated as an aid in the management of chronic intractable pain of the trunk and/or limbs, including unilateral or bilateral pain associated with the following: failed back surgery syndrome, intractable low back pain, and leg pain. Contraindications, warnings, precautions, side effects. The Precision Spectra System is contraindicated for patients who: are unable to operate the Precision Spectra System, have failed trial stimulation by failing to receive effective pain relief, are poor surgical risks, or are pregnant. Refer to the Instructions for Use provided with the Precision Spectra System or ControlYourPain.com for potential adverse effects, warnings, and precautions prior to using this product. Caution: Federal (U.S.) law restricts this device to sale by or on the order of a physician. Note: Clinical study results may not necessarily be indicative of clinical performance. Results in other studies may vary.

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