*Except for leap year which gives you one additional "bonus" day.
4 Live
PAINWeek PDM Satellite Programs
PAINWeekEnd Regional Conference Series
Product/Device Training Programs
PAINWeek Leadership Assembly

5 Digital
PAINWeek.org Banner Ads
PAINWeek.org Pain Condition Resource Center
PAINWeek Sponsored Emails and eNewsletters
PAINWeek Custom Emails
PAINWeek App/Mobile Site
PAINWeek Research Institute

6 Rates
Digital, Direct Mail & Print

7 Print
PWJ—PAINWeek Journal
PWJ—Expert Review (ER)
PW—UpFront™ Direct Mailer

8 PWJ Specs
The PainWeek portfolio of branded communications (live, digital, and print) provides a platform of differentiated access points to commercial sponsors interested in reaching highly relevant stakeholders in the pain management marketplace.
**PAINWeek PDM Satellite Programs**

A sponsored satellite program at PAINWeek provides you with access to 300 to 400 highly relevant practitioners. These 50-minute meal slots can be accompanied by an approved medical information or branded educational program.

**PAINWeekEnd Regional Conference Series**

Designed as regional versions of the annual PAINWeek National Conference, PAINWeekEnd conferences target frontline practitioners who want to optimize their knowledge of the latest techniques for pain management and earn CME/CE credits through an adaptation of the core curriculum. Unlike other broad primary care conferences, these meetings provide a captive audience of 100 to 150 practitioners participating in a branded educational program, sponsored disease awareness program, or product training.

**PRODUCT/DEVICE Training Programs**

Performed with great success at the PAINWeek National Conferences, these smaller training programs can be presented at the national conference and, on a smaller scale, at the PAINWeekEnd regional meetings.

**PAINWeek Leadership Assembly**

PAINWeek is heeding the call and invites industry to do the same. Becoming a member of the Leadership Assembly allows you to help shape the future of the largest US pain conference and the expansive communications platform it has now become.

PAINWeek is committed to creating and sustaining an ongoing dialogue between 2 of the most important stakeholders in pain management: industry and healthcare providers. Our goal is to facilitate an information alchemy—transforming industry insight and practitioner needs into actionable education.

Now, more than ever, frontline practitioners need your commitment and vision to help create better options for those who are diagnosing and treating the majority of people with chronic pain. Leadership Assembly membership provides your company with access to what is currently shaping the PAINWeek educational platform: our faculty leadership and attendee feedback. As a member, you will have the opportunity to develop a custom survey to help clarify current practice gaps and challenges among this important group of clinicians.

“PAINWeek is not only for specialists. It is essential for primary care!”

—Douglas L. Gourlay MD, MSc, FRCPC, FASAM

For additional information on sponsorships, please contact:

Sean Fetcha ● sf@painweek.org ● phone (410) 982–1193

Steve Porada ● sp@painweek.org ● phone (732) 859–6153
1. **Painweek.org Banner Ads**

Run of site (ROS) banner ads on the painweek.org website, with 45,000 impressions per month and no additional charge if this target is exceeded.

2. **Painweek.org Pain Condition Resource Center**

A stand-alone section of painweek.org that is focused on educational materials around a specific pain condition (migraine headache, low back pain, fibromyalgia, neuropathic pain, etc). This section can be populated with sponsor provided resources, PainWeek supplied materials, or a combination of both. Practitioner roundtable supplements, video assets, or key clinical data can also be aggregated here.

3. **Painweek Sponsored Emails and ENewsletters**

Weekly emails are deployed to our audience of 80,000 outlining the most current information in the world of pain management. These emails provide practitioners with up-to-date headlines in the pain management arena, relevant medical education, expert opinion, video links, and information on upcoming PainWeek events. PainWeek emails and eNewsletters provide sponsors with the opportunity to advertise with corporate/branded or disease state banner ads.

4. **Painweek Custom Emails**

Custom emails will be deployed by PainWeek on behalf of your brand and/or company. The brand equity of PainWeek as a trusted source for information delivers maximum exposure of your content to our frontline practitioners. These emails can include corporate promotion or branded/disease state education. List matching and regional targeting can be accommodated with any custom email.

5. **Painweek APP/Mobile Site** (m.painweek.org)

PainWeek APP/mobile site sponsorship can include banner ads on each page, and a “premier” listing of your exhibit space. We can also provide push notifications to users to promote your booth and live programs. The APP can be downloaded from Google Play or the iTunes store.

6. **Painweek Research Institute**

This collaborative approach, with PainWeek and brand market research teams, determines the best questions and polling options. These can be pre- and postconference as well as onsite during the national or regional conferences. These surveys are utilized to better understand campaign ROI and necessary information from key targets.

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Steve Porada • sp@painweek.org • phone (732) 859-6153
# Digital, Direct Mail & Print

<table>
<thead>
<tr>
<th>Digital</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAINWeek.org ROS Banner Ads</td>
<td>Total cost will vary in relation to requested impressions</td>
</tr>
<tr>
<td>$75/CPM</td>
<td></td>
</tr>
<tr>
<td><strong>PAINWeek Sponsored Emails</strong></td>
<td>Each of the following featured content are deployed 1×/month (on a rotating basis) except for the Daily Dose.</td>
</tr>
<tr>
<td>1×/month—$3,000</td>
<td>Daily Dose—Features a singular news article that is timely and relevant to frontline practitioners, and is deployed 5×/week (Monday-Friday).</td>
</tr>
<tr>
<td>2×/month—$5,500</td>
<td>Expert Opinion—Video interviews with PW faculty on key topics like risk assessment, rational polypharmacy, differential diagnosis of migraine headache, and more!</td>
</tr>
<tr>
<td>4×/month—$10,000</td>
<td>Key Topics—Expert perspectives on clinical, regulatory, and practice management issues in the news.</td>
</tr>
<tr>
<td></td>
<td>One-Minute Clinician—“Brainfood” that you can put to use right away, every day.</td>
</tr>
<tr>
<td></td>
<td>PWJ Feature Article—Links to articles from our quarterly pain management publication.</td>
</tr>
<tr>
<td></td>
<td>Pundit Profile—What makes our faculty tick, who inspired them, their greatest achievements, and the legacies they hope to leave behind. Find out in these insightful interviews with PAINWeek faculty.</td>
</tr>
<tr>
<td><strong>PAINWeek Custom Email</strong></td>
<td>Client supplied content; @ $0.59/name for deployment to the first 25M frontline practitioners. Discounted rates apply for &gt; 25M.</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> A maximum of 2 emails per month deployed.</td>
</tr>
<tr>
<td><strong>PAINWeek Recruitment Email</strong></td>
<td>For approved satellite events during the live national conference</td>
</tr>
<tr>
<td>$3,500</td>
<td></td>
</tr>
<tr>
<td><strong>Direct Mail</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PAINWeek UpFRONT™ Direct Mailer</strong></td>
<td>9” × 12” envelope (up to 5 ounces in weight); 8.5” × 11” printed matter (ad/announcement) insert and back of envelope</td>
</tr>
<tr>
<td>$25,000</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Sponsored eNewsletters, custom emails, and direct mail activities may be deployed to PAINWeek proprietary list of 70M frontline practitioners. Cost will vary for client-requested list matches or additions to PAINWeek list.

---

“PAINWeek is by far the best and most diverse educational and networking opportunity in the field”

—R. Norman Harden MD

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www.painweek.org
INTRODUCTION:
Opioid associated morbidity and mortality has caused a national mobilization of media muckrakers, sensationalists, political opportunists, and even medical professionals, all of whom have largely ignored the pharmaco-therapeutics that underpin the science for potential opioid casualties. This article summarizes validated risk stratification tools, the interpretation of unpredicted urine drug screen results by immunoassay, and miscalculated opioid risks associated with dosing equivalents, drug interactions, and pharmacogenetics. While opioid conversion is not mathematically challenging, caring for real patients as individuals without following a predetermined one-size-fits-all template or algorithm requires skillful proficiency.
**INDICATION**

ZIPSOR® (diclofenac potassium) Liquid Filled Capsules are indicated for relief of mild to moderate acute pain in adults (18 years of age or older).

**Non-Interchangeability with Other Formulations of Diclofenac**

Different formulations of oral diclofenac are not bioequivalent even if the milligram strength is the same. Therefore, it is not possible to convert dosing from any other formulation of diclofenac to ZIPSOR.

**IMPORTANT SAFETY INFORMATION**

**WARNING: RISK OF SERIOUS CARDIOVASCULAR AND GASTROINTESTINAL EVENTS**

**Cardiovascular Risk**

- Nonsteroidal anti-inflammatory drugs (NSAIDs) may increase the risk of serious cardiovascular (CV) thrombotic events, myocardial infarction, and stroke, which can be fatal. This risk may increase with duration of use. Patients with cardiovascular disease or risk factors for cardiovascular disease may be at greater risk.

- ZIPSOR is contraindicated for the treatment of perioperative pain in the setting of coronary artery bypass graft (CABG) surgery.

**Gastrointestinal Risk**

- NSAIDs increase the risk of serious gastrointestinal (GI) adverse reactions including, bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. These events can occur at any time during use and without warning symptoms. Elderly patients are at greater risk.

**For relief of mild to moderate acute pain in adults**

ZIPSOR is formulated with the quickness of liquid gel technology **READY FOR ACTION**

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**PWJ—PAINWEEK JOURNAL**

**Issue Frequency:** 4 issues—Q1, Q2, Q3, Q4 2018

**Circulation:** 10,000

(plus 5000 bonus distribution at PAINWeek National Conference and PAINWeekEnd Regional Conferences)

**Circulation by Specialty:**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Practitioner</td>
<td>33.69%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>21.55%</td>
</tr>
<tr>
<td>Pain Management Specialist</td>
<td>8.11%</td>
</tr>
<tr>
<td>Physical Medicine/Rehab Specialist</td>
<td>4.82%</td>
</tr>
<tr>
<td>Anesthesiologist</td>
<td>4.48%</td>
</tr>
<tr>
<td>Hematology &amp; Oncology</td>
<td>2.02%</td>
</tr>
<tr>
<td>General Practitioner</td>
<td>1.73%</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>1.58%</td>
</tr>
<tr>
<td>Emergency Medicine Specialist</td>
<td>1.46%</td>
</tr>
<tr>
<td>Neurologist</td>
<td>1.17%</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>1.14%</td>
</tr>
<tr>
<td>Rheumatologist</td>
<td>1.08%</td>
</tr>
<tr>
<td>Other Specialties</td>
<td>17.16%</td>
</tr>
</tbody>
</table>

Other specialties are < 1% per specialty

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www.painweek.org
1. **2018 Print Rates**

<table>
<thead>
<tr>
<th>Color</th>
<th>4-color</th>
<th>$3,900</th>
<th>Page B&amp;W</th>
<th>$2,185</th>
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</thead>
</table>

2. **Color Charges**

<table>
<thead>
<tr>
<th>Color</th>
<th>Charge</th>
<th>Cover Tip—Polybag Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Color</td>
<td>$1,360</td>
<td>Cover Tip/Belly-Band $12,500</td>
</tr>
<tr>
<td>2 Color Matched</td>
<td>$678</td>
<td>Cover Tip/Belly-Band $9,500 (if ads run in book)</td>
</tr>
<tr>
<td>2 Color Standard</td>
<td>$573</td>
<td>Polybagged Supplement* $14,500 (stand alone)</td>
</tr>
<tr>
<td>5 Color</td>
<td>$1,544</td>
<td>Polybagged Supplement* $12,000 (if ad runs in issue)</td>
</tr>
</tbody>
</table>

**Note:** Consult publisher for supplements, polybag outserts, and other print options.

3. **Premium Position Rates**

4th Cover 50%  
2nd Cover 35%  
Opposite TOC 25%

4. **Advertising & Materials Deadline**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>2018</th>
<th>Ad Close</th>
<th>Materials Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>2018</td>
<td>1.26.18</td>
<td>2.23.18</td>
</tr>
<tr>
<td>Q2</td>
<td>2018</td>
<td>4.20.18</td>
<td>5.18.18</td>
</tr>
<tr>
<td>Q3</td>
<td>2018</td>
<td>7.6.18</td>
<td>7.20.18</td>
</tr>
<tr>
<td>Q4</td>
<td>2018</td>
<td>10.26.18</td>
<td>11.16.18</td>
</tr>
</tbody>
</table>

5. **Ad Sizes**

<table>
<thead>
<tr>
<th>Ad Description</th>
<th>Trim Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 page spread</td>
<td>16.75&quot; x 10.875&quot;</td>
</tr>
<tr>
<td>Full page</td>
<td>8.375&quot; x 10.875&quot;</td>
</tr>
</tbody>
</table>

*Supplements must be no larger than 8 ¾" x 10¾".  
Bleeds must extend ¼" beyond the trim line.  
Live matter must be a minimum of ⅜" from final trim size (8 ¾" x 10 ¾").

---

**“When you attend PähNWeek, you learn from and sit alongside the best!”**

—Tanya J. Uritsky  PHARMD, BCP5

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CATCH 22:
A situation in which there are only two possibilities and you cannot do either because each depends on having done the other. It is a problematic situation for which there is no solution.

PARADOX = RESOLUTION

ABUSE
DETERRENT
FORMULATIONS

RESTLESS
LEGS
SYNDROME

A
perioperative
opioids
storm:
problematism?
Meetings come to an end, but learning never stops. PWJ keeps you going all year long.

—Michael R. Clark  MD, MPH, MBA