



RESEARCH
EDUCATION
TREATMENT
ADVOCACY

American Pain Society 2012 Annual Report

Together, we're
transforming research
into relief.



At a time of both unparalleled opportunity and considerable challenge in the pain community, the American Pain Society (APS) has made significant progress in 2012 on programs that help increase the knowledge of pain and transform public policy and clinical practice to reduce pain-related suffering. This annual report highlights many accomplishment APS has had throughout this exciting year.

Society



5 Things You Didn't Know About APS President Roger Fillingim, PhD

What is your background and training?

My training is in clinical psychology, and I attended a program at the University of Alabama at Birmingham that specialized in medical psychology. I was first introduced to the interdisciplinary approach to managing chronic pain in graduate school. My graduate assistantship took place under the supervision of Dr. Dan Doleys, who ran an outstanding behaviorally oriented, multidisciplinary chronic pain management program. This was a fantastic training experience, and the clinical outcomes I observed were consistent with an increasing body of literature documenting the effectiveness of such multidisciplinary programs for reducing pain and disability. I find it unfortunate that these types of programs have dwindled due to changes in the healthcare environment, and I am proud that the interdisciplinary approach to pain research and treatment remains one of the cornerstones of APS's philosophy.

What initially sparked your interest in working in your field?

My interest in psychology started in high school as the result of an awkward breakup with a girl, when I transferred out of the conversational Spanish we were both enrolled in and into the only available class at that time—psychology, which I found very interesting. I then majored in psychology at Mercer University. My interest in medical psychology, and ultimately pain, germinated in graduate school when I read *The Psychology of Physical Symptoms* by James Pennebaker. My interest in research was born when, based on that book, I designed my first research study and it was published (Fillingim & Fine, 1986, *Health Psychology*, 5: 115–123).

What has been a highlight of your work?

A highlight I have to mention is my opportunity to be involved in the Orofacial Pain: Prospective Evaluation and Risk Assessment (OPPERA) Study, a multicenter, prospective study designed to determine risk factors that may be causally involved in orofacial and other pain conditions. When I came across the NIH's request for a research proposal in 2004, I immediately contacted Bill Maixner. The OPPERA study was funded in 2005, and we recently received funding for an additional 5-year period. I believe the OPPERA study is an important project for the pain field, and I have had the chance to collaborate with great individuals across several study sites and to see how a large and complex study should really be run by observing Bill's leadership.

How has membership in APS been of value to you and your professional development?

By being part of the APS community, I have developed long-standing collaborations and friendships that have helped make my career not only productive but also enjoyable. APS has allowed me to develop a sense of connectedness, an aspect of my career that I value greatly. As I've become more involved, I have also gained a broader perspective of important issues to the field and, particularly, to pain sufferers, which has been helpful as I think about priorities for my own work. Finally, I have observed many colleagues giving freely of their time and expertise to support APS, reminding me of the importance of service to the profession.

What do you think is the biggest challenge facing the pain field?

Not surprisingly, our primary challenges revolve around funding, both for pain research and pain treatment. Regarding research, chronic pain affects 100 million people in the United States and costs society as much as \$635 billion annually (more than cancer, diabetes, or heart disease), yet less than 1% of the NIH budget goes toward pain research. Considerably more funding for pain research is needed if we wish to substantially reduce pain-related suffering in the United States. Funding is also a concern for pain treatment. Current reimbursement models tend not to support comprehensive interdisciplinary care, which has been shown to be both clinically efficacious and cost effective in numerous studies.

2012 Annual Scientific Meeting



Kathleen Sluka, PhD PT

APS enjoyed a successful 31st Annual Scientific Meeting in Honolulu, HI, May 16–19, 2012. The Scientific Program Committee—chaired by Kathleen Sluka, PhD PT; co-chaired by Robert Edwards, PhD—developed a program that appealed to

President's Reception. Meeting attendees and exhibitors totaled more than 1,300 this year. The meeting offered a keynote address, three plenary lectures, two award lectures, a Global Year Against Pain lecture, a special session on the IOM report, 28 symposia, three workshops, and more than 400 poster presentations, giving attendees a wide variety of educational opportunities. In addition, young investigators enjoyed several opportunities to network with senior colleagues in the pain field during the author-attended poster sessions, as participants in the mentored poster rounds programs, and through participation in APS committee meetings.

Attendees took in plenary lectures from various APS award winners on a range of important pain-related topics.

Daniel Carr, MD, presented the keynote address entitled “Evolving Models of Healthcare Delivery: Opportunities and Obstacles for Pain Care.” A plenary lecture “The Body in Mind—Disruption and Treatment of Cortical Body Maps in People with Chronic Pain” presented by G. Lorimer Moseley, PhD, focused on the brain's mapping of the body and its physical and psychological integrity. David Dodick, MD, presented the Global Year Against Pain lecture “Migraine: Pathophysiology and Emerging Therapies.” The Frederick W. L. Kerr Basic Science Research Award

Lecture “Models of Muscle Pain: Transmitting the Message” was given by Sluka and the Wilbert E. Fordyce Clinical Award Lecture “When Pain Persists: Are We Doing All That We Can Do?” was presented by Jennifer Haythorhwaite, PhD. In addition, more than 130 meeting attendees participated in a special APS session “The Institute of Medicine Report: Transforming Pain in America: The Role of the American Pain Society.”

The meeting offered a balance of both basic science and clinical content. Ted Price, PhD, a member of the Scientific Program Committee and cochair of the Basic Science SIG, said, “The basic science contingent of APS continued its strong showing in terms of attendance and presentations. ... The past 4–5 years have seen exceptional involvement from basic scientists. The scientific content of the plenaries and symposia was excellent and the poster sessions had a high number of outstanding basic and clinical posters.”

“This meeting has inspired me to share the findings from these sessions with my patients and colleagues and encourage other colleagues to become more active in their understanding of pain.”

—2012 meeting attendee

a wide audience and provided more than 50 hours of educational opportunities for those in the field of pain treatment and research. Sluka said, “I was amazed by the quality and diversity of symposia and abstract submissions. We had near record numbers of submissions allowing the program committee to really choose top symposia and put together a great mix of basic science, translational science, and clinical science symposia. We hope this enthusiasm will continue in future years.”

The 2012 APS Annual Achievement Awards and the Clinical Centers of Excellence in Pain Management awards were presented at the

“The APS Annual Scientific Meeting has increased my ability to explain to patients that their issues are reported and consistent with the real world and there is an evidence basis for therapies.”

—2012 meeting attendee

APS Embarks on Initiative to Improve Opioid Prescribing

APS is playing a critical role in what will be an exciting and far-reaching response to the U.S. Food and Drug Administration's (FDA's) recent long-acting/extended-release opioid Risk Evaluation and Mitigation Strategies (REMS) educational requirement. In direct cooperation with multiple professional and related organizations with extensive interest in pain care as its partners, APS helped to create the Collaborative on REMS Education (CO*RE) and is poised to make significant contributions in pain education.

CO*RE will design, implement, and evaluate a competency-based curriculum, rooted in a comprehensive assessment of learner needs and based in clinical evidence and the principles of adult education. Targeting the primary care prescriber audience, CO*RE has developed both an online self-directed series of learning modules as well as the instructional framework for use in presenting this information live.

Both will be available in early 2013 and will be

featured at a special session at the APS 32nd Annual Scientific Meeting in New Orleans.

The 10 CO*RE partners include

- American Academy of Hospice and Palliative Medicine (AAHPM)
- American Academy of Nurse Practitioners (AANP)
- American Academy of Physician Assistants (AAPA)
- American Osteopathic Association (AOA)
- American Pain Society (APS)
- American Society of Addiction Medicine (ASAM)
- California Academy of Family Physicians (CAFFP)
- Healthcare Performance Consulting (HPC)
- Interstate Postgraduate Medical Association (IPMA)
- Nurse Practitioner Healthcare Foundation (NPHF).

The cooperative organizations that will support the interests of this initiative and seek to

help distribute the content include

- American Academy of Family Physicians (AAFP)
- Council on Medical Specialty Societies (CMSS)
- State Medical Society Consortium (of 21 State Medical Societies).

Ongoing conversations with additional member organizations continue.

APS members were significant contributors to the development of the competency-based curriculum initially proposed to the FDA and more recently on the creation of content for the instructional modules aimed at addressing the FDA Blueprint.

Funding for this initiative will come in the form of educational grants from opioid manufacturers as will the decision on who receives these awards. CO*RE submitted a comprehensive grant submission in late September on behalf of its partners and more than 1 million members.

Advocacy

APS Leaders Among Researchers Appointed to Serve on Interagency Pain Research Coordinating Committee

In its 2011 report *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research*, the Institute of Medicine (IOM) offered a blueprint for action in transforming pain prevention, care, education, and research with the goal of providing relief for people with pain in America. The IOM recommended that the U.S. Department of Health and Human Services (HHS) develop a comprehensive plan with specific goals, actions, and timeframes, encouraging federal and state agencies and private organizations to accelerate the collection of data on pain incidence, prevalence, and treatments.

APS has continued to advocate for the implementation of the IOM report recommendations and the National Institutes of Health (NIH) has already responded to a number of them, including creating at plan to establish an office within the National Institute of Neurological Disorders and Stroke (NINDS), as the lead institute for NIH's pain research, to support all activities of the NIH Pain Consortium and the Interagency Pain Research Coordinating Committee (IPRCC).

Created by HHS, the IPRCC serves as a federal advisory committee and was authorized by the 2010 Patient Protection and Affordable

Care Act (PPACA) to enhance research efforts and promote collaboration across the government.

The IPRCC's initial goal was to identify critical gaps in basic and clinical research on the symptoms, causes, and treatment of pain and to recommend federal research programs in these areas. Further, they are to coordinate pain research activities across the federal government to stimulate pain research collaboration, fully leverage government resources dedicated to supporting pain research, and provide an important avenue for public involvement. The committee will develop a report on scientific advances in the diagnosis, prevention, and treatment of chronic and acute pain.

At the most recent meeting of the IPRCC, the deputy director of HHS asked the committee to consider an additional initiative, that of creating a national, population-based pain strategy. APS is this country's leading interdisciplinary scientific society in the field of pain and the only such organization to establish a multidisciplinary, evidence-based approach to both research and clinical treatment. As such, APS has made both HHS Secretary Kathleen Sebelius and Dr. Story Landis, chair of the

IPRCC, aware that it stands ready to assist in this process.

Committee appointments include representatives of seven federal government organizations that deal with pain research and patient care, biomedical researchers, and representatives from nonprofit public advocacy organizations.

APS member researchers appointed to IPRCC include

- Ronald Dubner, PhD DDS, professor at the University of Maryland School of Dentistry, was previously president of the American Pain Society and remains active as an APS representative to the Pain Care Coalition.
- Carmen R. Green, MD, professor of anesthesiology, obstetrics and gynecology, and health management and policy at the University of Michigan's schools of Medicine and Public Health, Ann Arbor, is the chair of APS's Public Policy Committee.
- Christine A. Miaskowski, PhD RN FAAN, is an American Cancer Society clinical research professor and the associate dean for academic affairs at the University of California, San Francisco School of Nursing. Dr. Miaskowski served as APS president in 2002-2003.

Income Statement

Revenue	\$3,428,577
Expenses	- \$3,241,385
Net income from operations	\$187,192

Assets

Cash, investments, and accounts receivable	\$1,932,809
Other	+ \$273,929
Total assets	\$2,206,738

Liabilities

Accounts payable/accrued expenses	\$417,837
Deferred dues	\$294,648
Deferred liabilities	+ \$356,163
Total liabilities	\$1,068,648

Reserves

Reserve fund/unrestricted	\$876,705
Reserve fund/restricted	+ \$261,385
Total fund balance	\$1,138,089

From 2011 unaudited financial statements

Finance Update

Membership

New Special Interest Groups



Pain in Sickle Cell Disease

Carlton Dampier, MD

The new Pain in Sickle Cell Disease Special Interest Group (SIG) has been a long-standing dream for a small group of APS member hematologists, nurses, psychologists, and others dedicated to improving pain management for individuals with sickle cell disease (SCD). The SIG formation was facilitated by a number of national conferences and NIH workshops in 2011 that brought together hematologists and pain experts to educate each other about the features and progression of acute pain to chronic pain in adolescents and adults, and the potential use of treatment modalities from other chronic pain disorders, such as fibromyalgia, in SCD pain.

The new SIG, chaired by Carlton Dampier, MD, had its inaugural meeting with more than 30 attendees at the 2012 APS Annual Scientific Meeting in Hawaii. The SIG meeting was held in collaboration with a satellite conference on pain in SCD hosted by the University of Illinois School of Nursing and was funded by an NIH R13 conference grant. Action items included submission of a workshop proposal for the next annual meeting and informal meetings of SIG members at the national SCD meetings.



Complementary and Alternative Medicine

Carolyn Fairbanks, PhD

The new Complementary and Alternative Medicine (CAM) SIG provides a venue that enables APS members to contribute and shape the ongoing discussion of CAM pain management practices and research. The SIG, chaired by Carolyn Fairbanks, PhD, rose from a task force created in 2010 and aims to develop a community of activity to forward the APS core areas of research, education, treatment, and advocacy as they relate to CAM pain management practices. CAM represents a broad range of approaches increasingly sought by patients and offered by a wide range of practitioners. As with standard primary care, the experience of pain and desire for pain control and management is a driving force for a significant percentage of patients seeking CAM care.

For information on APS SIGs, visit www.americanpainsociety.org/membership.

Research

Sharon S. Keller Chronic Pain Research Program

In late 2012, APS launched the Sharon S. Keller Chronic Pain Research Program and received 15 completed applications. The program was established by private investor David Keller in memory of his wife, Sharon, who died in 2011 after 25 years of battling cancer, rheumatoid arthritis, chronic musculoskeletal pain, and the side effects of pain medications. Additional contributions to the program come from more than 35 people who loved and admired Sharon. The program will award \$150,000 in up to four 2-year research grants for eligible APS members in early 2013.

"The Keller Grant will fund projects undertaken by APS members that have a high likelihood of leading to new treatments and increased or expanded access to treatment options for people with chronic pain," said APS President Roger Fillingim, PhD.

"I am very excited about the beneficial pain research that will be funded through APS by the Sharon S. Keller Chronic Pain Research Program," said David Keller.

Further information about the grant program and application process is available on the APS website at www.ampainsoc.org/KellerGrant.

Journal Impact Factor



Mark P. Jensen, PhD

The Journal of Pain (JOP), APS's official journal, has continued to see a rising impact factor over the past few years. The impact factor currently stands at 4.926, making it the second-ranked pain journal in the world.

"The increase in the impact factor of *JOP* reflects the continued increase in the quality of pain research in general, as well as the improved quality of submissions we have received in particular."

**—JOP Editor-in-Chief
Mark Jensen, PhD**

Dr. Jensen also expresses his appreciation for "our hard-working editorial board members who provide timely and high-quality reviews for authors, encouraging more high-quality submissions."

Report on Outcome of Grants Programs



Robert Gereau, PhD

Since its inception in 2005, the APS Future Leaders in Pain Research Grant Program has funded 30 researchers who have written more than 200 publications and have been the principal investigators for 28 NIH grants totaling more than \$6.7 million. Two prior grant awardees have also received awards for the prestigious APS collaboration with the Rita Allen Foundation's Scholars in Pain Grant. Many of these men and women have later advised and participated in APS committees.

In 2011 APS awarded three grants in the amount of \$20,000 each. The following recipients demonstrated the greatest merit and potential for success.

Claudia Campbell, PhD

Johns Hopkins University, Baltimore, MD
"Determining the Role of Stress Hormones, Inflammatory Markers and Sleep on Ethnic Disparities in Pain Perception"

Jennifer J. DeBerry, PhD


University of Pittsburgh, Pittsburgh, PA
"Mechanisms Underlying Long-Term Afferent Sensitization and Persistent Bladder Pain"

Timothy Doyle, PhD

Saint Louis University, St. Louis, MO
"Sphingosine Receptor 1 and Morphine Antinociceptive Tolerance"

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www.americanpainsociety.org

 **1** Keynote
 **6** Plenary speakers



More than
400
scientific posters

Highlights of the 2012 Annual Scientific Meeting

More than
1,000 attendees
from **17** countries



22
Symposia



3
Workshops



14  Special
Interest
Group
Meetings

