



NEWSLETTER

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President's Message

The past nine months have offered more challenges, advancements, and opportunities for those of us in pain medicine than in any other time I can think of during the past 25 years.

The challenges include:

- Withdrawal of rofecoxib (Vioxx®; 9/04), valdecoxib (Bextra®; 4/05) and continuing questions about the future of other COX-2 inhibitors;
- A new DEA *Interim Policy Statement* which appears to increase the scrutiny of physicians who provide opioids for treating chronic pain (11/04);
- FDA approval of pregabalin (Lyrica™ for treating neuropathic pain, but (surprise!) with the caveat that it will be a DEA controlled substance (12/04; DEA Schedule C-V announced 5/05; launch date to be determined).

On the other hand, advancements and opportunities include:

- *Pain Treatment as a Human Right* webcast from Geneva as part of the second annual *Global Day Against Pain*, cosponsored by the IASP, the WHO, and the European Federation of IASP chapters (10/04);
- Introduction of new products including duloxetine (Cymbalta®) for treating painful diabetic peripheral neuropathy (9/04), the first single-injection sustained-release epidural morphine product (DepoDur™ providing up to 48 hours of postoperative pain relief (12/04), the first sustained release form of hydromorphone (Palladone™)(1/05), intrathecal ziconotide (Prialt®), the first N-type calcium channel blocker for severe, chronic, intractable pain (1/05), and oxycodone + ibuprofen (Combunox™)(3/05) for short-term treatment of acute moderate to severe pain.
- Introduction of generic versions of gabapentin (10/04), controlled-release oxycodone (12/04), and the transdermal fentanyl patch (2/05).

We at the Eastern Pain Association intend to follow these developments closely and provide opportunities for all EPA members to learn about and respond to advances in the understanding and treatment of pain.

As most of our long-time members know, the EPA is the oldest and one of the largest affiliates of the American Pain Society. Our Annual Meeting scheduled for Friday and Saturday, September 16-17, 2005, is the high point of our schedule during the year. With the inauguration of an optional half-day Saturday Refresher Series which will focus on lower back pain, this year's expanded program is our most ambitious to date. A program book with further details of the Annual Meeting will be mailed shortly. Drs. Dania Chastain, Sunil Dogra, Don Manning, and other members of the Program Planning Committee have done an outstanding job of developing a meeting that will appeal to long-time EPA members as well as to residents, fellows, medical and nursing students, and other healthcare professionals who are new to the pain field.

The highlight of this year's meeting will be the presentation of the 27th Annual *John J. Bonica Award* to Patrick Mantyh, MD, PhD, in honor of his contributions to the understanding and treatment of cancer pain. Dr. Mantyh's lecture on *Mechanisms that Drive Cancer Pain* is open to everyone, without charge, even if not attending the annual meeting. We are also pleased to host Dr. Dennis Turk, President of the American Pain Society, who will talk about *Management of Chronic Pain: Looking Forward to Looking Backward* during the Friday evening dinner symposium. I encourage members and non-members alike to attend and bring their colleagues and associates who are interested in pain management to hear this exciting presentation.

We also offer periodic issue-oriented GRIPE (*Group for Research in Pain*

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Editor's Column



Roy C. Grzesiak, PhD

This issue of the EPA Newsletter is late! Very late! Some of the contributors were phenomenally timely in their contributions and then...well...others were not. As Editor, I apologize to the membership for the delay. This is the first time under my stewardship that the summary of one meeting and the program for the next are included in the same issue. Ordinarily, the Board of Directors has suggested two issues a year and I will do my best to insure that the Spring and Fall issues will be on time.

The Eastern Pain Association, the first regional pain organization, appears to be growing more slowly. However, a perusal of the new members (see below) reveals that many of the new members are somewhat far afield from the eastern region. This is a good thing. I think it suggests that the EPA as a scientific and clinical organization of pain specialists is quite visible and attractive to potential members. Our annual scientific program remains robust, the Gripe meetings have good speakers and a nice collegial crowd, and now we have one of the major pain journals as an affiliation. It seems to me that that's a pretty decent group of reasons to join EPA.

I want to thank the program committee, this year under the leadership of Dr. Dania Chastain, for a diverse and interesting program. I find one of the topics quite compelling. I am referring to the session on clinical practice dealing with opioid management. As a private practice clinical psychologist specializing in pain management, I find more and more physicians are relying on psychological opinions about the reasonableness of prescribing opioids for chronic pain management. In a similar clinical situation, I am frequently asked if the current use of pain killers seems appropriate. As an observer who talks to many pain sufferers on a weekly basis, I find that many physicians are opting to not prescribe pain medication at all for chronic pain patients. Opioid contracts that ten years ago were an exception in clinical practice are now the rule. Have the rules changed that much? I am pleased that I will have the opportunity to hear a variety of professional opinions on this issue. Currently, I still rely on what I refer to as Portnoy's axiom: If a chronic pain patient uses a stable dose of pain medication to obtain at least a modicum of pain relief while, at the same time, improving physical functioning, then the medication is appropriate. We all know that the three major components of that axiom, namely, stable dose, pain relief, and improved physical functioning are all fraught with potential problems. I have no idea what is the right thing to do. Maybe this session will make me more comfortable with my clinical uncertainty.

I want to congratulate our new President, Dr. Bill Schmidt on taking the helm. I want to offer a special thanks to Dr. Don Manning, our President-elect, and his program committee for two very special years of well-received programs. Please read their columns in this newsletter.

Roy C. Grzesiak, PhD
Newsletter Editor

President's Message

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Evaluation) dinner meetings four times per year at the New York Academy of Medicine. We were pleased to host Dr. Lee S. Simon, Associate Clinical Professor of Medicine, Harvard Medical School and Dr. Robert J. Schwartzman, Professor and Chairman of the

Department of Neurology at Drexel University College of Medicine, in March and May, respectively. Further dinner meetings are planned for October and December. Watch for postcards and emails announcing each GRIPE meeting. EPA members should reserve space early since space is limited for these frequently spirited events that are free of charge to all EPA members.

We are very pleased to announce that *The Clinical Journal of Pain* (CJP) is now the official Journal of the Eastern Pain Association. Published six times per year, CJP explores all aspects of pain and its effective treatment. Starting this year, the text of each year's Bonica Award Lecture will be published in CJP. We've expanded our regular membership benefits this year to include a 25% discount to CJP.

No organization like the EPA could exist without the tireless dedication of its Board of Directors who form the governing body of the EPA. Members are elected by ballot of all EPA members and serve for a two-year term without compensation. We are pleased to welcome our newest Board members who joined the EPA Board following the 2004 Annual Meeting: Beth Jung, EdD, MD, MPH (Secretary); Stephen A. Cooper, DMD, PhD; Abraham Sunshine, MD; and Michael L. Weinberger, MD. Former EPA President Nancy Z. Olson, MPS, CCRC, was elected Treasurer of the Board. Retiring Board members who deserve our sincere thanks include Oscar de Leon-Casasola, MD (Treasurer); Kathy Udell-Martin, DDS (Secretary), Bradley Galer, MD; Ronald Kaplan, MD; and Gavril Pasternak, MD, PhD.

Finally, it is my special pleasure to offer our sincere "thanks" to Allen H. Lebovits, PhD, who served as President of the Board of Directors from 2002-2004. Dr. Lebovits is an Associate Professor in the Departments of Anesthesiology and Psychiatry at NYU and is Co-Director of the NYU Pain Management Center. He was Founding Editor of the APS E-News (2003) and chairs the Ethics Special Interest Group (SIG) for the American Pain Society. He also serves on the editorial boards of *Pain Medicine* and *Journal of Clinical Psychology*. We look forward to Allen's continued advice and council in his continuing role as Immediate Past President on the EPA Board of Directors.

William K. Schmidt, PhD
President, EPA

New Members

Mark Alles, MD Warren, NJ	Elvira Franco Mamaroneck, NY	Debra Neubauer, RPH White Hall, MD
Carolyn Barnc New Hyde Park, NY	Jeff Garwin, PhD MD Chapel Hill, NC	Rebecca K. Papas, PhD New Haven, CT
Curtis Brown, RN Baltimore, MD	Sharon Gordon, PhD, DDS Washington, DC	Thomas Ragukonis, MD Paramus, NJ
Steven Calvino, MD New York, NY	Jodi Gurney Chicago, IL	Francine Rainone, DO Bronx, NY
Richard Camp Pine Brook, NJ	Kara Hodes-Wechsler, RPH Warren, NJ	Sheldon Schmidt, PhD Huntington, NY
Dania Chastain, PhD Charlottesville, VA	Tracey A. Ignatowski, PhD Buffalo, NY	Joseph Stauffer, DO Piscataway, NY
Syedur Chowdhury, MD New York, NY	Soheila Jafari, MD New York, NY	Jianping Sun, MD New York, NY
Sal Conti, MA, SAP New York, NY	Rajan Kalia, MD New Brunswick, NJ	J.L.Thomas, PhD New York, NY
John J. Delfino, MD New York, NY	Alan F. Kwon, MD Philadelphia, PA	Katarina Vlachos New York, NY
Harsha Duvvi, MD Cortlandt Manor, NY	Deanna L. Maynard, PharmD Lexington, KY	
Mohammad Eldeeb, MD New York, NY	Terence W. Murphy, MD Mamaroneck, NY	

IN MEMORIAM

Thomas Gordon Kantor, MD



It is with great sadness that I report the death on February 8, 2004 of my colleague and friend Dr. Thomas Gordon Kantor at age 80, following a long illness. A former President of the Eastern Pain Association (EPA), Tom Kantor had a long and distinguished medical career. He was Professor of Clinical Medicine at the New York University (NYU) School of

Medicine. It was indeed both a privilege and pleasure to have been associated professionally with Tom for over 30 years. We were co-investigators in numerous human experimental pain and analgesic studies, co-authored several papers in peer-reviewed journals, and clinically worked together in the NYU Comprehensive Pain Center.

Dr. Kantor was born in New York City and attended Horace Mann School and Columbia College, graduating from the latter in 1943 at the age of 19 years. He then studied at the College of Physicians and Surgeons of Columbia University earning the MD degree in 1945. Following an internship at White Plains Hospital, New York, he served in the U.S. Army from 1947-1949. He was a ship's physician and headed the Motion Sickness Team, leading to the development of anti-motion sickness medication. On discharge from the Army, he settled in Westport, Connecticut and opened an internal medicine practice. He then served residencies in internal medicine at Bellevue Hospital and in pathology at Mt. Sinai Hospital in New York. This was followed by a fellowship in connective tissue diseases at NYU Medical Center. He was Board Certified in Internal Medicine in 1955.

In 1960 Dr. Kantor was appointed to the faculty of the NYU School of Medicine and was promoted to Professor of Clinical Medicine in 1972. He joined the NYU Rheumatic Diseases Study Group in 1961 and soon became Chief of its' Clinical Section. He was also an Attending Physician at NYU Tisch Hospital, Bellevue Hospital, Manhattan V.A. Hospital, Hospital for Joint Diseases and NYU (formerly Beekman) Downtown Hospital, all in New York City. He was also Head of the Clinical Pharmacology Section of the Department of Medicine at NYU.

Dr. Kantor was very active as a consultant or member of many governmental and private medical and scientific boards and committees such as the FDA, US Pharmacopoeia, NIH, NRC, and others. He was also very active in many professional societies including the Arthritis Foundation and served on the National Board of Governors, both the Connecticut and New York Boards of Governors, the American College of Rheumatology (ACR) American Society for Clinical Pharmacology and Therapeutics. Additionally, he served as Chairman of the Rheumatology Section and the Analgesiology Section, the International Association for the Study of Pain (Founding Member), the American Pain Society (Founding Member), and the EPA (elected President in 1982). In 1992, Dr. Kantor was elected to "*Master of Rheumatology*", the highest honor which can be awarded by the ACR.

Tom joined me in my experimental human pain research shortly after returning to NYU and eventually took medical responsibility for this work. His interest in analgesic drugs resulted in various studies testing the validity of several laboratory pain-inducing techniques measuring different pain response parameters for analgesic assays with healthy human volunteers. Furthermore, the interest in determining the Pain-Producing Substance (PPS) during the Mid-Twentieth Century with frequent emphasis on polypeptides, led us to investigate the algescic effects of bradykinin on sub-cutaneous, muscle and visceral pain in healthy volunteers. We have published much of this work. Tom also participated in clinical analgesic research with other investigators, including Dr. Abraham Sunshine, another former EPA President. In addition, Tom's rheumatological background resulted in much clinical research with many different anti-inflammatory and analgesic agents for arthritis and other connective tissue diseases. Altogether he had over 87 scientific publications.

In 1964, Tom and I discussed the need for "networking" among pain researchers. As a result, we started the original New York Pain Group with monthly luncheon meetings at NYU, inviting colleagues from the Greater New York Metropolitan area to join us. This, of course, was the precursor of the EPA. Tom and I can be regarded as the "parents" of the EPA. Tom was a founding member of all three pain societies — the IASP, the APS and the EPA — and was selected as one of the speakers at the first and only National Press Conference on Pain of the APS.

Dr. Kantor was an excellent clinician and highly esteemed by his patients and colleagues. He was also an outstanding mentor, teaching many budding rheumatologists both within and outside the USA. He was an expert on connective tissue diseases and an internationally recognized authority on analgesic agents, especially oral analgesics. As a rheumatologist, he was well aware of the side effects of aspirin, but was especially concerned about the potential hepatotoxic effects of acetaminophen in large doses on a long-term basis.

Dr. Kantor's avocation and passion was sailing. Based in Westport, he was a member of the Cedar Point Yacht Club and raced Atlantic class boats for many years, twice becoming Atlantic Class National Champion. He had a harrowing experience in 1986 when his boat sank in a gale while returning from a national regatta with only his son as crew. As the boat disappeared beneath the water, he and his son were only able to snatch a cushion each. After several hours in the water he and his son were rescued by another yacht even though they had become separated from each other. This did not stop Tom from sailing the next year in another Atlantic class boat.

Socially, Tom was an outgoing, affable person and a good raconteur. Several times, he was the toastmaster at the Annual Bonica Awards Dinner. He will be sorely missed by all of us who knew him.

The EPA Board of Directors and I extend our deepest sympathy to his wife, Deirdre and their family.

B. Berthold Wolff, PhD

An Invitation to Join Us

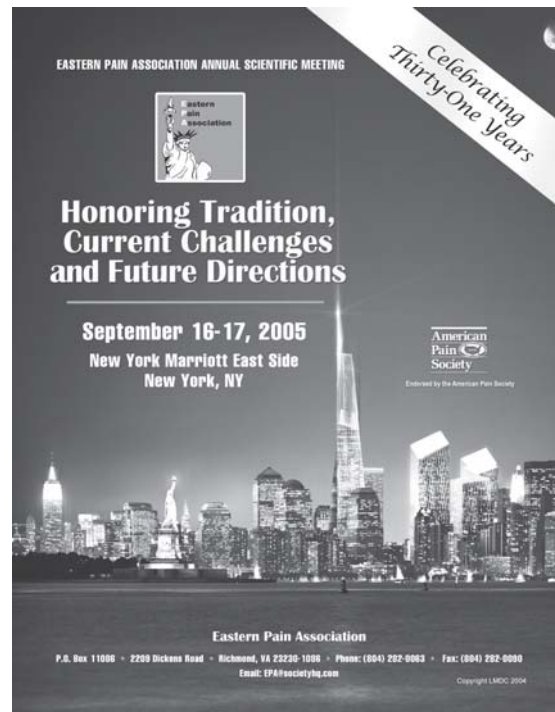
It is with great enthusiasm that I invite you to join us for our Annual Scientific Meeting to be held September 16-17, 2005 at the Marriott East Side in the heart of midtown Manhattan. The program planning committee has formulated an all-inclusive meeting to enable pain management practitioners interaction with colleagues in a truly interdisciplinary environment. Our theme, *Honoring Tradition, Current Challenges and Future Directions*, promises to continue the innovative programs expected from this esteemed organization.

Please note unique features of our program, which include special luncheon and dinner programs. Patrick Mantyh, PhD is this year's recipient of the prestigious Bonica Award. His lecture, *Mechanisms which Drive Cancer Pain* will be presented during lunch. Dr. Dennis Turk will conclude our traditional day-long program with a dinner lecture, *Management of Chronic Pain: Looking Forward to Looking Backward*. These lectures and meals are complimentary to meeting registrants, however, please note on your registration form if you will be attending.

This year we are embarking on a novel venture. On Saturday, September 17th, we have a half-day program focusing on back pain assessment and treatment from a variety of disciplines. This meeting will conclude with a luncheon with faculty to provide opportunities for questions, discussions and collegiality. Please encourage peers and trainees to take advantage of this opportunity.

As you review the program, I hope you agree that we are once again privileged to have both nationally and internationally known speakers. I am certain you will be delighted with their presentations. Please make your reservations early so you may also enjoy restaurants, theatrical events and shopping in New York City. The Program Committee and I look forward to seeing you in September.

Dania Cyd Chastain, PhD
2005 EPA Scientific Program Director



You are invited to attend the
Twenty-Seventh Annual
John J. Bonica Lectureship Award



"Mechanisms that Drive
Cancer Pain"

presented by

Patrick Mantyh, MD, PhD

Lunch, 12:00 noon until 12:30 pm Lecture, 12:30 pm until 1:15 pm

Twenty-Seventh Annual John J. Bonica Lectureship Award

The annual John J. Bonica Award and Lecture is the highlight of the Eastern Pain Association year. EPA members get together to hear a distinguished, nationally and often internationally, recognized pain practitioner and/or researcher deliver a lecture and receive an award that is named after someone many consider to be the father of pain, John J. Bonica. This year will be the 27th such convocation. Past awardees include such notable individuals as Drs. Michael J. Cousins, Tony L. Yaksh, Howard L. Fields, Ronald Melzack, Patrick D. Wall, Gavril Pasternak, Clifford J. Woolf, Russell Portenoy and Daniel Carr. Join us this year for a luncheon, as the Eastern Pain Association is proud to present this year's award to Patrick Mantyh, MD, PhD. The luncheon is complimentary to meeting registrants. The lecture is free and open to the public. You will receive a meeting brochure that will include the full program and registration information.

2005 Annual Scientific Meeting Highlights

Honoring Tradition, Current Challenges and Future Directions
 September 16-17, 2005 • New York, NY

Friday, September 16, 2005

- *Opioid Rotation Clinical Pharmacology - Development of the Opioid Conversion Chart*
Ada Rogers, RN
- *The COX-2 Controversy*
Allan Gibofsky, MD, JD
- *Emerging Data on Gender-based Variations in Pain Management*
William Maixner, DDS, PhD
- *Exploring the Influences of Genetics in Pain Management*
Mitchell Max, MD
- *Bonica Lecture*
Mechanisms that Drive Cancer Pain
Patrick Mantyh, MD, PhD

NEW THIS YEAR! Optional Half-Day Program!

Saturday September 17, 2005

Interdisciplinary Treatment - Volume 1 Focus on Back Pain

- *Pharmacological Management: Clinical Applications*
Donald C. Manning, MD, PhD - *Current Medications*
William K. Schmidt, PhD - *Emerging Medications*
- *Psychological Interventions: What We Do, Techniques You Use Daily*
Dania Cyd Chastain, PhD
- *Advanced Pain Management Techniques - Where is the Evidence?*
Sunil Dogra, MD
- *The Role of Alternative Interventions in Clinical Practice*
James N. Dillard, MD, DC, CAC, FAAP, M&R
- *Narratives: The Patients Story*
Candace C. Coggins, CARN, NP
- *Electrodiagnostic Studies for Low Back Pain: How to Request?*
Scott Chirichetti, MD

Workshops

SESSION 1A: Clinical Practice Track

- Legal Issues Associated with Opioid Management
- *The Perspective of a Lawyer*
Mike Royal, MD, JD
- *The Experience of a Physician*
Sunil Dogra, MD
- *The Experience of a Diversion Officer*
John Burke, Commander Warren-Clinton Drug Task Force
- *The Impact on Patients*
James Broatch, MSW

SESSION 1B: Clinical Research Track

- Enhancing Clinical Pain through Technology
- *Psychophysical Methods Improve Clinical Pain Assessment*
Richard H. Gracely, PhD
- *Electronic Diaries: New Technologies for Capturing Self-report Data*
Stephen Raymond, PhD
- *Computer Applications in Clinical Pain Assessment: Window Dressing or Added Value?*
Andrew Cook, PhD

SESSION 2A: Non-Pharmacologic Interventions Track:

Patient Readiness

- *Motivational Interviewing: Theory, Controversy and Practice*
Jacki Hecht, RN, MSN
- *The Transtheoretical Model and Clinical Practice*
Peter Brawer, PhD

SESSION 2B: Pharmacologic Interventions

Pharmaceutical Industry Roundtable

- *How to Identify and Validate New Pain Targets.*
- *How to Design Clinical Trials to Evaluate and Validate a Compound with a Novel Mechanism of Action in Neuropathic, Visceral, Inflammatory, Postoperative, or Cancer Pain Models.*
Ron Dolle, PhD; Robert H. Dworkin, PhD;
John T. Farrar, MD, PhD; Donald C. Manning, MD, PhD; R. Michael Poole, MD

Dinner/Lecture

*Management of Chronic Pain:
Looking Forward to Looking Backward*
Dennis C. Turk, PhD

Translating Clinical Research into Clinical Practice: A Never-ending Challenge

26th Bonica Lecture of the Eastern Pain Association
New York City, September 10, 2004

It was indeed a great honor to have been selected as the Bonica Lecturer for the annual meeting of the Eastern Pain Association. As I learned from Bert Wolff, not only is this the oldest Bonica lecture, but the Eastern Pain Association was the precursor to the American Pain Society and the IASP. And as a native New Yorker, surrounded by many long-time friends and colleagues, I felt truly at home and uninhibited in sharing some thoughts for a lecture title worked out with my kindred spirits Don Manning and Alan Lebovitz.

The title selected addresses an intersection between work that I have been privileged to perform personally for over a decade in connection with federal and other organizational initiatives to place pain medicine on a firm evidentiary foundation, and a wider problem in the application of evidence-based medicine to healthcare. Therefore this talk began by addressing the two half-definitions currently used for translational research. The first applies to clinical testing of agents or hypotheses derived from laboratory research. The second falls within the rubric of health services research, and deals with how best to capture established clinical evidence within the framework of the busy clinic and healthcare practitioner.

The next part of the lecture traced the origin and current status (rise and fall) of the clinical practice guideline movement as seen through the perspective of my having co-chaired federal guideline panels on acute pain and, later, cancer pain. These were the first federal guidelines to be evidence-based, in the sense that they made explicit use of literature retrieval and synthesis techniques designed to minimize bias. I reminded, through a quotation from Maimonides, that the concern to avoid bias is hardly a new phenomenon – Maimonides lived in the twelfth century! The initial guideline, on acute pain, equated nature of the available evidence with validity of that evidence, i.e., it assigned the highest place to meta-analyses of randomized controlled trials and the lowest to expert opinion. Yet by the time we were preparing the second guideline, we understood that just because a randomized trial had been conducted to address a question, its results – or even the results obtained by

combining several randomized controlled trials – did not necessarily carry greater strength and consistency than higher quality studies of less rigorous design. For example, a rigorously designed study might enroll so few patients, or be carried out in such a narrow population or setting, as to be less persuasive than an observational trial conducted in a large and diverse patient cohort.

The current status of the guideline movement today is that it the findings of the best-researched guidelines have been incorporated into many areas of medical practice – not least of which is pain control, thanks to the efforts of the Joint Commission for the Accreditation of Healthcare Organizations. They have evolved to become “tools not rules” – a phrase I learned from colleagues at the Oxford Pain Relief Unit. These same individuals are also involved in several other high-impact efforts to place pain medicine on a firm evidentiary basis. These efforts include the Cochrane collaboration: a worldwide, nonprofit organization whose purpose is to prepare rigorous systematic reviews and meta-analyses of the effects of healthcare interventions across all areas of healthcare, not merely pain control. Another effort that originates from Oxford in the Bandolier website, again a very broadly-based effort that contains within it valuable summaries of pain-related topics. The modern discovery that the complexity of medical practice may defy simple rules, and render evidence most useful as tools, was foreseen by the Prussian general and strategist von Clausewitz, who abandoned his effort to place operational military strategy on a mathematical foundation when his detailed analyses led him to the same insight.

The lecture then looked a little closer at the challenges of translating published evidence into clinical policy and practice recommendations, through the vehicle of my experience with the AHRQ technical reports on the management of cancer pain, and (later) the management of cancer symptoms including pain, depression and fatigue. In that large multi-year effort, over 24,000 titles were retrieved, scanned, and when appropriate, extracted. Yet only a tiny fraction of the patients with the

symptoms in question were enrolled in trials – leading cancer pain to get very poor grades on an “interest-o-gram” of numbers of papers published about various conditions, versus people who actually had those conditions. For a variety of methodological reasons such as small numbers of patients enrolled, the quality of the literature on cancer pain also compared unfavorably with that on most other topics in medicine. And lastly, the wide array of outcomes instruments (125 total in the 218 trials suitable for extraction, out of the initial 24,000 titles screened) presented another barrier to the synthesis of this published evidence.

The proliferation of outcomes instruments parallels another problem: the proliferation of methods to rate the quality of literature syntheses themselves. In the last part of the lecture, this paradox – whereby methods intended to be helpful wind up generating sufficient complexity as to become problems in their own right – was described. Drawing upon the work of the contemporary mathematician Greg Chaitin, I indicated that the fundamental complexity of the problems being studied – whether in clinical medicine or even in pure mathematical logic (Chaitin’s field) – can overcome the ability of the most strenuous efforts to decide whether interventions or useful or not, or logical propositions are true or false.

In closing, I drew upon conclusions from our AHCPR guidelines, and then the literature syntheses prepared for the same organization (renamed Agency for Healthcare Research and Quality), to point the way towards research needs in the near future. These needs, along with many other details glossed over for the sake of conciseness and the literature references used to support my statements, are to appear in detailed form in a printed version of this lecture, that will appear in the *Clinical Journal of Pain*. It was announced at this meeting that this journal will henceforth, though a formal arrangement with the Eastern Pain Association, publish each year’s Bonica Lecture going forward.

Daniel Carr, MD

Meeting Summary 2004

Annual Meeting of the Eastern Pain Association

The program assembled for the 30th anniversary of EPA was an unqualified success as judged by the enthusiastic, high ratings received from participant ratings. As in past years the program committee worked hard at attaining a balanced program to educate and inform a diverse audience of clinical practitioners, basic and clinical researchers and other health professionals. This year's theme *Decision Making in Clinical Pain Medicine* concentrated on the background and techniques required to make informed decisions regarding pain management. The selection of topics and speakers was made considering the comments and requests submitted following last year's meeting. We attempted to include topics related to Dentistry, Alternative Medicine, and Health Policy while balancing the practical, clinical and basic science content. As mentioned above, the participants enjoyed this schedule, but we would like to hear from those who chose not to attend this year to find out ways of appealing to a broader audience.

Woodson Merrell (Beth Israel, Columbia) opened the plenary lectures with a comprehensive and stimulating presentation on herbal medicine for pain management. Topics addressed included mechanisms of inflammation, influence of diet and nutritional supplements on inflammation and neuropathic pain and the emerging data supporting herbs and spices in pain management. As with all good lectures, more questions were raised and the participants were stimulated to learn more.

John Arena (VA Medical Center, Medical College of Georgia) gave a summary of the historical background for biofeedback therapies and described the techniques and background theory of clinical biofeedback, relaxation therapy and cognitive-behavioral therapy. Evidence for clinical efficacy in headache and low back pain was presented and discussed.

Those of us involved in performing or ordering interventional pain therapies received a wake-up call from Douglas Merrill (Virginia Mason) in his presentation *Procedural Pain Management – Where is the Evidence?* A disturbing lack of evidence exists from randomized, controlled trials to support the most commonly performed interventional procedures for pain and this will likely become more problematic in the future. Dr. Merrill admonished pain practitioners, in the absence of good data, to be honest with our patients, collect our individual outcomes and critically study the literature. The field of Interventional Pain Management has a long way to go to provide strong support for some of our most frequently employed techniques.

The morning plenary sessions concluded with Raymond Dionne (NICDR - NIH) who gave a presentation on *Dental and Orofacial Pain Management*. Dr. Dionne addressed the issues of translational research and the opportunity to bring basic mechanistic findings regarding pain into a clinical research and practice realm. We heard about investigations linking prostaglandin production and action to genetic variability in pain perception and gained an insight into the future of therapeutic developments in the coming age of personalized medicine.

Daniel Carr (Tufts/New England Medical Center) received the 2004 Bonica Award and gave an inspiring talk about translating clinical research to clinical practice. Within the presentation, Dr. Carr reviewed the history of the AHCPR clinical guidelines initiative and the difficulty of influencing clinical practice based on data from controlled trials. As usual, the presentation was an engaging mix of science and philosophy. Look for a publication of this talk in this issue.

The afternoon presentations were split into two sets of concurrent workshops. Each workshop involved two presenters giving 30-minute presentations followed by 30-minutes of discussion.

John Coombs (Pfizer) gave an introduction to pharmacoeconomics and provided examples of how pharmacoeconomics data can provide valuable data for decision making in chronic pain states including osteoarthritis and rheumatoid arthritis. Naomi Aronson (Technology Evaluation Center, Blue Cross Blue Shield Association) provided an overview of *Evidence-based Technology Assessment*. Dr. Aronson described the analysis of clinical evidence based upon published studies and reported data including key study quality parameters. Application of these quality parameters were illustrated with examples from pain treatment, including extracorporeal shock wave treatment for plantar fasciitis, botulinum toxin for migraine headaches and intradiscal electrothermy therapy for chronic discogenic low back pain. These analyses were then provided to patients through the Excellus BCBS community program to improve pain management.

Nancy Derby (National Fibromyalgia Association) provided a view into the process by which patients make decisions about their pain management and treatment based upon her extensive experience. Accompanying and complimenting this presentation was Carol Weisse, (Union College) who addressed the factors involved in physician's decisions regarding acute pain therapy. This presentation was based on the research she has conducted into factors influencing physician choices and potential prejudices regarding pain therapy.

The second set of workshops addressed palliative care and acupuncture – two areas of great interest to the pain community. Dania Chastain (University of Virginia) presented *Evidence-Supported Therapies for Pain in the Palliative Care Environment*. Dr. Chastain addressed the issues involved in end-of-life care and the studies to address them, the unique challenges associated with research at the end-of-life and the opportunities to make substantive contributions to the quality of life within Palliative Care Medicine. James Dillard (Columbia P&S) gave an inspiring and interesting presentation on the evidence for the role of acupuncture in pain management. One can only wonder about the resistance to using this potentially efficacious therapy but can be encouraged by the data and trends presented in this presentation.

Continuing a tradition started at last year's meeting, a Pharmaceutical Industry Roundtable was held in the afternoon workshops. Chaired by William Schmidt (Renovis Corp), the panel included representatives from medical publishing (Edward Campion- *New England Journal of Medicine*, Joseph Pergolizzi – *Clinical Researcher*), academics (Robert Dworkin – University of Rochester, John Farrar – University of Pennsylvania) and industry (Michael Poole – Hypnion Inc, Joseph Stauffer – Alpharma). The panel first addressed issues of publication of research in complimentary and alternative medicine: how can/do they make it into press and do they meet the same standard as required for pharma? In an incredible good fortune the roundtable was held on the eve of an announcement by several leading medical journals including *New England Journal of Medicine* calling for the registration of all clinical trials in order to qualify for eventual publication. A very lively and timely discussion ensued with all sides expressing both support and concern over the implications of this requirement. The ability to bring such topical issues before our membership by a panel of informed participants assures a continuing place for this forum at future meetings.

The participants were able to rejuvenate briefly during the President's reception and dinner before hearing Robert Spengler (University of Buffalo) present work from his lab concerning the

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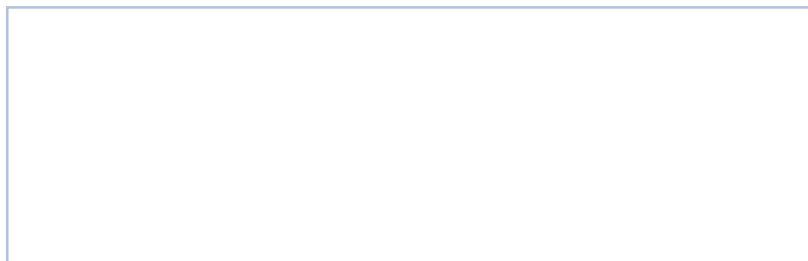
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emerging role of Tumor Necrosis Factor-alpha in neuropathic pain. The audience was treated to a tour-de-force on the evidence accumulating for the role of neuroimmune mechanisms in neuropathic and inflammatory pain states as well as associated affective symptoms. Evidence was also presented for the action of antidepressants from multiple classes on the synthesis and action of TNF in the brain. This presentation continues our tradition of providing "cutting edge" findings that will influence pain management in the future.

This well-received broad-based program was possible due to suggestions made by participants and EPA members over the past year. We look forward to providing another interesting and topical program in September.

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