



Charles E. Argoff Gregory T. Carter Gilbert J. Fanciullo Michael E. Schatman

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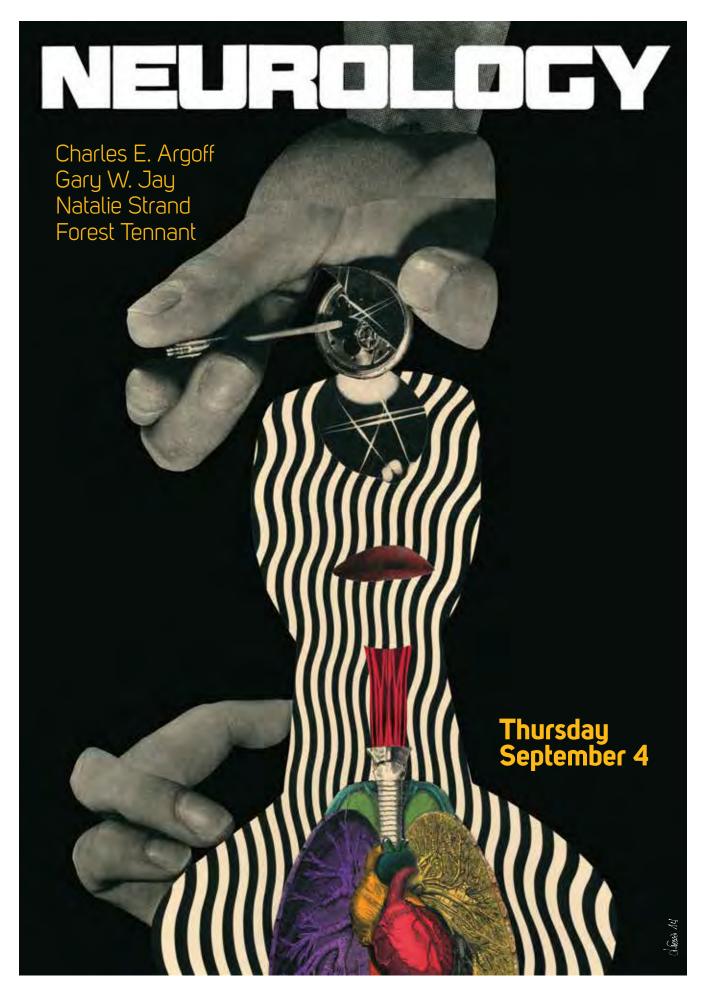
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Information provided was accurate as of press time. For the most up-to-date information please visit m.painweek.org. Any and all changes made subsequently regarding dates, times, courses, and faculty will also be reflected in *PAINWeek Daily News* and on handouts available at the registration desk.

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This year, **PAINWeek** and the **American Society of Pain Educators (ASPE)**

are proud to honor those who have demonstrated a commitment to clinical pain practice and pain education.

Michael K. **Perry**CRNA

Michael K. Perry is a Certified Registered Nurse Anesthetist in practice at the Comprehensive Pain Center in Omaha, Nebraska. Since 1997, he has provided pain management services to patients in a range of hospital, surgical center, and practice locations in Nebraska and Iowa.

Mr. Perry served as President, Fremont, Nebraska Regional Anesthesia Specialty Services, PC, Obstetric, Acute & Chronic Pain from 1993 to 1996, instituting acute, chronic, cancer, and OB pain programs. He received a BS in nursing from Mount Marty College in Yankton, South Dakota and took his Diploma in Anesthesia from Creighton–St. Joseph's Hospital, Omaha.

He currently serves on the PPA/NPD Advisory Committee and on the Certification Examination Committee of the AAPM. Mr. Perry maintains a personal devotion to continuing education in anesthesia and pain management, with over 1000 hours accumulated since 1988. He has been a featured speaker at AAPM annual meetings and the Associations of Nurse Anesthetists in Nebraska, North Dakota, California, Tennessee, Colorado, and Oklahoma. He has participated in PAINWeek National Conferences for 3 years, and credits the comprehensive curriculum, collegial environment, and highly qualified faculty for enabling practitioners of all disciplines to better serve their patients with pain.

Kevin L. **Zacharoff**

MD, FACIP, FACPE, FAAP

Dr. Zacharoff has been at the forefront of pain management practice and education for many years. He is a board certified anesthesiologist with over 20 years of clinical practice experience in anesthesiology and pain medicine and is an active faculty member and clinical instructor at the State University of New York Stony Brook School of Medicine. Dr. Zacharoff currently serves as Vice President of Medical Affairs for Inflexxion, Inc., a leader in healthcare information technology. A component of his work involves management of the web-based resource PainEDU®, a comprehensive online information source for health professionals with an interest in pain.

Dr. Zacharoff has authored a number of books and articles on the subject of pain management, including The PainEDU.org Manual: A Pocket Guide to Pain Management; Managing Chronic Pain with Opioids in Primary Care; Your Guide to Pain Management: A Road Map for painACTION.com; and Cross-Cultural Pain Management: Effective Treatment of Pain in the Hispanic Population.

Dr. Zacharoff has been a member of the PAINWeek faculty since the inception of the conference, and he also contributes an active speaking and lecture schedule to pain meetings throughout the year. He maintains professional memberships in over a dozen medical and pain associations, and has provided valuable guidance as a longtime member of the board of the American Society of Pain Educators.

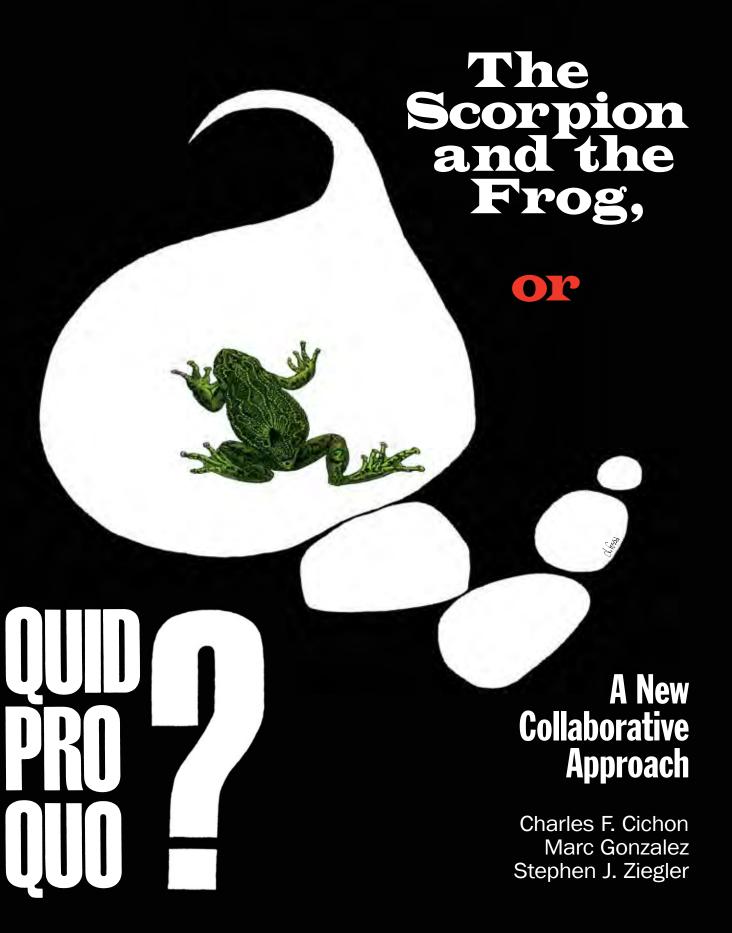


AMERICAN PAIN SOCIETY

LOGISTICS

Welcome | Conference Floor Plan | Keynote | Welcome Reception





Friday 9.5



We welcome you to PAINWeek 2014, and there is much new to talk about! Most prominently, the conference itself has been extended an extra day, with certified course activities beginning Tuesday, September 2. With this expansion, the 8th annual **PAINWeek National Conference** offers you greater opportunity to select from the 120 CE/CME hours of pain management instruction that you'll find detailed within this Program Guide. Concurrently, this year's conference will enable participants to earn up to 40 CE/CME hours, 25% more than any previous PAINWeek conference.

As you review this Program Guide you'll notice other enhancements as well. There are new course concentrations for nurse practitioners in recognition of their important role on the multidisciplinary pain management team. A new track presented by the **American Society of Interventional Pain Physicians** will explore this treatment modality and discuss recent advances. The highly popular **Pain Educators Forum** returns for its 9th consecutive year in an expanded 3-day format that includes "**Neuropathica Galactica**," a new, limited attendance application and practice based activity. The evolving role of medical marijuana will be examined in a new track offered on Saturday 9/6, and opioid- and NSAID-focused courses will receive special attention on Thursday and Friday, 9/4 and 9/5, in recognition of the issues that attend each of these interventions for chronic pain. To accommodate expanded interest from our exhibitors and supporting partners we have extended the Exhibit Hall into Belmont Commons for PAINWeek 2014. Located adjacent to the Registration Area, you'll find additional exhibiting organizations offering a range of products and information.

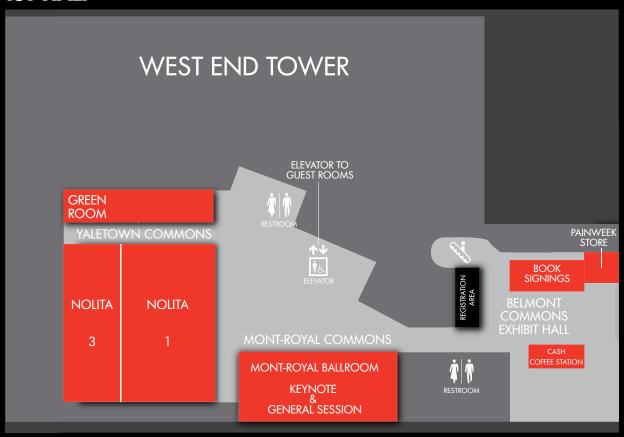
If you are new to PAINWeek, we encourage you to take advantage of PAINWeek 101 on Tuesday evening. It is a special orientation session that will help you make the most of your PAINWeek experience. And if you're a PAINWeek veteran, you'll find much that is familiar and contributes to the collaborative spirit that you've come to expect. Don't miss our **Keynote Presentation** on Wednesday 9/3, followed by refreshments and the opportunity to network with colleagues at the Welcome Reception in the Exhibit Halls.

As always, we are interested in your suggestions, insights, and questions as we seek to refine and enhance each year's curriculum. It is your active participation, in concert with our faculty, our partners, and supporting organizations that help us advance the state of pain management education and practice—and that have made **PAINWeek the National Conference on Pain for Frontline Practitioners**.

Welcome, and enjoy the experience

conference

1ST HALF



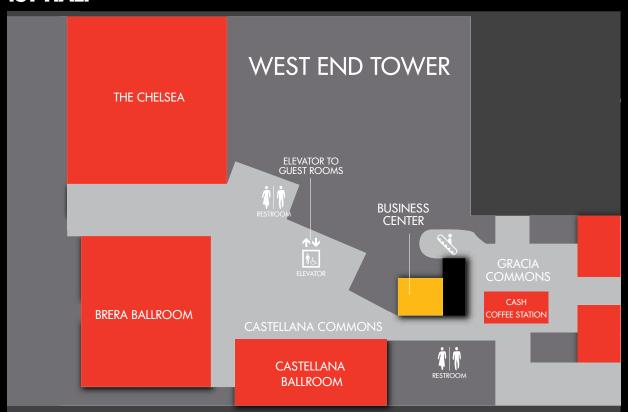
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2ND HALF

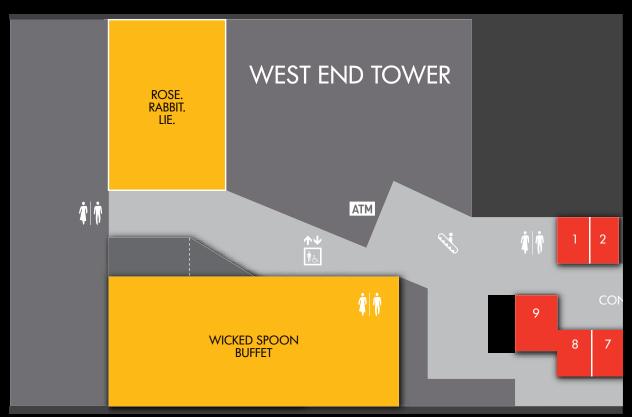


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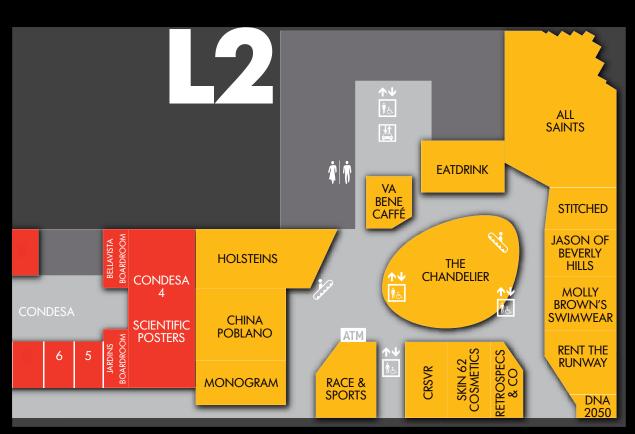


EVEL3



2ND HALF





Please Note: The Henry (restaurant) is located on Level 1



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WHAT ENDING THE DRUG WAR LOOKS LIKE



WEDNESDAY 9.3 6:30**P** - 7:30**P**



FOSSA HAZE

Welcome Reception

WEDNESDAY 9.3 7:30**P** – 9:30**P** EXHIBIT HALL



Tuesday 9.2

AGENDA

TUESDAY/9.2 | WEDNESDAY/9.3 | THURSDAY/9.4 | FRIDAY/9.5 | SATURDAY/9.6



TUESDAY

MDL-01	Critical Documentation Skills	8:10 a – 10:10 a	Level 3/Castellana 1	Jennifer Bolen, JD
PCD-O1	When Medication and Intervention Are Not Enough	8:10 a – 10:10 a	Level 4/ Nolita 3	Heidi Allespach, PhD Bernd Wollschlaeger, MD, FAAFP, FASAM
SIS-O1	Determining Therapeutic Levels and Causes of Unintentional Overdose	8:10 a – 10:10 a	Level 4/ Nolita 1	Joshua Gunn, PhD P. Michael Murphy, DBA, MBA Stephen J. Ziegler, PhD, JD
PREPEF	Pain Educators Forum Preconference Workshop	9:00 a – 5:00 p	Level 3/ Gracia 5	Christopher M. Herndon, PharmD, BCPS, CPE Mary Lynn McPherson,
	Neuropathica Galactica: A Highly Interactive Journey in Pain Management and Education Note: This course is limited to 60 learners. Preregistration is required; onsite registration is not permitted.			PharmD, BCPS, CPE, FASPE
HCH-01	Coaching Techniques in Action: Coaching vs Directing	9:20 a – 10:20 a	Level 4/ Nolita 2	Rebecca L. Curtis, ACC
BHV-O1	Biofeedback: Harnessing the Power Within to Improve Chronic Pain	10:50 a – 11:50 a	Level 4/ Nolita 1	Anthony A. Whitney, MS, LHMC, BCB
COM-01	Presentation Skills	10:50 a – 11:50 a	Level 4/Nolita 3	Scott Litin, MD
HCH-O2	Increasing Functionality With Pain-Management Coaching	10:50 a – 11:50 a	Level 4/ Nolita 2	Rebecca L. Curtis, ACC
BHV-O2	Dealing With "Dread to Treat" Patients: Recognition, Diagnosis, and Management of Addiction in the Office Based Setting	1:40 p – 3:40 p	Level 4/ Nolita 1	Heidi Allespach, PhD Bernd Wollschlaeger, MD, FAAFP, FASAM

MAS-O1	Differential Diagnosis of Back Pain	1:40 p – 3:40 p	Level 4/Nolita 2	David M. Glick, DC, DAAPM, CPE, FASPE
MDL-02	Physician Office Laboratories: Myths and Realities	1:40 p - 3:40 p	Level 3/Castellana 1	Jennifer Bolen, JD
вну-03	Learning to Identify Behavioral Profiles Common in Patients Struggling With Chronic Pain	2:50 p – 3:50 p	Level 4/ Nolita 3	Anthony A. Whitney, MS, LHMC, BCB
PTH-O1	No Brain, No Pain. Say What? The Value of Therapeutic Neuroscience Education and How to Provide Consistent Patient Education Across Disciplines (Part 1)	2:50 p - 3:50 p	Level 3/Castellana 2	Sara C. Jacobs, PharmD Sarah Palyo, PhD, CPE Emily Sachs, PhD Kathryn Schopmeyer, PT, DPT, CPE
REG-O1	Sprained Calf Muscle and Back Pain or Deadly Blood Clot?	2:50 p - 3:50 p	Level 3/ Gracia 1	Barbara L. Kornblau, JD, OTR/L, CPE, DASPE
COM-02	Presentation Skills (Encore)	4:00 p - 5:00 p	Level 4/Nolita 3	Scott Litin, MD
PTH-O2	No Brain, No Pain. Say What? The Value of Therapeutic Neuroscience Education and How to Provide Consistent Patient Education Across Disciplines (Part 2)	4:00 p – 5:00 p	Level 3/Castellana 2	Sara C. Jacobs, PharmD Sarah Palyo, PhD, CPE Emily Sachs, PhD Kathryn Schopmeyer, PT, DPT, CPE
SIS-O2	Pain and Hormones	4:00 p - 5:00 p	Level 4/Nolita 2	Forest Tennant, MD, DrPH, FACPM, MPH
PW-101	PAINWeek 101*	6:00 p – 8:00 p	Level 4/ Nolita 1	PAINWeek Staff and Global Education Group

Wednesday 9.

NRP-01	Pain Basics	7:00 a - 8:00 a	Level 4/Nolita 3	Darren McCoy, FNP-BC, CPE
PEF-O1	Pain Terminology: Knowing the Difference Makes a Difference!	7:00 a - 8:00 a	Level 4/Nolita 1	David M. Glick, DC, DAAPM, CPE, FASPE Mary Lynn McPherson, PharmD, BCPS, CPE, FASPE
sis-o3	The State of Pain Education	7:00 a - 8:00 a	Level 4/ Mont-Royal Ballroom	Kevin L. Zacharoff, MD, FACIP, FACPE, FAAP
PDM-O1	Extended-Release Opioids for Pain Management: A Roundtable Discussion*	8:10 a – 9:10 a	Level 3/ Castellana Ballroom	Michael J. Brennan, MD Martin D. Cheatle, PhD Bradley S. Galer, MD Ajay D. Wasan, MD, MSc
PDM-02	The First Buprenorphine Analgesic Transdermal System*	8:10 a – 9:10 a	Level 3/ Brera Ballroom	Jeffrey A. Gudin, MD
sis-04	I Shall Please: Understanding Placebo in Pain Management	8:10 a – 9:10 a	Level 4/ Mont-Royal Ballroom	R. Norman Harden, MD
AAPM-01	The Brain in Pain	9:20 a – 10:20 a	Level 3/ Gracia 1	Sean Mackey, MD, PhD, CPE
NRP-O2	The Importance of Chart Documentation: Through the Eyes of a Chart Reviewer	9:20 a – 10:20 a	Level 4/ Nolita 3	Brett B. Snodgrass, MSN, APRN, FNP-C
PEF-O2	Pain Mechanisms	9:20 a – 10:20 a	Level 4/Nolita 1	David M. Glick, DC, DAAPM, CPE, FASPE
	Break	10:20 a - 10:50 a		
AAPM-O2	Headache Evaluation, Examination, and Treatment	10:50 a – 11:50 a	Level 3/ Gracia 1	Charles E. Argoff, MD, CPE
MAS-02	Hot Topics in Palliative Care	10:50 a – 11:50 a	Level 4/ Nolita 3	Mary Lynn McPherson, PharmD, BCPS, CPE, FASPE
PEF-03	Chronic Pain Assessment	10:50 a – 11:50 a	Level 4/ Nolita 1	Michael R. Clark, MD, MPH, MBA
STR-O1	The Neurobiology of Stress	10:50 a – 11:50 a	Level 3/ Gracia 5	R. Norman Harden, MD
PDM-03	Optimizing Gabapentin: An Interactive Discussion on Treating PHN Across the Age Spectrum*	12:00 p - 1:30 p	Level 3/ Brera Ballroom	Gerald M. Sacks, MD
PDM-04	Current Thinking in OTC Analgesia: Patient Considerations and Practical Insights*	12:00 p – 1:30 p	Level 3/ Gracia 4	Christopher M. Chappel, MD, FAAFP, CMD Brett B. Snodgrass, MSN, APRN, FNP-C Charles P. Vega, MD

AAPM-03	Myofascial Pain Syndromes	1:40 p - 2:40 p	Level 3/ Gracia 1	R. Norman Harden, MD
PEF-O4	Pain Therapeutics	1:40 p - 2:40 p	Level 4/ Nolita 1	Christopher M. Herndon, PharmD, BCPS, CPE
STR-O2	Evidence-Based Mind/Body Approaches to Pain Management	1:40 p - 2:40 p	Level 3/ Gracia 5	Seddon R. Savage, MD, MS
MDL-03	Pain Management Prosecutions: A Survey of Cases and Medical Expert Testimony	1:40 p - 3:40 p	Level 3/ Gracia 3	Jennifer Bolen, JD
AAPM-04	Neuropathic Pain	2:50 p - 3:50 p	Level 3/ Gracia 1	Sean Mackey, MD, PhD, CPE
PEF-05	When Does Acute Pain Become Chronic?	2:50 p - 3:50 p	Level 4/ Nolita 1	Michael R. Clark, MD, MPH, MBA
sis-05	Schadenfreude: The Joy of Pain	2:50 p - 3:50 p	Level 4/ Nolita 3	Richard H. Smith, PhD
NRP-03	The Complex Pain Patient	4:00 p - 5:00 p	Level 4/Nolita 3	Darren McCoy, FNP-BC, CPE
PEF-06	Pain Diagnostic Methods	4:00 p - 5:00 p	Level 4/ Nolita 1	David M. Glick, DC, DAAPM, CPE, FASP
str-03	Identifying Behavioral Profiles in Chronic Pain Patients (Encore of BHV-03)	4:00 p - 5:00 p	Level 3/ Gracia 5	Anthony A. Whitney, MS, LHMC, BCB
NRP-04	Pharmacogenetics Testing for Safer Prescribing	5:10 p – 6:10 p	Level 4/ Nolita 3	Brett B. Snodgrass, MSN, APRN, FNP-C
sis-06	Controversies in Pain Medicine: Calculating Methadone Conversions	5:10 p – 6:10 p	Level 4/ Nolita 1	Jeffrey Fudin, PharmD, FCCP Mary Lynn McPherson, PharmD, BCPS, CPE, FASPE
sis-07	Opioid Induced Immunodepression: Of Clinical Concern?	5:10 p – 6:10 p	Level 3/ Gracia 1	Joseph V. Pergolizzi, MD Robert B. Raffa, PhD
STR-04	Physical Manifestations of Stress	5:10 р – 6:10 р	Level 3/ Gracia 5	Natalie H. Strand, MD
KEY-O1	Keynote*	6:30 p – 7:30 p	Level 4/ Mont-Royal Ballroom	Michael R. Clark, MD, MPH, MBA Ethan Nadelmann, JD, PhD Kevin L. Zacharoff, MD, FACIP, FACPE, FAAP
	Welcome Reception*	7:30 p – 9:30 p	Level 4/Belmont Ballroo	

THURSDAY

SYM-O1	Caring for Patients With Chronic Pain: Responsible Opioid Prescribing to Achieve Individualized Functional Goals	6:00 a – 8:00 a	Level 3/ Gracia 4	Michael J. Brennan, MD Jeffrey A. Gudin, MD Bill H. McCarberg, MD
NRP-05	Distinguishing Dependence From Addiction	7:00 a – 8:00 a	Level 4/ Nolita 3	Cynthia F. Knorr-Mulder, MSN, BCNP, NP-C
PDM-05	Time to Move Beyond Laxative Therapy for Opioid Induced Constipation in Patients With Advanced Illness*	8:10 a – 9:10 a	Level 3/ Brera Ballroom	Jeffrey A. Gudin, MD
sis-08	The Psychology of Opioids	8:10 a – 10:10 a	Level 3/ Gracia 3	Beth Darnall, PhD Sean Mackey, MD, PhD, CPE Mark D. Sullivan, MD
NAD-01	Rx Abuse & Diversion 2014	9:20 a – 10:20 a	Level 4/ Mont-Royal Ballroom	John J. Burke
NRO-01	Small Fiber Neuropathies	9:20 a – 10:20 a	Level 3/ Gracia 1	Charles E. Argoff, MD, CPE
NRP-06	Treat vs Refer: What's a Nurse Practitioner to Do?	9:20 a – 10:20 a	Level 4/ Nolita 3	Brett B. Snodgrass, MSN, APRN, FNP-C
sis-09	Crime and Punishment: Is the Patient Abusing the Drug or Is the Drug Abusing the Patient?	9:20 a – 10:20 a	Level 4/ Nolita 1	Michael R. Clark, MD, MPH, MBA
	Break/Exhibit Hall	10:20 a – 10:50 a	Level 4/Belmont Ballroo	m
NAD-02	Medical Marijuana— A Law Enforcement Perspective	10:50 a – 11:50 a	Level 4/ Mont-Royal Ballroom	John J. Burke
NRO-02	A Tea Party in Hell: Unraveling the Mysteries of Celebrated Migraineurs	10:50 a – 11:50 a	Level 3/ Gracia 1	Gary W. Jay, MD, DAAPM, FAAPM
PEF-07	Instructional Design	10:50 a – 11:50 a	Level 4/Nolita 1	Jeannette Campos, MS
SIS-1O	The Iceberg Cometh	10:50 a - 11:50 a	Level 4/Nolita 3	Steven D. Passik, PhD
рдм-06	Follow Your Nose: An Interactive Expert Review of Breakthrough Pain in Cancer (BTPc)*	12:00 p – 1:30 p	Level 3/ Brera Ballroom	Jeffrey A. Gudin, MD Srinivas Nalamachu, MD
PDM-07	My Grandma's Not a Zombie: Medication Monitoring and Pharmaco- genetic Testing (PGT) Can Help Clinicians Individualize Safer Opioid Management*	12:00 p – 1:30 p	Level 3/ Gracia 4	Jeffrey Fudin, PharmD Anita Gupta, DO, PharmD Kenneth L. Kirsh, PhD Steven D. Passik, PhD
NAD-03	Patient Safety Implications of Healthcare Facility Diversion	1:40 p - 2:40 p	Level 4/ Mont-Royal Ballroom	Kimberly S. New, BSN, JD

NRO-03	Diagnosis and Management of Central Pain	1:40 p - 2:40 p	Level 3/ Gracia 1	Forest Tennant, MD, DrPH, FACPM, MPI
PCD-02	The Patient-Centered Opioid Treatment Agreement	1:40 p - 2:40 p	Level 4/ Nolita 3	Seddon R. Savage, MD, MS
PEF-08	Putting Your Knowledge Into Action: Using Practice Cases to Teach Assessment and Treatment Planning	1:40 p – 3:40 p	Level 3/ Castellana Ballroom	Ted W. Jones, PhD, CPE
SYM-O2	Risk Evaluation and Mitigation Strategies (REMS) for Extended-Release and Long-Acting Opioids: Achieving Safe Use While Improving Patient Care	1:40 p - 4:40 p	Level 3/ Gracia 3	Charles E. Argoff, MD, CPE Brett B. Snodgrass, MSN, APRN, FNP-C
	Break/Exhibit Hall	2:50 p - 3:50 p	Level 4/Belmont Ballroon	m
pdm-08	Abuse-Deterrence Technology and Opioid Analgesics: Everyone's Responsibility*	2:50 p – 3:50 p	Level 3/ Brera Ballroom	J. David Haddox, DDS, MD
NAD-04	"A Call to Arms" on the Heroin Epidemic	4:00 p – 5:00 p	Level 4/ Mont-Royal Ballroom	Lisa M. McElhaney, BS
NRO-04	Peripheral Neuropathies	4:00 p - 5:00 p	Level 3/Gracia 1	Natalie H. Strand, MD
NRP-07	Integrative Approaches to Pain Management	4:00 p – 5:00 p	Level 4/Nolita 3	Cynthia F. Knorr-Mulder, MSN, BCNP, NP-C
PEF-09	Engaged Patients: The Blockbuster Drug for Pain Practice	4:00 p – 5:00 p	Level 4/ Nolita 1	Barbara L. Kornblau, JD, OTR/L, CPE, DASPE
NAD-05	Avoiding Opioid Prescribing Pitfalls— A NADDI Perspective	5:10 p – 6:10 p	Level 4/ Mont-Royal Ballroom	Charles F. Cichon
NRO-05	Ketamine for Migraine Headaches	5:10 p – 6:10 p	Level 3/ Castellana Ballroom	Natalie H. Strand, MD
NRP-08	Cost Containment	5:10 p – 6:10 p	Level 4/Nolita 3	Darren McCoy, FNP-BC, CPE
PEF-1O	Using Social Media to Create Community Health Programs	5:10 p – 6:10 p	Level 4/ Nolita 1	Jeannette Campos, MS
POS-O1	Scientific Poster Session and Reception*	6:30 p – 8:30 p	Level 2/Condesa Comm	ons
PDM-13	Botox® for Chronic Migraine: An Interactive Program Focusing on Patient Assessment and Diagnosis, Setting Appropriate PATIENT Treatment Expectations, and Featuring Hands-On Injection Training*	6:30 p – 10:30 p	Level 3/ Gracia 5	Andrew Blumenfeld, MD

FRIDAY

ѕүм-оз	Current Perspectives and New Developments in NSAID Therapy	6:30 a – 8:00 a	Level 3/ Gracia 4	Martin J. Bergman, MD, FACR, FACP Joseph A. Markenson, MD, MACR
BHV-04	Biopsychosocial Aspects of Catastrophizing About Pain	7:00 a - 8:00 a	Level 3/ Gracia 5	Robert R. Edwards, PhD, MSPH
POS-02	Poster/Podium Presentations*	7:00 a - 8:00 a	Level 3/ Gracia 1	Srinivas Nalamachu, MD Joseph V. Pergolizzi, MD
PDM-09	Breakfast Screening of "Pain Matters" Documentary*	8:10 a – 9:10 a	Level 3/ Brera Ballroom	Paul J. Christo, MD, MBA Penney Cowan Derek McGinnis Melanie Rosenblatt, MD Bob Twillman, PhD, FAPM
SIS-11	Prescription Drug Monitoring Programs	8:10 a – 9:10 a	Level 3/ Gracia 3	Kevin L. Zacharoff, MD, FACIP, FACPE, FAAP
MAS-03	Orofacial Neuropathies	8:10 a – 10:10 a	Level 3/ Gracia 5	Peter A. Foreman, DDS, DAAPM R. Norman Harden, MD
APS-O1	Is Pain a Women's Health Issue?	9:20 a – 10:20 a	Level 4/ Nolita 3	Roger B. Fillingim, PhD
знv-05	A Bang or a Whimper? How Extroverts and Introverts Manage Pain	9:20 a – 10:20 a	Level 4/ Mont-Royal Ballroom	Michael R. Clark, MD, MPH, MBA
PHM-01	Pharmacokinetic and Pharmacodynamic Drug Interactions	9:20 a – 10:20 a	Level 4/ Nolita 1	Christopher M. Herndon, PharmD, BCPS, CPE
SIS-12	NSAID Pharmacotherapy: New Oral and Injectable Options	9:20 a – 10:20 a	Level 3/ Gracia 1	Jeffrey Fudin, PharmD, FCCP
	Break/Exhibit Hall	10:20 a – 10:50 a	Level 4/Belmont Ballroon	m
APS-O2	Vulvodynia: Clinical Profiles and Their Implications for Treatment	10:50 a - 11:50 a	Level 4/Nolita 3	Georgine Lamvu, MD, MPH, FACOG
вну-06	Making Medications Work for Depression	10:50 a – 11:50 a	Level 3/ Gracia 1	Mark D. Sullivan, MD
PHM-02	Acetaminophen, NSAIDs, and Opioids Oh My! Who's the Naughtiest Kitten in the Bunch?	10:50 a – 11:50 a	Level 4/ Nolita 1	Mary Lynn McPherson, PharmD, BCPS, CPE, FASPE James B. Ray, PharmD, CPE Tanya Uritsky, PharmD, BCPS
SIS-13	Controversies in Pain Medicine: Is Interventional Pain Management Over- or Underutilized?	10:50 a - 11:50 a	Level 4/ Mont-Royal Ballroom	Charles E. Argoff, MD, CPE Jeffrey A. Gudin, MD
PDM-10	Advancing the Science of Analgesia With SoluMatrix® NSAIDs*	12:00 p – 1:30 p	Level 3/ Brera Ballroom	Jeffrey A. Gudin, MD
APS-03	Chronic Pelvic Pain: Biopsychosocial Factors	1:40 p - 2:40 p	Level 4/Nolita 3	Jennifer Hah, MD

рнм-03	Nonopioid Analgesics: Antidepressants, Adjuvant Therapies, and Muscle Relaxants	1:40 p - 2:40 p	Level 4/ Nolita 1	Christopher M. Herndon, PharmD, BCPS, CPE
SIS-14	NSAIDs: Not Just COX-1 and COX-2	1:40 p – 2:40 p	Level 3/ Gracia 1	Joseph V. Pergolizzi, MD Robert B. Raffa, PhD
MAS-04	The Undead Dead Nerve: Treating the Neuropathic Apocalypse	1:40 p – 3:40 p	Level 3/ Gracia 5	Gary W. Jay, MD, DAAPM, FAAPM
	Break/Exhibit Hall	2:50 p - 3:50 p	Level 4/Belmont Ballroom	m
PDM-11	Sponsored break program* Please check PAINWeek Mobile for details at m.painweek.org	2:50 p - 3:50 p	Level 3/ Castellana Ballroom	
нсн-оз	Coaching Techniques in Action: Coaching vs Directing (Encore)	4:00 p – 5:00 p	Level 3/ Gracia 5	Rebecca L. Curtis, ACC
РНМ-04	Opioid Conversion Calculations	4:00 p - 5:00 p	Level 4/ Nolita 1	Mary Lynn McPherson, PharmD, BCPS, CPE, FASPE
POS-O3	Pain Clinical Trials	4:00 p – 5:00 p	Level 4/ Mont-Royal Ballroom	Frank Breve, PharmD, MBA Erica Elefant, RN Errol M. Gould, PhD Ernest A. Kopecky, PhD, MBA Srinivas Nalamachu, MD Joseph V. Pergolizzi, MD Robert B. Raffa, PhD Robert Taylor, Jr, PhD
	Exhibit Hall Closing Reception*	4:00 p - 5:00 p	Level 4/Belmont Ballroom	m
sis-16	ICD-10: What Pain Providers Need to Know for 2015!	4:00 p - 5:00 p	Level 4/ Nolita 3	Marvel Hammer, RN, CPC, CCS-P, PCS, ACS-PM, CHCC
APS-O4	Persistent Pain After Breast Cancer Treatment	5:10 p – 6:10 p	Level 4/ Nolita 3	Robert R. Edwards, PhD, MSPH
нсн-о4	Increasing Functionality With Pain-Management Coaching (Encore)	5:10 p – 6:10 p	Level 3/ Gracia 5	Rebecca L. Curtis, ACC
рнм-05	The Use of Suboxone® (Buprenorphine and Naloxone) for Chronic Pain	5:10 p – 6:10 p	Level 4/ Nolita 1	Gregory T. Carter, MD, MS
sis-15	The Scorpion and the Frog, or Quid Pro Quo? A New Collaborative Approach	5:10 p – 6:10 p	Level 4/ Mont-Royal Ballroom	Charles F. Cichon Marc Gonzalez, PharmD Stephen J. Ziegler, PhD, JD
SYM-04	Best Practices for Effectively Managing Opioid Induced Constipation (OIC): Evidence-Based Strategies and Solutions	6:30 p – 8:30 p	Level 3/ Brera Ballroom	Michael J. Brennan, MD Jeffrey A. Gudin, MD Bill H. McCarberg, MD Steven P. Stanos, DO

SATURDAY

PAC-O1	Fear and Loathing in the Exam Room: Your Addicted Patient Is Waiting in Room 4	7:00 a – 8:00 a	Level 3/ Gracia 5	Jim Anderson, PA-C, MPAS, ATC, DFAAPA
REG-O2	Chronic Pelvic Pain in Women: Translating Research Into Clinical Practice	7:00 a - 8:00 a	Level 3/ Gracia 1	Georgine Lamvu, MD, MPH, FACOG
sis-17	Prescription Opioid Use After Surgery: Who's at Risk for Delayed Opioid Cessation?	7:00 a - 8:00 a	Level 4/ Mont-Royal Ballroom	Jennifer Hah, MD
VHA-O1	Virtual Education and Consulting in Chronic Pain in the VA and Department of Defense (DOD)	7:00 a - 8:00 a	Level 4/ Nolita 3	llene R. Robeck, MD Michael S. Saenger, MD Debra K. Weiner, MD
MMJ-01	Medical Marijuana in the Treatment of Central Nervous System Disorders	8:10 a – 9:10 a	Level 4/ Mont-Royal Ballroom	Charles E. Argoff, MD, CPE
REG-03	Repetitive Stress Injuries	8:10 a – 9:10 a	Level 3/ Gracia 1	Srinivas Nalamachu, MD
sıs-18	Corresponding Responsibility or Mother May I Prescribe?	8:10 a – 9:10 a	Level 4/ Nolita 3	Marc Gonzalez, PharmD Stephen J. Ziegler, PhD, JD
вну-07	Facilitating Treatment Adherence in Pain Medicine	8:10 a – 10:10 a	Level 3/ Gracia 3	Martin D. Cheatle, PhD Douglas L. Gourlay, MD, MSc, FRCPC, FASAM Howard A. Heit, MD, FACP, FASAM Robert Newlin Jamison, PhD Michael E. Schatman, PhD, CPE, DASPI
ASIPP-O1	Interventional Pain Management: What it Is and When to Refer	9:20 a – 10:20 a	Level 3/ Castellana Ballroom	Sanford M. Silverman, MD
REG-04	Evidence-Based CAM for Low Back Pain	9:20 a – 10:20 a	Level 3/ Gracia 1	Michael S. Saenger, MD
VHA-O2	The VA/Department of Defense (DoD) SCAN/ECHO	9:20 a – 10:20 a	Level 4/ Nolita 3	llene R. Robeck, MD Debra K. Weiner, MD
	Break	10:20 a – 10:50 a		
ASIPP-02	Overview of Interventional Procedures	10:50 a – 11:50 a	Level 3/ Castellana Ballroom	Sanford M. Silverman, MD
MMJ-02	The Changing Face of Cannabis in America: Medical vs Recreational Use	10:50 a – 11:50 a	Level 4/ Mont-Royal Ballroom	Michael E. Schatman, PhD, CPE, DASPI
PAC-O2	Medical Errors in 3D: What PAs Can Do Before, During, and After to Enhance Patient Safety	10:50 a – 11:50 a	Level 3/ Gracia 5	Jim Anderson, PA-C, MPAS, ATC, DFAAPA

PCD-03 Pain and Addiction: Phenotypic and Genotypic Characteristics of Oploid Use Disorder PHM-06 Calling in the Marrines: Methadone, Ketamine, and Lidocaine PDM-12 Sponsored lunch program* Please check PAINVVeek Mobile for details at m.painweek.org ASIPP-03 Risk Management, Complications, Options, and Outcomes of Interventions MMJ-03 Medicinal Cannabis: How Do You Distinguish Appropriate From Inappropriate Use? SIS-19 Mirror Mirror on the Wall: Reframing Diagnosis and Treatment of Chronic Pain MAS-05 Sailing to Byzantium: Geriatric Pain Management ASIPP-04 New Trends in Interventional Pain Control MMJ-05 Cannabis Point of Care Testing MMJ-05 Cannabis Point of Care Testing REG-05 My Aching Feet! The VAD-partment of Defense (DoD) SCAN/ECHO Experience: Addiction and Chronic Pain MDI-04 Critical Documentation Skills (Encore) SIS-20 Clinical Conundrum: Nightmares Sis-p - 6:10p Level 3/ Gargia Forest Tennant, MD, Drivel Sis-p - 6:10p Level 3/ Gargia Forest Tennant, MD, Drivel Sis-p - 6:10p Level 3/ Gargia Forest Tennant, MD, Drivel Sis-p - 6:10p Level 3/ Gargia Forest Tennant, MD, Drivel Sis-p - 6:10p Level 3/ Gargia Forest Tennant, MD, Drivel Sis-p - 6:10p Level 3/ Gargia Forest Tennant, MD, Drivel Sis-p - 6:10p Level 3/ Gargia Forest Tennant, MD, Drivel Sis-p - 6:10p Level 3/ Gargia Forest Tennant, MD, Drivel Sis-p - 6:10p Level 3/ Gargia Forest Tennant, MD, Drivel Sis-p - 6:10p Level 3/ Gargia Forest Tennant, MD, Drivel Sis-p - 6:10p Level 3/ Gargia Forest Tennant, MD, Drivel Sis-p - 6:10p Level 3/ Gargia Forest Tennant, MD, Drivel Sis-p - 6:10p Level 3/ Gargia Forest Tennant, MD, Drivel Sis-p - 6:10p Level 3/ Gargia Forest Tennant, MD, Drivel Sis-p - 6:10p Level 3/ Gargia Forest Tennant, MD, Drivel Sis-p - 6:10p Level 3/ Gargia Forest Tennant, MD, Drivel Sis-p - 6:10p Level 3/ Gargia Forest Tennant, MD, Drivel Sis-p - 6:10p Level 3/ Gargia Forest Tennant, MD, Drivel Sis-p - 6:10p Level 3/ Gargia Forest Tennant, MD, Drivel Sis-p - 6:10p Level 3/ Gargia Forest Tennant, MD, Drivel Sis-p - 6:10p Level 3						
PHM-06 Calling in the Marines: Methadone, Ketamine, and Lidocaine PDM-12 Sponsored lunch program* Please check PAINWeek Mobile for details at m.painweek.org ASIPP-03 Risk Management, Complications, Options, and Outcomes of Interventions MMJ-03 Medicinal Cannabis: How Do You Distinguish Appropriate From Inappropriate Use? SiS-19 Mirror Mirror on the Wall: Reframing Diagnosis and Treatment of Chronic Pain MAS-05 Sailing to Byzantium: Geriatric Pain Management ASIPP-04 New Trends in Interventional Pain Control MMJ-05 What Constitutes Best Medical Practice With Medical Marijuana? MMJ-05 MMJ-05 Cannabis Point of Care Testing Evel 4/ Mont-Royal Ballroom MMJ-05 Mont-Royal Ballroom MMJ-05 Mont-Royal Ballroom MMJ-06 Castellana Ballroom MMJ-07 Castellana Ballroom MMJ-08 Mont-Royal Ballroom MMJ-09 What Constitutes Best Medical Practice With Medical Marijuana? MMJ-05 MMJ-05 Cannabis Point of Care Testing MMJ-05 Cannabis Point of Care Testing MMJ-06 Cannabis Point of Care Testing MMJ-07 The VA/Department of Defense (DDD) SCAN/ECHO Experience: Addiction and Chronic Pain MMJ-06 Cititical Documentation Skills (Encore) MMJ-06 Cititical Conundrum: Nightmares MMJ-06 Cititical Conundrum: Nightmares MICOAD Level 3/ Mont-Royal Ballroom MMJ-06 Level 3/ Mont-Royal Ballroom MIChael S. Saenger, MD Michael S.	atle, PhD	Martin D. Cheatle, Ph	Level 3/ Gracia 1	10:50 a – 11:50 a	Phenotypic and Genotypic	PCD-03
Please check PAINWeek Mobile for details at m.painweek.org ASIPP-03 Risk Management, Complications, Options, and Outcomes of Interventions MMJ-03 Medicinal Cannabis: How Do You Distinguish Appropriate From Inappropriate Use? SIS-19 Mirror Mirror on the Wall: Reframing Diagnosis and Treatment of Chronic Pain MAS-05 Sailing to Byzantium: Geriatric Pain Management ASIPP-04 New Trends in Interventional Pain Control MMJ-04 What Constitutes Best Medical Practice With Medical Marijuana? MMJ-05 Cannabis Point of Care Testing MMJ-05 Chanabis Point of Care Testing MMJ-05 The VA/Department of Defense (DoD) SCAN/ECHO Experience: Addiction and Chronic Pain MDL-04 Critical Documentation Skills (Encore) MMJ-04 Critical Documentation Skills (Encore) MMJ-05 Clinical Conundrum: Nightmares Brera Ballroom Bread Ballroom Level 3/ Level 3/ Level 4/ Mont-Royal Ballroom Michael S. Saenger, MI Castellana Ballroom Michael S. Saenger, MI Castellana Ballroom Bread Ballroom Mont-Royal Ballroom Bread Ballroom Mont-Royal Ballroom M	5, CPE, FASPE PharmD, CPE	PharmD, BCPS, CPE, F James B. Ray, PharmE	Level 4/ Nolita 1	10:50 a – 11:50 a	Calling in the Marines: Methadone, Ketamine,	рнм-06
and Outcomes of Interventions MMJ-03 Medicinal Cannabis: How Do You Distinguish Appropriate From Inappropriate Use? SIS-19 Mirror Mirror on the Wall: Reframing Diagnosis and Treatment of Chronic Pain MAS-05 Sailing to Byzantium: Geriatric Pain Management ASIPP-04 New Trends in Interventional Pain Control MMJ-04 What Constitutes Best Medical Practice With Medical Marijuana? MMJ-05 Cannabis Point of Care Testing WHA-03 The VA/Department of Defense (DoD) SCAN/ECHO Experience: Addiction and Chronic Pain MDL-04 Cinical Conundrum: Nightmares SIS-20 Clinical Conundrum: Nightmares Castellana Ballroom MMJ-04 Castellana Ballroom Mont-Royal Ballroom AsiPP-05 Level 3/ Gracia 5 Level 3/ Gracia 5 Level 4/ Mont-Royal Ballroom Mont-Royal Ballroom Gilbert J. Fanciullo, ME Mont-Royal Ballroom Mont-Royal Ballroom Mont-Royal Ballroom Schylecho Experience: Addiction and Chronic Pain MDL-04 Critical Documentation Skills (Encore) SiS-20 Clinical Conundrum: Nightmares SiS-10p - 6:10p Level 3/ Castellana Ballroom Gregory T. Carter, MD. Hont-Royal Ballroom Michael S. Saenger, MI Castellana Ballroom Michael S. Saenger, MI Mont-Royal Ballroom Michael S. Saenger, MI Mont-Royal Ballroom Mont-Royal Ballroom Gilbert J. Fanciullo, ME Mont-Royal Ballroom Mont-Royal Ballroom Gilbert J. Fanciullo, ME Mont-Royal Ballroom Mont-Royal Ballroom Gilbert J. Fanciullo, ME Mont-Royal Ballroom Gilbert J. Fanciullo, ME Mont-Royal Ballroom Mont-Royal Ballroom Gilbert J. Fanciullo, ME Mont-Royal Ballroom Mont-Royal Ballroom Mont-Royal Ballroom Gilbert J. Fanciullo, ME Mont-Royal Ballroom Gilbert J. Fanciullo, ME Mont-Royal Ballroom Mont-Royal			O	12:00 p – 1:30 p	Please check PAINWeek Mobile for	PDM-12
How Do You Distinguish Appropriate From Inappropriate Use? SIS-19 Mirror Mirror on the Wall: Reframing Diagnosis and Treatment of Chronic Pain MAS-05 Sailing to Byzantium: Geriatric Pain Management ASIPP-04 New Trends in Interventional Pain Control MMJ-04 What Constitutes Best Medical Practice With Medical Marijuana? MMJ-05 Cannabis Point of Care Testing REG-05 My Aching Feet! VHA-03 The VA/Department of Defense (DoD) SCAN/ECHO Experience: Addiction and Chronic Pain MDL-04 Critical Documentation Skills (Encore) SIS-20 Clinical Conundrum: Nightmares Mont-Royal Ballroom Mont-Royal Ballroom Mont-Royal Ballroom Michael S. Saenger, ME 2:40p - 2:40p Level 3/Gracia 5 Level 3/ Castellana Ballroom Michael S. Saenger, ME Michael S. Saenger Michael S. Saenger Michael S. Saenger Michael S. Saenger Micha	en, MD, DABPP, FIPP	Hans C. Hansen, MD,	O	1:40 p - 2:40 p	• • • • • • • • • • • • • • • • • • • •	ASIPP-03
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Pain Control MMJ-O4 What Constitutes Best Medical Practice With Medical Marijuana? MMJ-O5 Cannabis Point of Care Testing REG-O5 My Aching Feet! VHA-O3 The VA/Department of Defense (DoD) SCAN/ECHO Experience: Addiction and Chronic Pain MDL-O4 Critical Documentation Skills (Encore) SIS-20 Clinical Conundrum: Nightmares Castellana Ballroom Level 4/ Mont-Royal Ballroom Level 4/ Mont-Royal Ballroom Level 3/Gracia 5 Liana Seldin, DPM Level 4/Nolita 3 Ilene R. Robeck, MD Michael S. Saenger, ME Debra K. Weiner, MD Level 3/Gracia 3 Jennifer Bolen, JD Gary W. Jay, MD, DAA Castellana Ballroom	er, MD	Debra K. Weiner, MD	Level 3/ Gracia 5	1:40 p - 3:40 p	• .	MAS-05
Medical Marijuana? Mont-Royal Ballroom MMJ-05 Cannabis Point of Care Testing 4:00p - 5:00p Level 4/ Mont-Royal Ballroom REG-05 My Aching Feet! VHA-03 The VA/Department of Defense (DoD) SCAN/ECHO Experience: Addiction and Chronic Pain MDL-04 Critical Documentation Skills (Encore) SIS-20 Clinical Conundrum: Nightmares Mont-Royal Ballroom Level 4/ Mont-Royal Ballroom Level 3/Gracia 5 Liana Seldin, DPM Level 4/Nolita 3 Ilene R. Robeck, MD Michael S. Saenger, ME Debra K. Weiner, MD Level 3/Gracia 3 Jennifer Bolen, JD Gary W. Jay, MD, DAA Castellana Ballroom	en, MD, DABPP, FIPP	Hans C. Hansen, MD,	0	2:50 p - 3:50 p		ASIPP-04
REG-O5 My Aching Feet! 4:00p - 5:00p Level 3/Gracia 5 Liana Seldin, DPM VHA-O3 The VA/Department of Defense (DoD) 4:00p - 5:00p Level 4/Nolita 3 llene R. Robeck, MD Michael S. Saenger, ME Addiction and Chronic Pain Debra K. Weiner, MD MDL-O4 Critical Documentation Skills (Encore) 4:00p - 6:00p Level 3/Gracia 3 Jennifer Bolen, JD SIS-20 Clinical Conundrum: Nightmares 5:10p - 6:10p Level 3/ Gary W. Jay, MD, DAA Castellana Ballroom	iullo, MD, MS	Gilbert J. Fanciullo, N	•	2:50 p - 3:50 p		ммЈ-04
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SIS-20 Clinical Conundrum: Nightmares 5:10p - 6:10p Level 3/ Gary W. Jay, MD, DAA Castellana Ballroom	enger, MD	Michael S. Saenger, N	Level 4/ Nolita 3	4:00 p – 5:00 p	SCAN/ECHO Experience:	VHA-03
Castellana Ballroom	, JD	Jennifer Bolen, JD	Level 3/ Gracia 3	4:00 p – 6:00 p	Critical Documentation Skills (Encore)	MDL-04
SIS-21 The Use of Inflammatory and Hormone 5:10p - 6:10p Level 3/Gracia 1 Forest Tennant, MD, Drl	иD, DAAPM, FAAPM	Gary W. Jay, MD, DA	•	5:10 p – 6:10 p	Clinical Conundrum: Nightmares	SIS-20
Biomarkers in Pain Management	, MD, DrPH, FACPM, MPH	Forest Tennant, MD, D	Level 3/ Gracia 1	5:10 p – 6:10 p	-	SIS-21
VHA-O4 The Power of Groups 5:10p - 6:10p Level 4/Nolita 3 llene R. Robeck, MD	c, MD	llene R. Robeck, MD	Level 4/ Nolita 3	5:10 p – 6:10 p	The Power of Groups	VHA-04

An overview for first-time conference attendees on the curriculum, faculty, satellite programs, and more.



Tuesday/9.2

6:00**p**-8:00**p**

LEVEL 4 Nolita 1

Heidi Allespach Martin D. Cheatle Seddon Savage Bernd Wollschlaeger

PAIN CAL CHEMICAL DEPENDENCY

Tues 9.2 **Fri** 9.5







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REACTION, OR
SUGGESTION
ABOUT
PAINWEEK?

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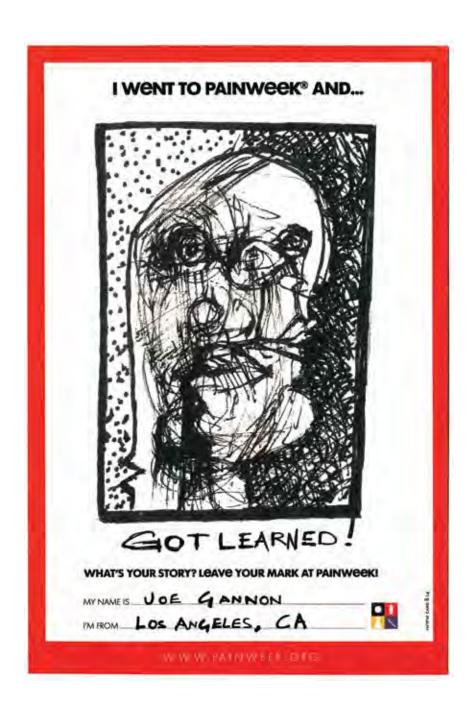
You'll find The Wall in the Belmont Commons, next to the Abstract Posters, together with a supply of personal canvases like this one.

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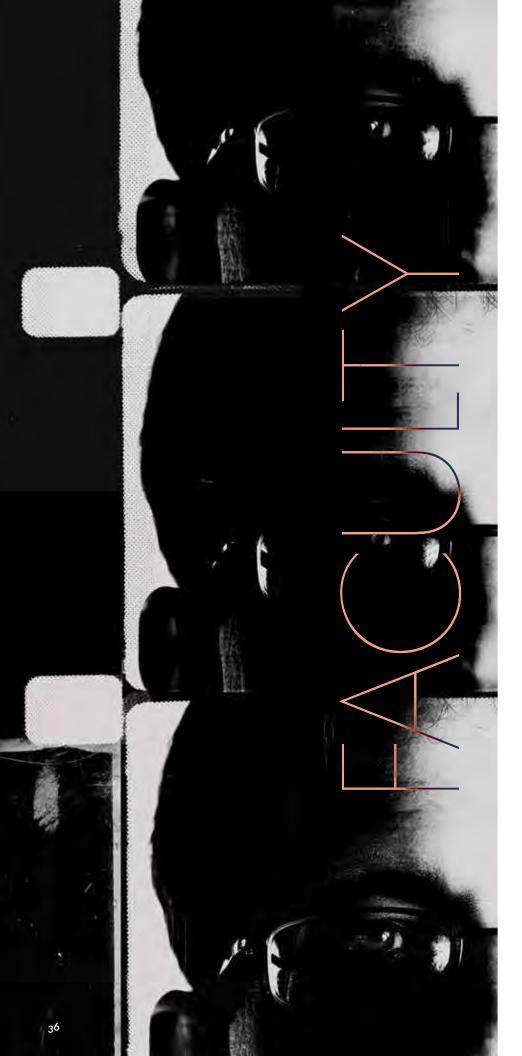


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september 2-6







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Nothing to disclose

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Nothing to disclose

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Nothing to disclose

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Nothing to disclose

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Nothing to disclose

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Nothing to disclose

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Baltimore, MD

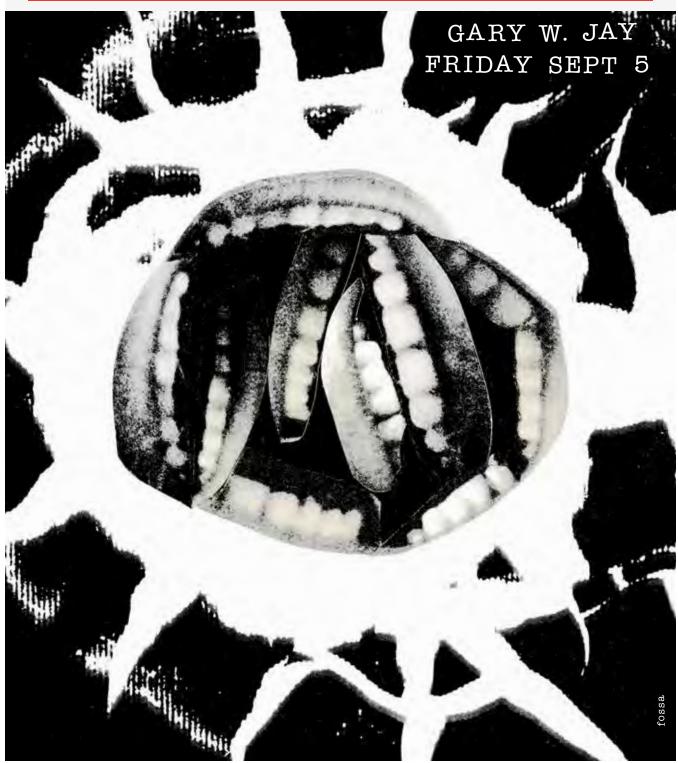
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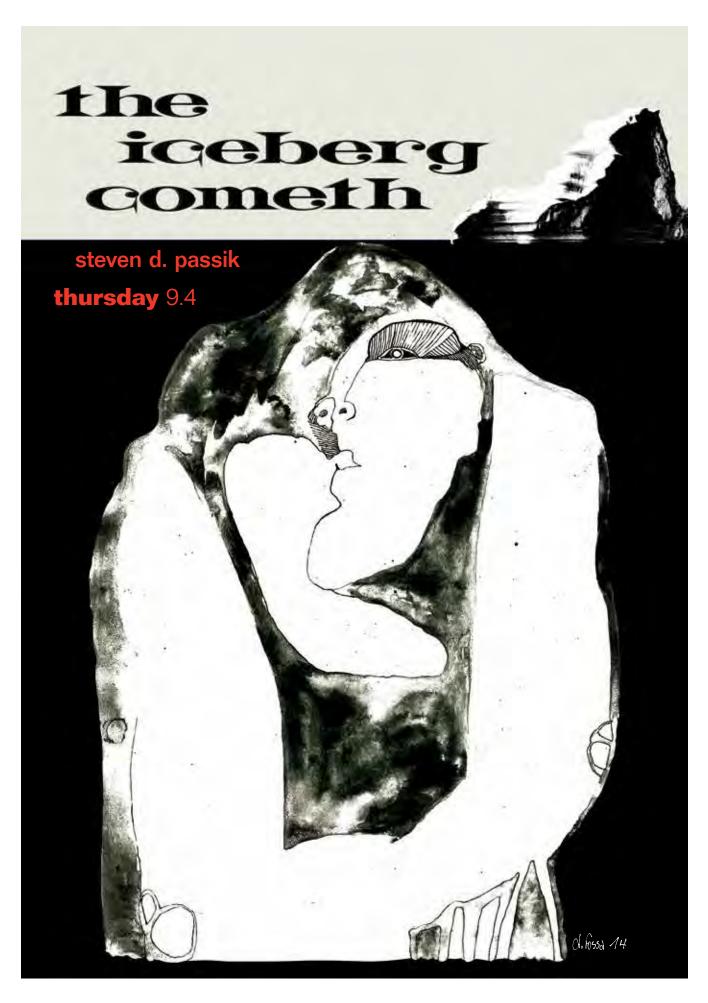
P. Michael Murphy, DBA, MBA

Coroner

Clark County Las Vegas, NV

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Srinivas Nalamachu, MD

Clinical Assistant Professor

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Kansas City, KS

President and Medical Director

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Consultant/Independent Contractor/Honoraria: Allergan, Inc.; AstraZeneca; Depomed, Inc.; Endo Pharmaceuticals Inc; Galena Biopharma; Grünenthal USA Inc.; INSYS Therapeutics, Inc.; Iroko Pharmaceuticals, LLC; Janssen Pharmaceuticals, Inc.; Mallinckrodt Pharmaceuticals; myoscience, Inc.; Purdue Pharma L.P.; Salix Pharmaceuticals, Inc.; Teva Pharmaceuticals Industries Itd.: Togenix. Inc.

Grant/Research Support: Endo Pharmaceuticals Inc.; Mallinckrodt Pharmaceuticals

Honoraria: Lilly USA LLC

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Nothing to disclose

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Nothing to disclose

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Consultant/Independent Contractor:

Iroko Pharmaceuticals, LLC

Grant/Research Support: Inspirion Pharmaceuticals; INSYS Therapeutics, Inc.; Johnson & Johnson Services, Inc.; Mundipharma International; Purdue Pharma L.P.
Speakers Bureau: AstraZeneca; Grünenthal USA Inc.; Iroko Pharmaceuticals, LLC; Janssen Pharmaceuticals, Inc.; Purdue Pharma L.P.

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Consultant/Independent Contractor/Honoraria:

Inspirion Pharmaceuticals; Iroko Pharmaceuticals, LLC; Mallinckrodt Pharmaceuticals; Purdue Pharma L.P. Speakers Bureau: Iroko Pharmaceuticals Stock Shareholder: Johnson & Johnson Services, Inc.

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 ${\color{red}\textbf{Consultant/Independent Contractor:}} \ {\color{red}\textbf{Alchemy Consulting,}} \\ {\color{red}\textbf{PC}}$

Speakers Bureau: Cadence Pharmaceuticals

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Nothing to disclose

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Nothing to disclose

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Nothing to disclose

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Nothing to disclose

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Pain Clinic San Francisco, CA

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Nothing to disclose

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Nothing to disclose

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Nothing to disclose

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Nothing to disclose

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Nothing to disclose

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Veract Intractable Pain Clinic

Editor

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Nothing to disclose

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Nothing to disclose

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Nothing to disclose

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Disclosure not submitted

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Vice President

Medical Affairs

Inflexxion Inc.

Newton, MA

Grant/Research Support: painACTION.com; PainEDU. org; Zogenix, Inc.

Stephen J. Ziegler, PhD, JD

Associate Professor of Public Policy

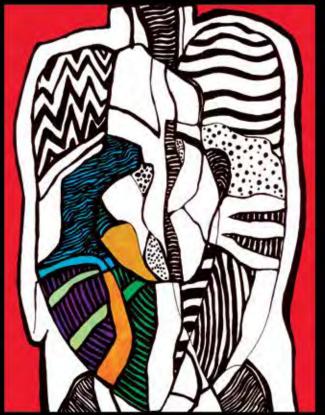
Indiana University-Purdue University

Department of Public Policy Fort Wayne, IN

, ,

Grant/Research Support: Purdue Pharma L.P.











religopathica ealactica: a highly interactive journey in pain management and education mary lynn mcpherson christopher m. herndon

tuesday 9.2

The Pain Educators Forum (PEF) is sponsored by Global Education Group and supported by an independent educational graph from Purching Pharma I.P.

MEDICAL

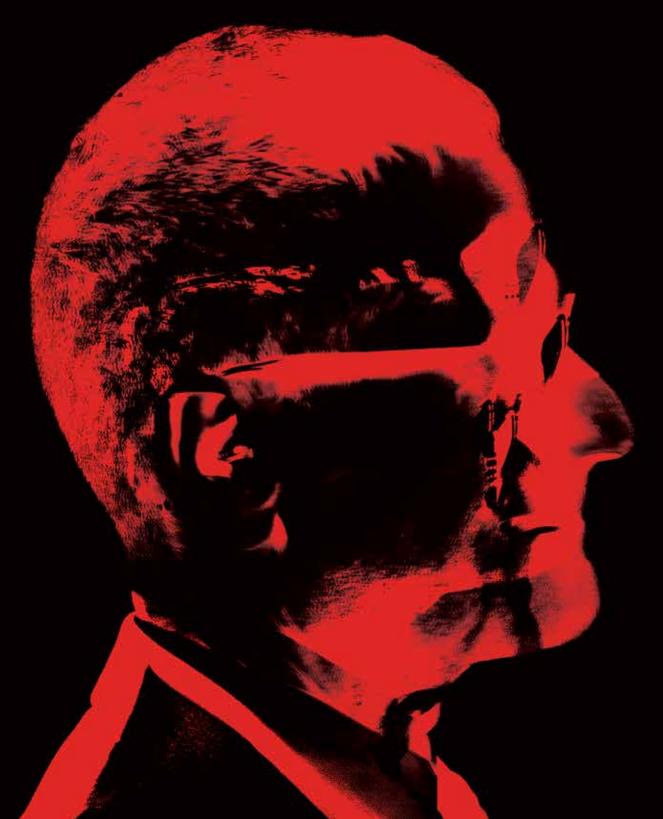


TUES 9.2 WED 9.3 SAT 9.6

LEGAL

SATELLITE EVENTS

Non-CME Activities | CME Activities





PAINWeek would like to thank our corporate and nonprofit partners for their participation in this year's satellite events. PAINWeek values its partnerships with these organizations and is appreciative of the supportive role that members of this community continue to play in our efforts to provide frontline practitioners with quality educational programs. These satellite events are not part of the official 2014 PAINWeek National Conference and are planned solely by the sponsoring organizations/companies.

These events include both certified and non-certified programs. Course descriptions for certified activities, faculty disclosures, and protocol for obtaining CE/CME credit will be provided by individual event organizers. Please contact the organizers for further details.

Seating is strictly limited for all events.

Preference may be given to preregistrants. If you are registered, please still plan on arriving at the door no later than 10 minutes prior to start time to ensure that your seat is held for you. A limited number of meals or refreshments will be served where indicated

Nonmedical professionals or members of industry may only be allowed to participate at the discretion of the program organizers. Typically organizers do not accommodate family members, office staff, or guests of health-care professionals.

There are no fees to attend any of these educational activities.

Information provided and opinions expressed have not involved any verification of the findings, conclusions, and opinions by PAINWeek. Opinions expressed by speakers do not necessarily reflect those of PAINWeek. No responsibility is assumed by PAINWeek for any injury and/ or damage to persons or property as a matter of products liability, negligence or otherwise, or from any use or operation of any methods, products, instruction, or ideas contained in the material herein. Because of the rapid advances in the medical sciences, PAINWeek recommends that independent verification of diagnoses and medication dosages should be made by each healthcare professional.

Information provided was accurate as of press time. For the most up-to-date information please visit m.painweek.org.

NON-CME ACTIVITIES

(not certified for credit)

Events listed in chronological order.

PDM Programs—Product Theatre, Disease Awareness, and Medical Information

BREAKFAST PDM

Extended-Release Opioids for Pain Management: A Roundtable Discussion

Supported by an educational grant from Zogenix, Inc.

Bradley S. Galer, MD; Michael J. Brennan, MD; Martin D. Cheatle, PhD; Ajay D. Wasan, MD, MSc

Course Code: PDM-01

Wednesday/9.3 8:10a - 9:10a Level 3/Castellana Ballroom

Breakfast will be served.

Contact: Angela Casey, (203) 323-5945, acasey@pharmacomgroup.com

BREAKFAST PDM

The First Buprenorphine Analgesic Transdermal System Sponsored by Purdue Pharma L.P.

Jeffrey A. Gudin, MD

Course Code: PDM-02

Wednesday/9.3 8:10a - 9:10a Level 3/Brera Ballroom

Breakfast will be served.

Contact: Gina Perrone, (203) 588-7807, gina.perrone@pharma.com

IIINCH PDM

Optimizing Gabapentin: An Interactive Discussion on Treating PHN Across the Age Spectrum

Sponsored by Depomed, Inc.

Gerald Sacks, MD; Steven Simon, MD

Course Code: PDM-03

Wednesday/9.3 12:00p - 1:30p Level 3/Brera Ballroom

Lunch will be served.

Contact: Natalie Ocampo, (510) 744-8000, nocampo@depomed.com

LUNCH PDA

Current Thinking in OTC Analgesia: Patient Considerations and Practical Insights

Sponsored by McNeil Consumer Healthcare.

Charles P. Vega, MD (Chairman); Christopher M. Chappel, MD, FAAFP, CMD; Brett B. Snodgrass, MSN, APRN, FNP-C

Course Code: PDM-04

Wednesday/9.3 12:00p - 1:30p Level 3/Gracia 4

Lunch will be served.

Contact: Lori Jansen, (215) 273-8312, ljansen2@its.jnj.com

BREAKFAST PDM

Time to Move Beyond Laxative Therapy for Opioid Induced Constipation in Patients With Advanced Illness

Sponsored by Salix Pharmaceuticals, Inc.

Jeffrey A. Gudin, MD

Course Code: PDM-05

Thursday/9.4 8:10a - 9:10a Level 3/Brera Ballroom

Breakfast will be served.

Contact: Marlo Benevento, (201) 799-4861, marlo.benevento@prihcs.com

LUNCH PDM

Follow Your Nose: An Interactive Expert Review of Breakthrough Pain in Cancer (BTPc)

Sponsored by Depomed, Inc.

Jeffrey A. Gudin, MD; Srinivas Nalamachu, MD

Course Code: PDM-06

Thursday/9.4 12:00p - 1:30p Level 3/Brera Ballroom

Lunch will be served.

Contact: Natalie Ocampo, (510) 744-8000, nocampo@depomed.com

NON-CME ACTIVITIES

(Continued)

IUNCH PDM

My Grandma's Not a Zombie: Medication Monitoring and Pharmacogenetic Testing (PGT) Can Help Clinicians Individualize Safer Opioid Management

Sponsored by Millennium Laboratories.

Jeffrey Fudin, PharmD, FCCP; Anita Gupta, DO, PharmD; Kenneth L. Kirsh, PhD; Steven D. Passik, PhD

Course Code: PDM-07

Thursday/9.4 12:00p - 1:30p Level 3/Gracia 4

Lunch will be served.

Contact: Sherri Edell, (858) 451-3535, Sherri.Edell@millenniumlabs.com

BREAK PDM

Abuse-Deterrence Technology and Opioid Analgesics: Everyone's Responsibility

Sponsored by Purdue Pharma L.P.

J. David Haddox, DDS, MD

Course Code: PDM-08

Thursday/9.4 2:50p - 3:50p Level 3/Brera Ballroom

Refreshments will be served.

Contact: Aimee Devonport, (203) 588-7405, Aimee.Devonport@pharma.com

DINNER PDM

Botox® for Chronic Migraine: An Interactive Program Focusing on Patient Assessment and Diagnosis, Setting Appropriate PATIENT Treatment Expectations, and Featuring Hands-On Injection Training

This program is sponsored by Allergan, Inc.

Andrew Blumenfeld, MD

Course Code: PDM-13

Thursday/9.4 6:30p - 10:30p Level 3/Gracia 5-6

Dinner will be served.

Contact: Kelly Kramer, (732) 380-8440, kkramer@medforce.net

BREAKFAST PDM

Breakfast Screening of "Pain Matters" Documentary

Sponsored by Teva Pharmaceuticals.

Paul J. Christo, MD, MBA; Penney Cowan; Derek McGinnis; Melanie Rosenblatt, MD; Bob Twillman, PhD, FAPM

Course Code: PDM-09

Friday/9.5 8:10a - 9:10a Level 3/Brera Ballroom

Breakfast will be served.

Contact: Erica Fischer, (312) 729-4274, efischer@golin.com

LUNCH PDM

Advancing the Science of Analgesia with SoluMatrix® NSAIDs

Sponsored by Iroko Pharmaceuticals, LLC.

Jeffrey A. Gudin, MD

Course Code: PDM-10

Friday/9.5 12:00p - 1:30p Level 3/Brera Ballroom

Lunch will be served.

Contact: Richard Zimet, PhD, MPH, (267) 546-3024, RZimet@Iroko.com

BREAK PDN

Sponsored by Teva Pharmaceuticals.

Please refer to m.painweek.org for updated information.

Course Code: PDM-11

Friday/9.5 2:50p - 3:50p Level 3/Castellana Ballroom

Refreshments will be served.

Contact: Helen Maksymiw, (973) 401-1657, hmaksymiw@hlxusa.com

LUNCH PDM

Sponsored by Teva Pharmaceuticals.

Please refer to m.painweek.org for updated information.

Course Code: PDM-12

Saturday/9.6 12:00p - 1:30p Level 3/Brera Ballroom

Lunch will be served.

Contact: Alison Labombarda, (973) 401-1654, alabombarda@hlxusa.com

Please join us for a breakfast PDM program



Wednesday September 3, 2014

8:10 AM to 9:10 AM

Castellana Ballroom, Level 3 The Cosmopolitan of Las Vegas

This PDM program is neither sponsored by nor endorsed by PAINWeek® and does not offer CE/CME credits

REGISTRATION

There is no additional charge to attend this breakfast PDM program, however seating is limited. To preregister, please visit

www.surveymonkey.com/s/PAINWeek

Preregistration provides priority access to the program, but does not guarantee seating. We recommend arriving at the PDM program location early.

PROGRAM DESCRIPTION

Most health care providers (HCPs) agree that the balance of benefit: risk for extended-release and long-acting (ER/LA) opioids for severe chronic pain varies depending on the individual patient. However, where the balance lies in favor of prescribing these medications versus not prescribing them is not always clear. Therefore educated, well-meaning, and experienced HCPs often differ in their practices when it comes to selecting patients for ER/LA opioid treatment, and their subsequent management.

The Food and Drug Administration has taken several actions to address some of the risks associated with ER/LA opioids. These include requiring a single-system Risk Evaluation and Mitigation Strategy; making class-wide safety labeling changes to convey the risks associated with ER/LA opioids and the population in whom these drugs should be used; and requiring postmarketing studies. However, there is still debate about the role of ER/LA opioids for chronic noncancer pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate, which includes:

- The respective roles of ER/LA and immediate-release opioids
- Whether there should be a maximum:
 - Duration of opioid therapy
 - Daily opioid dose
- How HCPs should assess and manage patient risk prior to and during therapy with ER/LA opioids
- The role of abuse-deterrent ER/LA opioid formulations

A roundtable discussion with three pain management and addiction experts will shed light on these issues.

Supported by an educational grant from Zogenix, Inc.



AGENDA

7:40 AM - 8:10 AM **Registration and breakfast**

8:10 AM - 8:15 AM Welcome

Moderator

8:15 AM - 9:00 AM

Roundtable Discussion

Moderator and faculty

9:00 AM - 9:10 AM

Question-&-Answer Session

Moderator, faculty, and attendees

MODERATOR

Bradley S. Galer, MD Executive Vice President and Chief Medical Officer Zogenix, Inc. San Diego, California

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

Martin D. Cheatle, PhD

Director

Pain and Chemical Dependency Program **Center for Studies of Addiction Perelman School of Medicine** University of Pennsylvania Philadelphia, Pennsylvania Director

Behavioral Medicine Reading Health System West Reading, Pennsylvania

Ajay D. Wasan, MD, MSc

Professor of Anesthesiology and Psychiatry University of Pittsburgh Vice Chair for Pain Medicine Department of Anesthesiology UPMC Pain Medicine Pittsburgh, Pennsylvania

Faculty disclosures will be provided in the course handouts.

Please Join Us

for a Product Theater
Breakfast Presentation held at



Indication Statement

RELISTOR® is indicated for the treatment of opioid-induced constipation (OIC) in patients with advanced illness who are receiving palliative care, when response to laxative therapy has not been sufficient. Use of RELISTOR® beyond 4 months has not been studied.

Important Safety Information about RELISTOR

RELISTOR® (methylnaltrexone bromide) Subcutaneous Injection is contraindicated in patients with known or suspected mechanical gastrointestinal obstruction.

Cases of gastrointestinal (GI) perforation have been reported in adult patients with opioid-induced constipation and advanced illness with conditions that may be associated with localized or diffuse reduction of structural integrity in the wall of the GI tract (i.e., cancer, peptic ulcer, Ogilvie's syndrome). Perforations have involved varying regions of the GI tract (e.g., stomach, duodenum, or colon). Use RELISTOR with caution in patients with known or suspected lesions of the GI tract. Advise patients to discontinue therapy with RELISTOR and promptly notify their physician if they develop severe, persistent, or worsening abdominal symptoms.

If severe or persistent diarrhea occurs during treatment, advise patients to discontinue therapy with RELISTOR and consult their physician.

Use of RELISTOR beyond four months has not been studied.

Safety and efficacy of RELISTOR have not been established in pediatric patients.

The most common adverse reactions reported with RELISTOR compared with placebo in clinical trials were abdominal pain (28.5%), flatulence (13.3%), nausea (11.5%), dizziness (7.3%), diarrhea (5.5%), and hyperhidrosis (6.7%).

Please see complete Prescribing Information for RELISTOR at Salix booth #107.

PAINWeek 2014

Time to Move BEYOND LAXATIVE THERAPY for OPIOID INDUCED CONSTIPATION in Patients with ADVANCED ILLNESS

- Thursday, September 4, 2014 8:10 AM – 9:10 AM
- The Cosmopolitan of Las Vegas
 Brera Ballroom, Level 3
 Las Vegas, Nevada
- Jeff Gudin, MD

 Director, Pain and Palliative Care
 Englewood Hospital and Medical Center
 Englewood, New Jersey

This is a promotional event. CE/CME credit will not be available for this session.

In compliance with PhRMA guidelines, spouses or other guests are not permitted to attend company-sponsored programs. This promotional educational activity is brought to you by Salix Pharmaceuticals and is not certified for continuing medical education. The speakers are presenting on behalf of Salix Pharmaceuticals and must present information in compliance with FDA requirements applicable to Salix Pharmaceuticals.

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Thank you for your cooperation.



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AGENDA

6:30 PM Registration and Dinner

7:00 PM Introduction

Jeffrey A. Gudin, MD (Chair)

7:05 PM The Burden and Impact of

Opioid-Induced Constipation (OIC):

Proper Assessment and Management Strategies

Michael J. Brennan, MD

7:25 PM Insights into Newer, Targeted Pharmacotherapies for OIC

Jeffrey A. Gudin, MD

7:45 PM Interactive Case Presentation #1

Steven P. Stanos, DO

8:00 PM Interactive Case Presentation #2

Bill H. McCarberg, MD

8:15 PM Question-and-Answer Session

8:30 PM Conclusion of Program

FACULTY



Jeffrey A. Gudin, MD (Chair)

Director, Pain Management and Palliative Care Englewood Hospital and Medical Center Englewood, New Jersey



Michael J. Brennan, MD

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Bill H. McCarberg, MD

Adjunct Assistant Clinical Professor University of California, San Diego San Diego, California



Steven P. Stanos, DO

Associate Professor, Department of Physical Medicine and Rehabilitation Feinberg School of Medicine, Northwestern University Chicago, Illinois

ACCREDITATION AND CREDIT DESIGNATION STATEMENT

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

Voxmedia LLC designates this live activity for a maximum of 1.5 AMA PRA Category 1 Credit(s) $^{\text{IM}}$. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



This activity has been planned and implemented in accordance with the Accreditation Standards for Continuing Pharmacy Education of the Accreditation Council for Pharmacy Education (ACPE), through the co-sponsorship of Northeast Ohio Medical University and Voxmedia

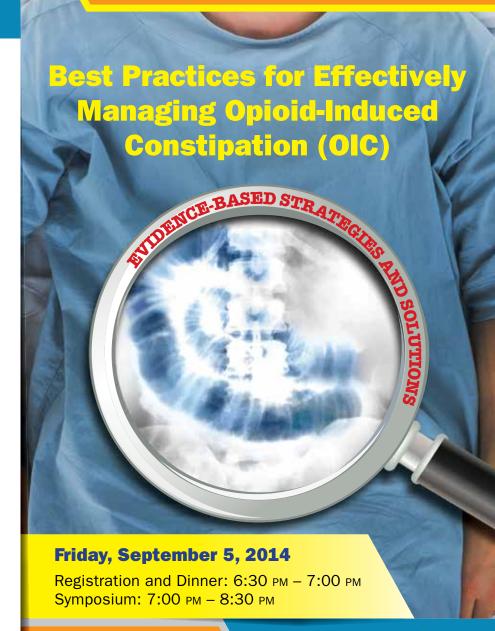
LLC. Northeast Ohio Medical University is accredited by the ACPE to provide continuing education for pharmacists.

This application-based activity has been assigned Universal Activity Number (UAN) 0479-9999-14-153-L01-P and will award 1.5 contact hours (0.15 CEUs) of continuing pharmacy education.

OhioMHAS Continuing Education Committee is an approved provider of Continuing Education for RNs for the Ohio Board of Nursing and awards 1.5 CE contact hours per OBN003 92-1819CO.

A program evaluation form must be completed in order to obtain credit.

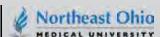
WWW.SYMPOSIAREG.COM/21418



The Cosmopolitan of Las Vegas
Brera Ballroom, Level 3
3708 S Las Vegas Blvd

Las Vegas, Nevada.







This activity is co-sponsored by Voxmedia LLC, Northeast Ohio Medical University, and Ohio Department of Mental Health and Addiction Services.

This activity is supported by an educational grant from AstraZeneca Pharmaceuticals LP.

This satellite symposium is neither sponsored by nor endorsed by PAINWeek®.

CME ACTIVITIES

(Certified for credit)

BREAKFAST SYMPOSIUM

Caring for Patients With Chronic Pain: Responsible Opioid Prescribing to Achieve Individualized Functional Goals

This activity is supported by an educational grant from Teva CNS and Endo Pharmaceuticals.

Michael J. Brennan, MD; Jeffrey A. Gudin, MD; Bill H. McCarberg, MD

Course Code: SYM-O1

Thursday/9.4 6:00a - 8:00a

Level 3/Gracia 4

Breakfast will be served.

Contact: Sean O'Toole, (646) 350-0906, sotoole@integritasgrp.com

SYMPOSIUM

Risk Evaluation and Mitigation Strategies (REMS) for Extended-Release and Long-Acting Opioids: Achieving Safe Use While Improving Patient Care

This CO*RE ER/LA Opioid REMS initiative is supported by an independent education grant from the ER/LA Opioid Analgesic REMS Program Companies (RPC). Please see www.er-la-opioidREMS.com for a listing of the member companies. This activity is intended to be fully compliant with the ER/LA Opioid Analgesic REMS education requirements issued by the FDA.

Charles E. Argoff, MD, CPE; Brett B. Snodgrass, MSN, APRN, FNP-C

Course Code: SYM-O2

Thursday/9.4 1:40p - 4:40p

Level 3/Gracia 3

No meal will be served.

Contact: Steve Biddle, (847) 375-6304, sbiddle@americanpainsociety.org

BREAKFAST SYMPOSIUM

Current Perspectives and New Developments in NSAID Therapy

This activity is supported by an educational grant from Iroko Pharmaceuticals.

Martin J. Bergman, MD, FACR, FACP; Joseph A. Markenson, MD, MACR

This activity is certified for credit.

Course Code: SYM-O3

Friday/9.5 6:30a - 8:00a

Level 3/Gracia 4

Breakfast will be served.

Contact: Valorie Thompson, (202) 244-7422, info@innovationsgroup.org

DINNER SYMPOSIUM

Best Practices for Effectively Managing Opioid-Induced Constipation (OIC): Evidence-Based Strategies and Solutions

Supported by an educational grant from AstraZeneca Pharmaceuticals LP.

Jeffrey A. Gudin, MD; Michael J. Brennan, MD; Bill H. McCarberg, MD; Steven P. Stanos, DO

Course Code: SYM-O4

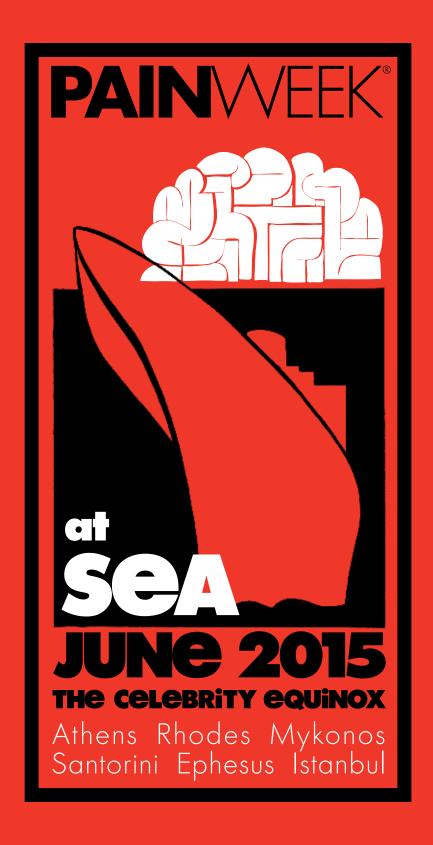
Friday/9.5 6:30p - 8:30p

Level 3/Brera Ballroom

Dinner will be served.

Contact: Attasha Nurse, (973) 467-0500, anurse@voxmedia.us

•• Travel and change of place impart new vigor to the mind. •• —Seneca





PAINVEEKS**









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REGISTER@WWW.PAINWEEKEND.ORG



Is the patient abusing the drug...

or is the drug abusing the patient?



Crime and Punishment

COURSE Descriptions

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American Academy of Pain Medicine

APS

American Pain Society

ASIPP

American Society of Interventional Pain Physicians

BHV

Behavioral Pain Management

COM

Communications

HCH

Health Coaching

Key

Keynote/Awards

MAS

Master Class Series

MDL

Medical/Legal

LMM

Medical Marijuana

NAD

National Association of Drug Diversion Investigators

NRO

Neurology

NRP

Nurse Practitioner

PAC

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PCD

Pain and Chemical Dependency

PDM

Product Theatre, Disease Awareness, Medical Information

Pef

Pain Educators Forum

PHM

Pharmacotherapy

POS

Poster Sessions/Podium Presentations

PREPEF

Pain Educators Forum Preconference Workshop

PTH

Physical Therapy

Reg

Regional Pain Syndromes

SiS

Special Interest Session

STR

Stress

SYM

Satellite Symposia

VHA

Veterans Health Administration

AAPM-01 The Brain in Pain

Sean Mackey, MD, PhD, CPE

Wednesday/9.3 9:20a - 10:20a

Level 3/Gracia 1

Committed to improving the science and practice of pain, this stimulating presentation advances the understanding of the neurophysiology of pain transmission in addition to improving clinicians' competence in performing pain assessments with a focus on anatomy, physiology, psychiatry, and pathology. Please note that CME/CE credit is provided by the American Academy of Pain Medicine.

AAPM-02 Headache Evaluation, Examination, and Treatment

Charles E. Argoff, MD, CPE

Wednesday/9.3 10:50a - 11:50a

Level 3/Gracia 1

Committed to improving the assessment, diagnosis, treatment, and management of chronic headache disorders, Dr. Argoff provides an update on the pharmacological, interventional, and advanced techniques being utilized for the treatment of chronic headache disorders. Please note that CME/CE credit is provided by the American Academy of Pain Medicine.

AAPM-03 Myofascial Pain Syndromes

R. Norman Harden, MD

Wednesday/9.3 1:40p - 2:40p

Level 3/Gracia 1

This presentation discusses the physiology, etiology, and clinical evaluation of myofascial pain, often seen in clinical practice, while providing clinicians with improved treatment techniques that correlate with improved outcomes for patients suffering from myofascial pain syndromes. *Please note that CME/CE credit is provided by the American Academy of Pain Medicine*.

AAPM-04 Neuropathic Pain

Sean Mackey, MD, PhD, CPE

Wednesday/9.3 2:50p - 3:50p

Level 3/Gracia 1

Highlighting the neuroanatomy of neuropathic pain pathways, Dr. Mackey's presentation addresses the complexities and impact of neuropathic pain and identifies its characteristics and mechanisms. A comprehensive overview will be provided of pharmacologic agents, both antineuropathic and overthe-counter, that can be used as an approach to delivering a comprehensive neuropathic pain treatment plan. Please note that CME/CE credit is provided by the American Academy of Pain Medicine.

APS-01 Is Pain a Women's Health Issue?

Roger B. Fillingim, PhD

Friday/9.5 9:20a - 10:20a

Level 4/Nolita 3

Women's health has become a major emphasis in health care and in biomedical research. However, chronic pain is not among the typical conditions included in the women's health discussion. As part of the American Pain Society track on Pain in Women, this presentation will make the case that chronic pain is indeed a women's health issue. Several chronic pain conditions (eg, dysmenorrhea, vulvodynia) are female specific, and abundant evidence suggests that women are at increased risk for many of the pain disorders that affect both sexes. Laboratory studies have also suggested that women and men perceive pain differently, which may contribute to sex differences in clinical pain. Multiple biological and psychosocial variables contribute to this including gonadal hormones, genetic influences, mood and coping, and stereotypic gender roles. In addition, some evidence suggests that certain pain treatments may be differentially effective in women vs men. Specifically, compared to men, women may show greater analgesia, as well as greater side effects, in response to opioids. Improved understanding of chronic pain as a women's health issue may allow clinicians to provide more effective pain management for women. The relevance of these findings for treating women with acute and chronic pain will be discussed.

APS-02 Vulvodynia: Clinical Profiles and Their Implications for Treatment

Georgine Lamvu, MD, MPH, FACOG

Friday/9.5 10:50a - 11:50a

Level 4/Nolita 3

Vulvodynia is characterized by chronic vaginal or vulvar pain. It affects nearly 14 million women in the US. In spite of its prevalence, vulvodynia is difficult to characterize, as patients often present with a variety of symptoms and physical examination findings. The diagnosis is made by exclusion of known vulvar disorders such as dermatoses or neoplasia. Not surprisingly, treatments for vulvodynia vary, and no one therapy has been found to be definitively effective. Multiple biopsychosocial factors are important in the development of vulvodynia resulting in a variety of phenotypes that present with the common symptom of pain. Understanding the clinical profiles of vulvodynia may lead to more individualized and effective therapies. This course will focus on current vulvodynia research with specific emphasis on the biologic mechanisms that are thought to play a role in the development and progression of chronic vulvar pain and will provide attendees with a broader yet more structured approach to diagnosing and treating vulvodynia. The presentation will also place vulvodynia in the setting of other chronic pain syndromes by outlining similarities or differences between patients with vulvodynia and patients with other chronic pain syndromes such as fibromyalgia and painful bladder syndrome.

APS-03 Chronic Pelvic Pain: Biopsychosocial Factors

Jennifer Hah, MD

Friday/9.5 1:40p - 2:40p

Level 4/Nolita 3

Chronic pelvic pain (CPP) encompasses a wide range of disorders of the urologic, gynecologic, gastrointestinal, musculoskeletal, and nervous system. In women, the reported prevalence of CPP ranges from 16% to 25%. Despite its prevalence, the cause of the pain often remains unclear after diagnostic laparoscopy, and pelvic pain persists despite surgical interventions such as hysterectomy. Also, patients often present with multiple diagnoses contributing to their pelvic pain, such as painful bladder syndrome in the presence of endometriosis, further complicating management. A practical review of female pelvic neuroanatomy will be provided for immediate application in the clinical setting. Neurological assessment of the genitalia and pelvic floor is essential to understanding the sources and pathways of referred pain. A concise review of common CPP conditions will be provided including endometriosis, pelvic congestion syndrome, coccydynia, and peripheral nerve entrapments. Urologic CPP syndromes (interstitial cystitis/painful bladder syndrome) will be discussed in further detail. These conditions have been ineffectively managed as end-organ diagnoses for many decades. However, the approach to evaluation and management of urologic CPP syndromes has evolved as clinicians have come to view these conditions as chronic pain syndromes. Central sensitization has been hypothesized to contribute to pain hypersensitivity in patients with urologic CPP syndromes. An introduction to the biopsychosocial dynamics of urologic CPP syndromes will be provided along with recommendations for a multidisciplinary approach to these patients.

APS-04 Persistent Pain After Breast Cancer Treatment

Robert R. Edwards, PhD, MSPH

Friday/9.5 5:10p - 6:10p

Level 4/Nolita 3

As part of the American Pain Society track on Pain in Women, this presentation will highlight the problem of persistent postoperative pain. Many studies have suggested that the development of chronic pain following breast surgery is strikingly common; reviews of the literature on mastectomy and lumpectomy indicate that persistent pain after breast surgery occurs in roughly half of patients, at a variety of sites. In a recent, large (over 3000 women) study over 2 years postsurgery, 47% continued to experience pain after breast cancer treatment. Patients report that pain is the most frequent and impairing symptom after breast surgery, and persistent pain has a substantial adverse impact on emotional and physical functioning and quality of life among women who have undergone surgical treatment of breast cancer. While the broad variability in long-term pain related outcomes following breast cancer treatment is well documented, until recently there has been a great deal of uncertainty about what differentiates women who develop persistent postoperative pain from those who do not. Surgical variables (eg, the amount of tissue removed or the size of the scar) and other treatment related factors do not seem to affect the degree of long-term postoperative pain. However, a variety

of psychosocial and sensory characteristics, assessed prior to surgery, can be used to classify women as being at higher or lower risk for long-term postsurgical pain. High levels of anxiety and pain catastrophizing, along with greater sensitivity to painful stimulation, seem to place women at elevated risk. Such findings have the potential to improve the management of pain after breast cancer treatment by allowing the tailoring of individualized treatments to those women at the highest risk. With effective use of a risk screening protocol, pain management could even be initiated prior to the operation.

ASIPP-01 Interventional Pain Management: What it Is and When to Refer

Sanford M. Silverman, MD

Saturday/9.6 9:20a - 10:20a

Level 3/Castellana Ballroom

Interventional pain medicine (IPM) is an integral part of comprehensive, multidisciplinary pain medicine. This lecture defines IPM and provides an introduction to the American Society of Interventional Pain Physicians (ASIPP). The rapidly expanding costs of health care will be discussed as well as the impact of pain management, specifically IPM. The cost-effectiveness of IPM vs surgical procedures will also be presented. Algorithms will be presented for the management of spinal pain; various diseases and conditions amenable to IPM will be identified; and the attendee will learn when to refer to a pain specialist who performs IPM.

ASIPP-02 Overview of Interventional Procedures

Sanford M. Silverman, MD

Saturday/9.6 10:50a - 11:50a

Level 3/Castellana Ballroom

This course is a comprehensive lecture on a vast array of interventional pain procedures. The neurobiology of pain and its transmission from nociception to interpretation will be discussed, and the specific impact of interventional pain medicine (IPM) in various areas of the nervous system will be clearly delineated. Presented will be the diagnosis, treatment, and interventional approaches of spinal pain, specific interventional techniques for head and neck pain and sympathetic and visceral pain, plus the various clinical syndromes amenable to IPM. Also to be discussed are the variety of peripheral nerve blocks and their indications and the management of musculoskeletal and joint pain and complex regional pain syndrome via IPM.

ASIPP-03 Risk Management, Complications, Options, and Outcomes of Interventions

Hans C. Hansen, MD, DABPP, FIPP

Saturday/9.6 **1:40p - 2:40p**

Level 3/Castellana Ballroom

In this lecture, the attendee will appreciate the risk/benefit ratio of interventional pain medicine (IPM). The primary care physician who also manages chronic pain will learn how to diagnose complications that may arise from IPM to include epidural hematoma, epidural abscess, vascular compromise, and neurologic compromise. The recent fungal and bacterial outbreaks involving steroid use will be discussed, as well as the FDA's recent position statement with specific warnings regarding epidural steroid injections and the position of the interventional pain community regarding this statement.

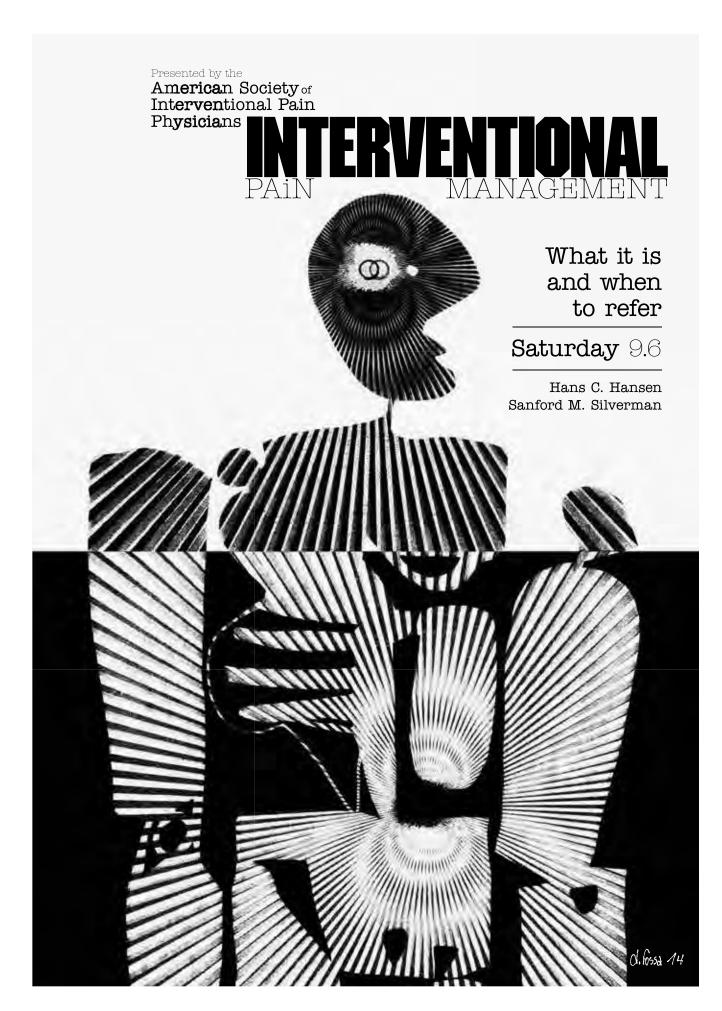
ASIPP-04 New Trends in Interventional Pain Control

Hans C. Hansen, MD, DABPP, FIPP

Saturday/9.6 **2:50p - 3:50p**

Level 3/Castellana Ballroom

A variety of painful conditions are amenable to interventional pain medicine (IPM), including but not limited to spinal stenosis, postlaminectomy syndrome, peripheral neuropathy, headache, and acute zoster infection with postherpetic neuralgia. There are a variety of new techniques to treat these conditions, which are specifically designed to prevent surgery, such as MILD procedure, occipital stimulation, X stop, and percutaneous disc decompression. Advances in neuromodulation will also be presented, as well as intravenous ketamine infusions recently introduced for severe chronic intractable pain syndromes such as complex regional pain syndromes. Biologics to include mesenchymal stem cells and platelet rich plasma are the latest in innovative alternatives to the treatment of chronic degenerative joint disease and musculoskeletal pain. The participant will understand how these biologics can be utilized to treat a variety of musculoskeletal painful conditions.



BHV-01 Biofeedback: Harnessing the Power Within to Improve Chronic Pain

Anthony A. Whitney, MS, LHMC, BCB

Tuesday/9.2 10:50a - 11:50a

Level 4/Nolita 1

This course will introduce biofeedback techniques and how they are utilized in the treatment of chronic pain. Early warning signs will be reviewed to help identify those individuals more likely to develop a pain disorder. Included in the discussion will be the importance of creating individualized biofeedback treatment plans incorporating various techniques and modalities that can be modified by the practitioner to meet needs as therapy progresses. Heart rate variability (HRV) biofeedback has multiple clinical applications such as management of pain and other medical and/or psychological symptoms. We will discuss HRV in depth and demonstrate how it is used in a clinical setting to help with pain management.

BHV-02 Dealing With "Dread to Treat" Patients: Recognition, Diagnosis, and Management of Addiction in the Office Based Setting

Heidi Allespach, PhD; Bernd Wollschlaeger, MD, FAAFP, FASAM

Tuesday/9.2 1:40p - 3:40p

Level 4/Nolita 1

Based on the literature as well as on personal anecdotes from countless pain medicine physicians, patients with substance use disorders (SUD) and especially those with comorbid chronic pain syndromes are some of the most difficult patients to treat. While these physicians see several "drug seeking" patients each day, few, if any, pain medicine providers have ever received formal training in addiction medicine. The following are all extremely important skills for the pain medicine physician to learn and implement into daily practice: differentiating addicts from those patients who have pain but who may be undertreated; managing patients with SUD in an office based setting; knowing when and where to refer; understanding the pharmacologic and nonpharmacologic management of opioid and other SUD; and understanding urine drug analyses. Also important is having an increased awareness of one's own biases and beliefs while maintaining healthy boundaries to avoid physician burn-out when treating this difficult patient population. This 2-hour seminar will assist participants in learning all of the above as well as many more aspects related to dealing with the patient with SUD in a pain medicine setting. The new DSM-V criteria for SUD will also be briefly reviewed.

BHV-03 Learning to Identify Behavioral Profiles Common in Patients Struggling With Chronic Pain

Anthony A. Whitney, MS, LHMC, BCB

Tuesday/9.2 2:50p - 3:50p

Level 4/Nolita 3

Stress levels and other factors—such as coping skills, negative and positive experiences, environment, self-awareness, and genetics—can contribute to an individual's response/adjustment to developing chronic pain. Chronic pain often exacerbates the maladaptive aspects of an individual's personality and can impair self-confidence, sense of identity, internal locus of control, and much more. Because behavioral profiles are not only derived from the individual receiving treatment, it is important to identify and be aware of the behavior profiles of providers, significant others, family, and close friends. This presentation will consider the relationship between stress and chronic pain and identify the behavioral profiles commonly associated with individuals suffering/recovering from chronic pain. Strategies, including biofeedback, will be explored with the goal of learning to enhance treatment and support options by increasing our ability to detect the type of behavioral profile and how to overcome the unique challenges associated with it. Once identified it is important to learn to predict and avoid the many pitfalls associated with the various types of behavioral profiles, as they can have a positive and/or negative impact on the treatment process, recovery prognosis, and possibly derail any good treatment plan.

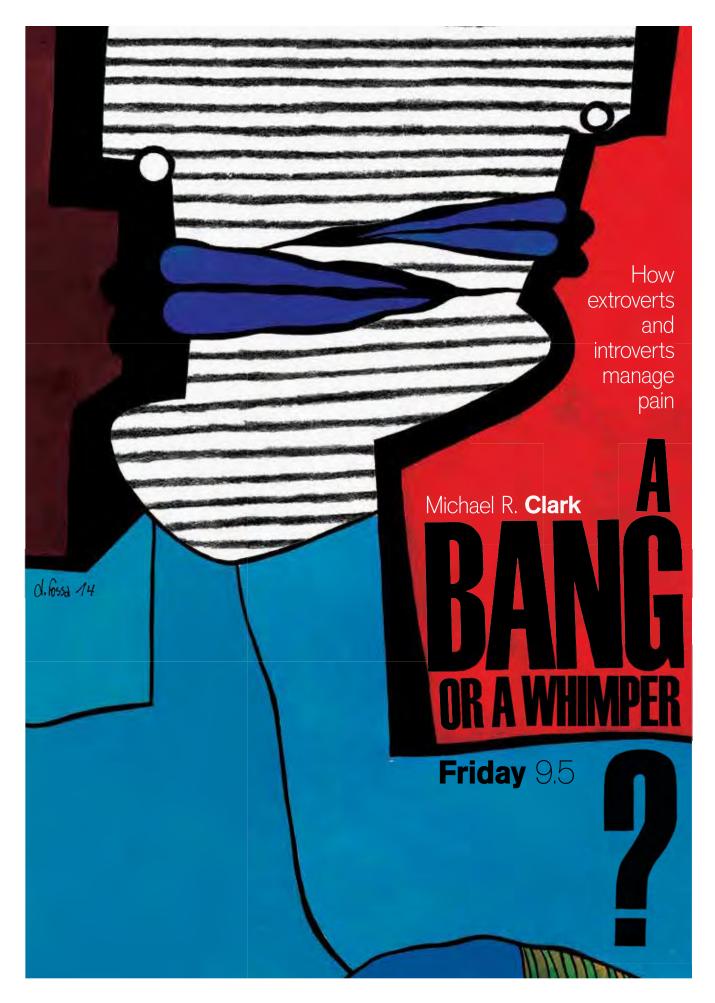
BHV-04 Biopsychosocial Aspects of Catastrophizing About Pain

Robert R. Edwards, PhD, MSPH

Friday/9.5 7:00a - 8:00a

Level 3/Gracia 5

Negative emotional factors play a key role in shaping individual differences in pain reports and pain outcomes. Catastrophizing is a pain specific psychosocial construct comprised of cognitive



and emotional processes such as helplessness, pessimism, rumination about pain related symptoms, and magnification of pain complaints. Overall, higher catastrophizing is a risk factor for long-term pain and for disproportionately negative consequences of pain (eg, worsening physical disability, medication misuse, and higher healthcare costs). Studies in patients with musculoskeletal pain conditions have indicated that catastrophizing is the most important pretreatment risk factor that impairs the effectiveness of pain relieving interventions. Catastrophizing appears to exert its effects via numerous pathways, including amplifying pain processing in the brain, increasing distress, modifying the social environment, and interfering with adaptive health behaviors such as exercise. Fortunately, several nonpharmacological treatment approaches have proven to be effective in reducing catastrophizing. Such treatments include cognitive behavioral therapy, acceptance and commitment therapy, exercise, and activity based physical therapy interventions. Improved assessment and targeting of pain related catastrophizing may allow healthcare providers to offer more effective pain management for patients with a variety of persistent pain conditions (eg, fibromyalgia, osteoarthritis, postoperative pain). The relevance of these findings for treating patients with acute and chronic pain will be discussed.

BHV-05 A Bang or a Whimper? How Extroverts and Introverts Manage Pain

Michael R. Clark, MD, MPH, MBA

Friday/9.5 9:20a - 10:20a

Level 4/Mont-Royal Ballroom

Personality traits are quantified across a dimension. Each trait endows an individual with certain strengths and weaknesses dependent on how much of the trait they possess and the contextual demands in which they are placed. While there is argument over the number of distinct traits that compose temperament, a working framework is necessary to "know" our patients. Being ill places a demand on every patient, and each unique temperamental profile determines response and predisposition to certain types of responses. Understanding how traits manifest under stress helps the practitioner predict and respond to the needs and reactions of their patients. Finding ways to guide and remediate patients with respect to their trait vulnerabilities is an active strategy in managing patients more effectively and improving outcome. In addition, helping patients match their strengths to the demands of specific tasks required for their health care and rehabilitation increases their own skills, which results in a sense of control over their own destiny and satisfaction with the ultimate outcome. As patients understand themselves better, they can successfully navigate the challenges of their lives.

BHV-06 Making Medications Work for Depression

Mark D. Sullivan, MD

Friday/9.5 10:50a - 11:50a

Level 3/Gracia 1

The assessment and treatment of depression in patients with chronic pain will be reviewed, including the following questions: How often do chronic pain and depression co-occur? Does the pain cause the depression or does the depression cause the pain? What does depression add to chronic pain? Does treating the pain treat the depression? How should you handle psych comorbidities? How should you shape your relationship with your patient?

BHV-07 Facilitating Treatment Adherence in Pain Medicine

Martin D. Cheatle, PhD; Douglas L. Gourlay, MD, MSc, FRCPC, FASAM; Howard A. Heit, MD, FACP, FASAM; Robert Newlin Jamison, PhD; Michael E. Schatman, PhD, CPE, DASPE

Saturday/9.6 8:10a - 10:10a

Level 3/Gracia 3

In an era where there has been rapid development of efficacious therapies for a number of chronic disorders, inadequate adherence to treatment regimens has led to less than satisfactory outcomes. Surveys of healthcare providers have revealed that one of the most discouraging features of their practice is patient nonadherence. In the field of pain medicine, in spite of developments of effective pharmacologic and nonpharmacologic interventions, the negative personal and societal impact of chronic pain continues to burgeon, in part related to nonadherence and relapse. A multidisciplinary panel will outline a conceptual model of adherence vs nonadherence as applied to pain management, review potential benefits of biomarkers and use of technology in monitoring and improving adherence, and discuss the ethical considerations of managing nonadherent patients.

COM-01 Presentation Skills

Scott Litin, MD

Tuesday/9.2 10:50a - 11:50a

Level 4/Nolita 3

The goal of this activity is to convince healthcare professionals that effective presentation skills are crucial to career advancement, teach them public speaking skills, and motivate them to work on developing these skills. After completing this session, participants should be able to organize a teaching presentation with special emphasis on an effective opening and strong closing; demonstrate presentation techniques; create and deliver their next presentation more effectively; and constructively criticize the future presentations of others.

COM-02 Presentation Skills (Encore)

Scott Litin, MD

Tuesday/9.2 4:00p - 5:00p

Level 4/Nolita 3

HCH-01 Coaching Techniques in Action: Coaching vs Directing

Rebecca L. Curtis, ACC

Tuesday/9.2 9:20a - 10:20a

Level 4/Nolita 2

Chronic pain patients are familiar with being told what to do and how to do it. When they are coached instead of directed, however, they discover latent strengths and learn how to employ their own aptitudes to create life-changing improvements in their lifestyle and approach to pain. This session includes a live coaching demonstration to illustrate the difference between coaching and directing.

HCH-02 Increasing Functionality With Pain Management Coaching

Rebecca L. Curtis, ACC

Tuesday/9.2 10:50a - 11:50a

Level 4/Nolita 2

Fear of movement, hopelessness, and lack of motivation bring the chronic pain patient to a halt. Pain coaching pioneer Becky Curtis shares insights on how chronic pain coaching provides the perfect environment for patients to unlearn habits and patterns that contribute to pain and rebuild their lives with life-long pain management strategies.

HCH-03 Coaching Techniques in Action: Coaching vs Directing (Encore)

Rebecca L. Curtis, ACC

Friday/9.5 4:00p - 5:00p

Level 3/Gracia 5

HCH-O4 Increasing Functionality With Pain Management Coaching (Encore)

Rebecca L. Curtis, ACC

Friday/9.5 5:10p - 6:10p

Level 3/Gracia 5

KEY-01 Keynote

Michael R. Clark, MD, MPH, MBA; Ethan Nadelmann, JD, PhD; Kevin L. Zacharoff, MD, FACIP, FACPE, FAAP

Wednesday/9.3 6:30p - 7:30p

Level 4/Mont-Royal Ballroom

Hosted by course director Michael R. Clark, the evening program features Keynote Speaker Ethan Nadelmann who addresses the ongoing drug wars and recent drug reforms in "The Sound and the Fury: What Ending the Drug War Looks Like." Additionally, Dr. Clark will present the PAINWeek Practitioner of the Year and Pain Educator of the Year awards, with Kevin L. Zacharoff presenting the PainEDU scholarship awards. Not certified for credit.

MAS-01 Differential Diagnosis of Back Pain

David M. Glick, DC, DAAPM, CPE, FASPE

Tuesday/9.2 1:40p - 3:40p

Level 4/Nolita 2

The prevalence of back pain continues in spite of the many treatments available, without any single treatment being a panacea. In routine clinical practice there has been a tendency of clinical examinations to become more cursory, largely influenced by increasing demands of time and arguably an overreliance upon technology. It has been suggested that the failure to adequately differentially diagnose the cause of back pain can account for clinical failures in treatment. The purpose of this discussion is to assist the clinician in the development of a more specific problem-focused examination that can enhance the differential diagnosis of specific pain generators, and therefore lead to more patient specific treatment. Attention will be given to considering all aspects of the examination, including physical assessment as well as imaging studies, and the ability to rationalize when pathologies seen on imaging studies may or may not be clinically significant. The importance of considering how failed treatments influence the differential diagnosis will also be discussed.

MAS-02 Hot Topics in Palliative Care

Mary Lynn McPherson, PharmD, BCPS, CPE, FASPE

Wednesday/9.3 10:50a - 11:50a

Level 4/Nolita 3

End-of-life pain and symptom management presents important clinical challenges and conundrums. "Pharmacomistakes," like the inappropriate use of benzodiazepines to treat delirium, are frequent in the care of patients with terminal illnesses and can worsen the delirium and family and patients' quality of life. Among other topics, the lecture will cover concerns about the use of antipsychotics to treat delirium in dementia patients, opioid tolerance, the appropriate management of nausea and vomiting, identifying who is a good candidate for transdermal fentanyl, and end-of-life glycemic control goals and anticoagulation therapy. For example, glycemic control goals should be liberalized at the end of life, provided the patient is not symptomatic; trying to achieve "normal" glycemic control puts undue stress on the patient and family and can increase the risk of hypoglycemia. Improving quality of life without sacrificing symptom management is essential when caring for this vulnerable population.

Attendees, those healthcare providers caring for patients with life-limiting illnesses, will walk away knowing how to address often thorny pharmacologic issues, and learn how to be a myth buster!

MAS-03 Orofacial Neuropathies

Peter A. Foreman, DDS, DAAPM; R. Norman Harden, MD

Friday/9.5 8:10a - 10:10a

Level 3/Gracia 5

Orofacial neuropathies, "atypical odontalgias," are commonly referred to as atypical facial pain or phantom tooth pain. They are problems that present difficult diagnostic and treatment challenges for dentists and others to whom they are often referred, such as endodontists, oral and ENT surgeons, neurologists, and even psychiatrists. Teeth may or not be present, and a history of unsuccessful procedures such as endodontia and surgery are common. A growing number of clinicians now consider that orofacial phantom pains may be related to phantom limb pain and involve central sensitization. The course will discuss this distressing condition, its incidence and possible causes, and options for prevention and management.

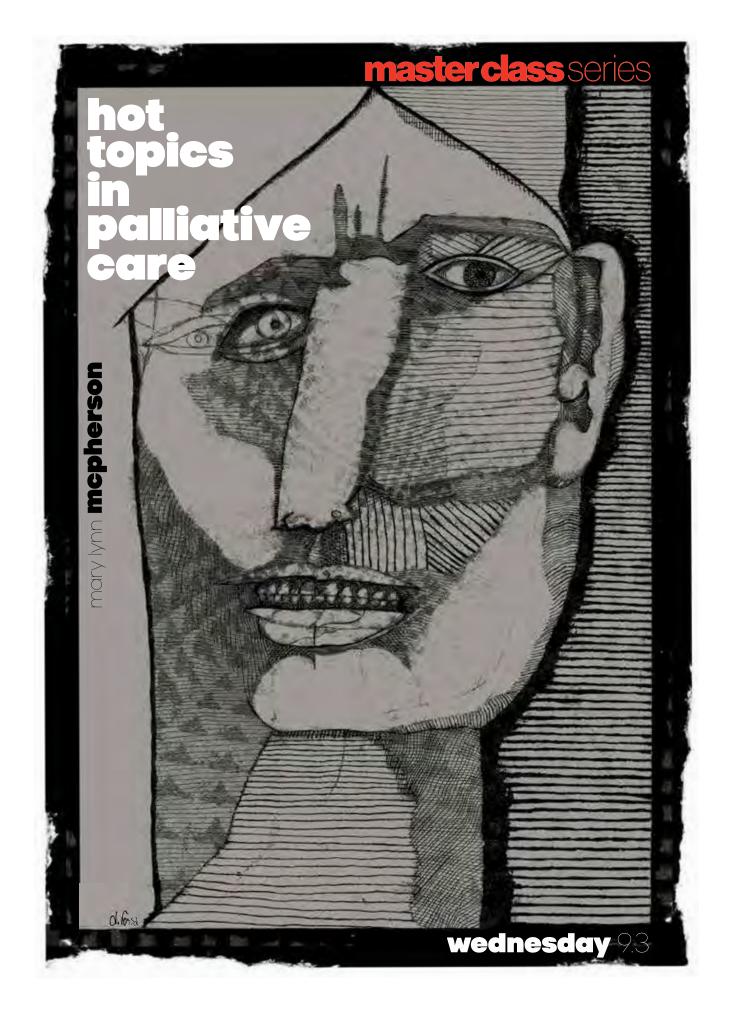
MAS-04 The Undead Dead Nerve: Treating the Neuropathic Apocalypse

Gary W. Jay, MD, DAAPM, FAAPM

Friday/9.5 1:40p - 3:40p

Level 3/Gracia 5

The Undead Dead Nerve is one that has died in function but persists in causing severe and unremitting pain and peripheral neuropathy. In this Master Class we examine ways the Undead Dead Nerve, even though "not alive," can induce relentless and hard to treat pain. In the second hour we discuss in detail how to deal with and treat the pain inflicted on patients who are the victims of these Undead Dead—dare we say Zomboid—Nerves.



MAS-05 Sailing to Byzantium: Geriatric Pain Management

Debra K. Weiner, MD

Saturday/9.6 1:40p - 3:40p

Level 3/Gracia 5

In this course, attendees will learn how to assess and evaluate geriatric patients with chronic pain, examine a stepped-care approach to treatment, and consider issues when dealing with the older adult with dementia. Evidence will be cited, but the focus will be clinical care. Older adults are an ever growing segment of our population; however, they are not simply a chronologically older version of younger patients with chronic pain. Understanding the differences can lead to not only improved care but potentially significant cost savings for the individual and society. Clinicians face challenges with these older adults, such as determining whether or not pain should be the primary management issue or if dementia should instead be the focus of evaluation and management. Older patients tend to be more psychologically robust so psychological interventions tend to be needed less frequently; but knowledge of drug-drug and drug-disease interactions is important in older adults. Adequate pain treatment can help with agitated behaviors in nursing home residents. The lecture will convey practical tools for taking care of patients.

MDL-01 Critical Documentation Skills

Jennifer Bolen, JD

Tuesday/9.2 8:10a - 10:10a

Level 3/Castellana 1

Providers have an ethical and legal duty to properly document the medical record. It is therefore imperative that providers understand the requirements for medical record documentation established by his/her state licensing board and by the state agency responsible for controlled substances. In addition, providers must understand federal law requirements associated with the prescribing of controlled substances, to include the use of multiple prescriptions for Schedule II controlled substances, prescribing under a DEA-X registration, and other matters related to the topic. Whether litigation involves administrative or criminal allegations, the medical record is central to disproving the allegations and minimizing the potential for significant legal consequences. This lecture is designed to review critical documentation requirements and provide examples of medical expert testimony regarding deficits in documenting prescribing rationale and overall care of patients with chronic opioid therapy.

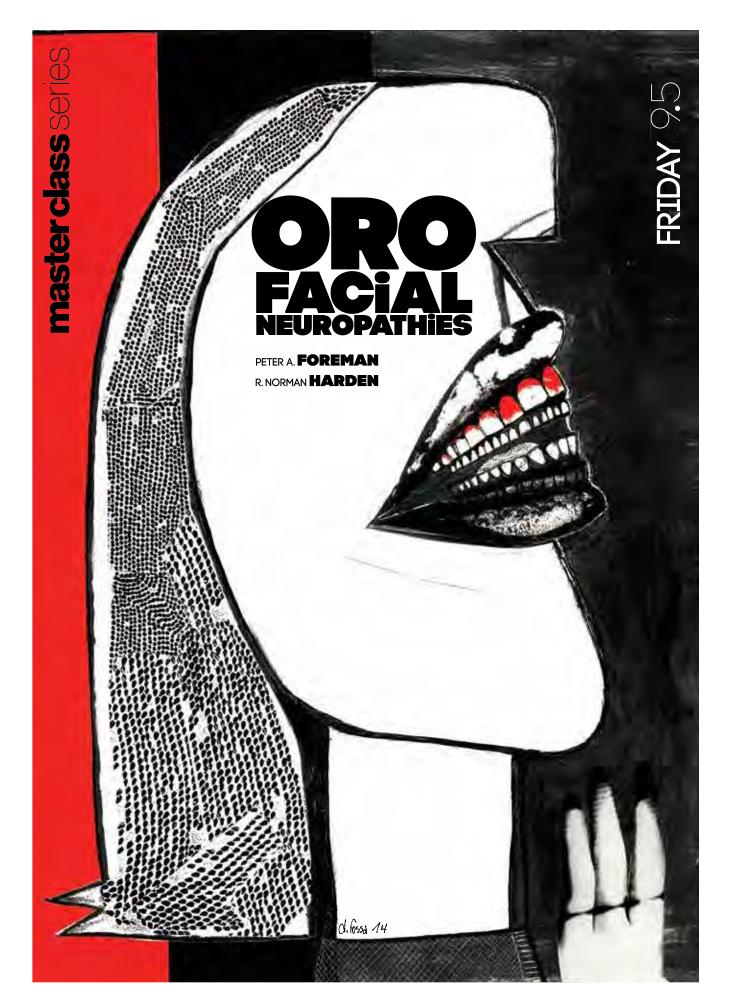
MDL-02 Physician Office Laboratories: Myths and Realities

Jennifer Bolen, JD

Tuesday/9.2 1:40p - 3:40p

Level 3/Castellana 1

Change is coming and it's important to stay current to minimize the potential of significant financial consequences. The therapeutic drug monitoring (TDM) laboratory space is under intense scrutiny stemming from a parade of fact patterns demonstrating significant fraud and abuse tied to clinical laboratory test utilization and inappropriate relationships between physicians and third parties. The potential consequences for inappropriate relationships and claims for reimbursement are significant. Solid compliance programs can minimize the potential of getting caught up in fraud schemes and inappropriate billing and claims for reimbursement. Drug testing policies can help the physician demonstrate medical necessity for TDM and related clinical laboratory testing. Attendees will learn of the changes coming to the Clinical Laboratory Fee Schedule and current procedural technology/healthcare common procedure coding system, or CPT/HCPCS, coding for 2015, as well as updates to coverage indications and limitations through newly adopted Medicare local coverage determinations and commercial medical policies governing TDM. Also presented will be how Stark law and state and federal antikickback laws impact relationships in the clinical laboratory space. The lecture will describe what auditors look for, what's true and not true with regard to coverage and reimbursement of clinical laboratory services, how to do a basic self-audit, and what types of relationships to avoid or postpone until proper due diligence is performed to ensure arm's-length transactions with laboratory vendors and reference laboratories.



MDL-03 Pain Management Prosecutions: A Survey of Cases and Medical Expert Testimony

Jennifer Bolen, JD

Wednesday/9.3 1:40p - 3:40p

Level 3/Gracia 3

Come view the world of pain management prosecutions through the eyes of a courtroom lawyer and nationally recognized legal expert in pain management and controlled substance prescribing. Take home an improved understanding of the influence of medical expert testimony on pain management prosecutions and the overall direction of pain management regulatory compliance issues. This course contains a survey of prosecutions against clinicians for inappropriate prescribing of controlled substances, with a focus on medical expert testimony. The primary educational purpose will be to help attendees understand the type of conduct that leads to trouble, and how to use these "lessons learned" to enhance current prescribing compliance protocols in a manner that preserves patient access to controlled medication where clinically appropriate. The secondary purpose will be to demonstrate through references to medical expert testimony today's clinical standard of care expectations, allowing attendees to create their own checklist of areas for practice improvement. The lecture will involve snap-shots of several court documents and extracted references from published case law/administrative decisions. We can learn from the mistakes of others and use those lessons to peer proof medical practice and documentation of the patient record.

MDL-04 Critical Documentation Skills (Encore)

Jennifer Bolen, JD

Saturday/9.6 **4:00p - 6:00p**

Level 3/Gracia 3

MMJ-01 Medical Marijuana in the Treatment of Central Nervous System Disorders

Charles E. Argoff, MD, CPE

Saturday/9.6 **8:10a - 9:10a**

Level 4/Mont-Royal Ballroom

This presentation discusses how medical marijuana (ingested cannabis) acts as a novel therapeutic agent in central nervous system disorders, including epilepsy, multiple sclerosis, Alzheimer's disease, and Parkinson's disease.

MMJ-02 The Changing Face of Cannabis in America: Medical vs Recreational Use

Michael E. Schatman, PhD, CPE, DASPE

Saturday/9.6 10:50a - 11:50a

Level 4/Mont-Royal Ballroom

In the current "war on opioids" era, many physicians who treat pain feel that they are without options. Through this symposium, physicians will learn how they can treat their patients with cannabinoids like cannabidiol, but not necessarily with marijuana or THC per se. At present, our pain management options are very limited for patients with difficult to treat pain and often lack an evidence basis. As the evidence basis of medical cannabinoids grows, providers of pain management services will want to be able to understand their options for treating challenging patients more adeptly. Attendees—any clinician interested in alternatives to standard pain treatment which are progressively gaining a stronger evidence base—will learn about legal, ethical, and clinical issues associated with medical cannabinoids from thought leaders in the field. Importantly, they will learn about the in-depth research that is finally being conducted on specific cannabinoids in the treatment of pain, with an emphasis on cannabidol.

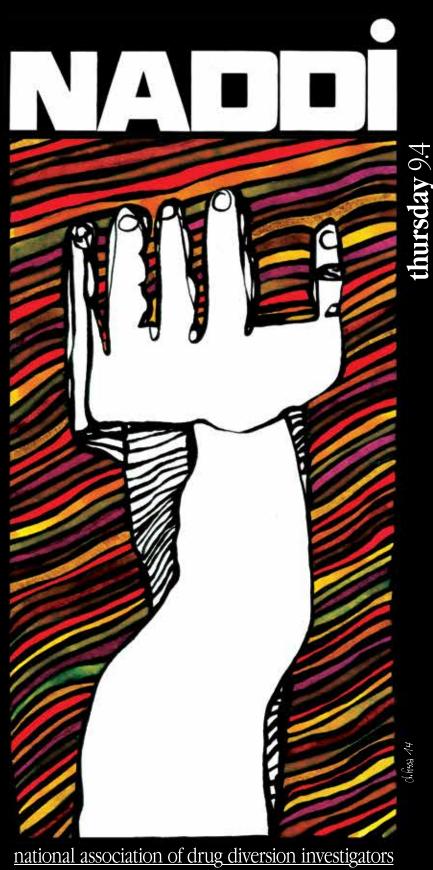
MMJ-03 Medicinal Cannabis: How Do You Distinguish Appropriate From Inappropriate Use?

Gregory T. Carter, MD, MS

Saturday/9.6 1:40p - 2:40p

Level 4/Mont-Royal Ballroom

This lecture reviews appropriate clinical applications of medicinal cannabis to treat various forms of chronic pain. This is followed by an in-depth discussion of how to evaluate and screen



john j. **burke** charles f. **cichon** lisa m. **mcelhaney** kimberly s. **new**

chronic pain patients to identify those in whom the use of cannabis would be legitimate, based on the current available evidence in the medical literature. Guidelines for proper medical record documentation will be discussed.

MMJ-04 What Constitutes Best Medical Practice With Medical Marijuana?

Gilbert J. Fanciullo, MD, MS

Saturday/9.6 **2:50p - 3:50p**

Level 4/Mont-Royal Ballroom

Are some patients better candidates than others for medical marijuana? What is the addiction potential for marijuana compared with, for example, nicotine, alcohol, and/or opioids? Due to its ubiquity with respect to receptors and its pleiotropic effects, for some patients marijuana may be useful for a number of conditions such as pain, posttraumatic stress disorder, anxiety, and irritable bowel syndrome. Its teratogenicity, however, negates its use in pregnant women. Which patients may benefit from the use of medical marijuana? How should you select patients most likely to benefit and at least risk of harm? What is the niche for medical marijuana? Attendees will learn what constitutes best medical practice for medical marijuana. For example, due to marijuana's potential for 72-hour residual effects, caution may be advised in prescribing to patients with various employment requirements.

MMJ-05 What Is Appropriate Degree of Cannabis Point of Care Testing?

Gilbert J. Fanciullo, MD, MS

Saturday/9.6 **4:00p - 5:00p**

Level 4/Mont-Royal Ballroom

Course description not provided by speaker prior to publication. Please refer to m.painweek.org for updated information.

NAD-01 Rx Abuse & Diversion 2014

John J. Burke

Thursday/9.4 9:20a - 10:20a

Level 4/Mont-Royal Ballroom

This presentation will address the current scope of the problem of Rx abuse from a law enforcement perspective, including a history of opiate abuse, the top drugs of abuse, their street value, and methods of ingestion.

NAD-02 Medical Marijuana—A Law Enforcement Perspective

John J. Burke

Thursday/9.4 10:50a - 11:50a

Level 4/Mont-Royal Ballroom

This course is a review of the short history compiled by law enforcement of the collaborative damage caused by making marijuana available for either "medical" or recreational use in the United States.

NAD-03 Perspectives on the Controlled Substance Diversion Epidemic

Kimberly S. New, BSN, JD

Thursday/9.4 1:40p - 2:40p

Level 4/Mont-Royal Ballroom

Course description not provided by speaker prior to publication. Please refer to m.painweek.org for updated information.

NAD-04 "A Call to Arms" on the Heroin Epidemic

Lisa M. McElhaney, BS

Thursday/9.4 4:00p - 5:00p

Level 4/Mont-Royal Ballroom

This is a presentation on the intensification of heroin usage across our communities and the various state and local efforts to combat the epidemic. It will include a breakdown of suggested new

programs and insurance reforms to improve treatment options for individuals suffering from heroin and opioid addiction; the measures created to strengthen penalties and to put in place additional tools for law enforcement to crack down on the distribution of illegal drugs; provisions to ensure the proper and safe use of naloxone, which can reverse the effects of a heroin overdose; and support for enhanced public awareness campaigns to prevent drug abuse. In addition, we will discuss current thoughts on "good Samaritan" protections to individuals who administer an opioid antagonist like naloxone. Many states are endeavoring to ensure that healthcare professionals can prescribe naloxone by non-patient-specific prescription, which would mean that police officers or other first responders would have greater access to this life-saving medicine.

NAD-05 Avoiding Opioid Prescribing Pitfalls—A NADDI Perspective

Charles F. Cichon

Thursday/9.4 5:10p - 6:10p

Level 4/Mont-Royal Ballroom

Physicians who treat patients with chronic nonterminal pain have been caught between a rock and hard place. In recent years physicians, particularly those who specialize in pain treatment, have been under increased scrutiny by law enforcement and state regulators. The crisis of opioid overdoses is real, and the numbers associated with it are striking. Investigation and prosecution of physicians for improperly prescribing opioids have some doctors looking over their shoulders. This presentation will include case studies of physicians charged with "overprescribing" and discuss how law enforcement reached that conclusion.

NRO-01 Small Fiber Neuropathies

Charles E. Argoff, MD, CPE

Thursday/9.4 9:20a - 10:20a

Level 3/Gracia 1

Approximately 40 million people in the United States suffer from peripheral neuropathy and a growing subset of those appear to suffer from small fiber neuropathy. This presentation will review the causes and symptoms of small fiber neuropathy, a grossly underappreciated painful disorder that frequently is manifested by chronic widespread pain. Symptoms—burning and shooting pain, allodynia, and hyperesthesia—may result from myriad diseases, including diabetes, thyroid dysfunction, sarcoidosis, vitamin B12 deficiency, HIV, and neurotoxic medications, among others; however, often no specific cause is determined. Data about treatment specifically for small fiber neuropathy remain sparse. Recent guidelines propose using antidepressants, anticonvulsants, opioids, topical therapies, and nonpharmacologic treatments. History and physical examination are primarily used to diagnose this condition. Functional neurophysiologic testing and intraepidermal nerve fiber density evaluation using skin biopsy should also be used to confirm the diagnosis, as many patients are misdiagnosed as having fibromyalgia and continue to experience pain. For up to 50% of patients, the diagnosis may, however, remain "idiopathic." In this course, emphasis will be placed on determining the underlying etiology so that treatment can be tailored as much as possible, including management of associated neuropathic pain.

NRO-02 A Tea Party in Hell: Unraveling the Mysteries of Celebrated Migraineurs

Gary W. Jay, MD, DAAPM, FAAPM

Thursday/9.4 10:50a - 11:50a

Level 3/Gracia 1

Between 20% and 30% of migraineurs have an associated aura prior to their headache. In the majority of cases it is visual in nature. In this lecture we will look at the pathophysiology of the migraine visual aura, as well as how it affected the work of some famous migraineurs (suspected or known), including Elvis Presley, Sigmund Freud, Claude Monet, and Julius Caesar! We will also evaluate the type of visual auras that are common and the patient's depictions of their migraine headaches.

NRO-03 Diagnosis and Management of Central Pain

Forest Tennant, MD, DrPH, FACPM, MPH

Thursday/9.4 1:40p - 2:40p

Level 3/Gracia 1

Central or "centralized" pain may result from a brain injury such as stroke or head trauma, rise "de novo" from a pain disorder such as fibromyalgia, or develop following a peripheral nerve

injury. The latter results from glial cell activation that produces neuroinflammation, neuroplasticity, and implanting of the memory of pain. Centralized pain may be concomitantly associated with peripheral pain. Profound hormone and autoimmune disorders may result. A clinical diagnosis of centralized pain is made if pain is constant, causes insomnia, episodic flares, and demonstrates excess sympathetic discharge. Treatment is with agents that directly affect the central nervous system and include pharmacologic agents, hormones, and electromagnetic measures.

NRO-04 Peripheral Neuropathies

Natalie H. Strand, MD

Thursday/9.4 4:00p - 5:00p

Level 3/Gracia 1

The pathophysiology of peripheral neuropathies will be reviewed in detail. We will review the anatomy of the nervous system to better understand peripheral neuropathies, and go over their clinical presentation. In addition, we will pay particular attention to the criteria that differentiate one neuropathy from anothe, review the most common causes of peripheral neuropathy, and discuss the best diagnostic tools and the best treatments for painful peripheral neuropathy.

NRO-05 Ketamine Infusion Therapy for Migraine Headaches

Natalie H. Strand, MD

Thursday/9.4 5:10p - 6:10p

Level 3/Castellana Ballroom

You can teach an old drug new tricks! In this course, we will briefly review the definition, pathophysiology, and clinical presentation of migraine headaches. We will then review the application of the anesthetic and analgesic drug ketamine. A review of recent literature regarding the use of ketamine and migraine headache will reveal the most useful way this treatment may be used to treat patients with refractory, chronic migraine. We will also cover selection criteria for patients who are good candidates for ketamine therapy and for patients who are not good candidates.

NRP-01 Pain Basics

Darren McCoy, FNP-BC, CPE

Wednesday/9.3 7:00a - 8:00a

Level 4/Nolita 3

Since more and more healthcare services are delivered by nurse practitioners, it is vital that they have a reasonable understanding of what challenges face them. NP training typically includes little information on treating pain, although it is pain (whether acute or chronic) that leads many patients to seek treatment. This session introduces participants to differences in treating acute vs chronic pain. Additionally, nonmedication treatments, nonnarcotic medication options, and special challenges pertaining to opioid management will be addressed. At the end of this session, participants will be able to describe 3 nonopioid treatment options for chronic musculoskeletal pain and rank 3 opioid medications from least-to-most potent.

NRP-02 The Importance of Chart Documentation: Through the Eyes of a Chart Reviewer

Brett B. Snodgrass, MSN, APRN, FNP-C

Wednesday/9.3 9:20a - 10:20a

Level 4/Nolita 3

Chart documentation is important in any practice, but even more so when working with chronic pain patients. This session will be taught by a nurse practitioner who specializes in chart review of inappropriate prescribing and overprescribing cases. What is being looked at? What is vital to every chronic pain chart? What must be included in your charts if they are ever called into question?

NRP-03 The Complex Pain Patient

Darren McCoy, FNP-BC, CPE

Wednesday/9.3 4:00p - 5:00p

Level 4/Nolita 3

At times, a nurse practitioner may be asked to take over management of a complex pain treatment case from another provider. Whether the case involves a patient who has been displaced due to natural disaster, a patient with multiple health comorbidities, or a patient on a high dose medication regimen, the NP must decide whether the case is one that can be handled within the protocols and/or state regulations of his/her own practice setting, and whether extra assistance may be needed to promote patient safety. This session introduces participants to some of the complex situations in which they may find themselves while treating patients with pain. The session will cover methods each participant may find useful to simplify complex pain management situations and to identify resources upon which the NP may call for further assistance. At the end of this session, participants will be able to calculate the potency of a complex opioid regimen via a web based tool and identify a rational method of simplifying a complex pain medication regimen.

NRP-04 Pharmacogenetics Testing for Safer Prescribing

Brett B. Snodgrass, MSN, APRN, FNP-C

Wednesday/9.3 5:10p - 6:10p

Level 4/Nolita 3

There continues to be great interest in the study of genetic defects of patients with chronic pain who have difficulty metabolizing opioids. Research shows that one-third of the Caucasian population in the US has a genetic defect in the cytochrome P450 (CYP450) enzyme system. The pain practitioner must suspect that a high percentage of patients will have a genetic defect in opioid metabolism. These patients will, therefore, require high doses of opioids and/or an "odd" regimen of drugs, which will inevitably include an opioid combined with at least one other drug class, such as benzodiazepines, stimulants, or antidepressants. This course will examine the newest genetic tests available for patients with chronic pain. Genomics testing can be a way to help navigate "difficult to treat" patients, allowing providers to know what medications patients may or may not be able to metabolize. For example, if a patient continually presents complaining of breakthrough pain, despite appropriate doses being used, genetic testing should be employed to determine if the patient is an ultra-rapid drug metabolizer, which would negate treatment effects. A genetic test would help determine the patient's potential drug reaction based on the presence of a specific genetic marker.

NRP-05 Distinguishing Dependence From Addiction

Cynthia F. Knorr-Mulder, MSN, BCNP, NP-C

Thursday/9.4 7:00a - 8:00a

Level 4/Nolita 3

The terms drug dependence and drug addiction are often used interchangeably, but this practice leads to confusion among professionals and patients regarding the diagnostic implications. Identifying clinical differences associated with dependence and addiction is key to optimal outcomes for pain patients receiving opioids. Stigmas and misconceptions regarding opioid addiction can be overcome. In this course you will learn to define key terms and differences associated with dependence and addiction, discuss patient and provider misconceptions regarding opioids, identify strategies to overcome stigmas and misconceptions regarding patients receiving opioids for pain management, and analyze case studies to distinguish red flag characteristics of addiction.

NRP-06 Treat vs Refer: What Is a Nurse Practitioner to Do?

Brett B. Snodgrass, MSN, APRN, FNP-C

Thursday/9.4 9:20a - 10:20a

Level 4/Nolita 3

As providers, we are equipped to treat many different patients with multiple comorbidities. Treating patients in pain can be difficult and at times frustrating. When should you refer your patients who are in pain? This session will help you make decisions about which patients may need referral, when to refer, and where to refer.

NRP-07 Integrative Approaches to Pain Management

Cynthia F. Knorr-Mulder, MSN, BCNP, NP-C

Thursday/9.4 4:00p - 5:00p

Level 4/Nolita 3

Integrative pain management is a multidimensional approach to chronic pain. It starts with a thera-

peutic relationship that combines the top interventional medical treatments with the best of behavioral therapies and allows the natural process and wisdom of ancient healing. The consequences of underrecognized, untreated pain can lead to a profoundly decreased quality of life. Pain experiences are often complex and multidimensional and require a multidisciplinary integrative approach to management. Follow the historical events of ancient Greek medicine and its influence on current therapeutic modalities. Learn how various modalities including massage, aromatherapy, reiki, tai chi, acupuncture, drumming, hypnotherapy, meditation, guided imagery, a healing environment, and the therapeutic relationship can improve outcomes, increase function and quality of life for patients with chronic pain. This course will conclude by exploring effective business models for integrative pain management programs in today's competitive and financially strained healthcare system.

NRP-08 Cost Containment

Darren McCoy, FNP-BC, CPE

Thursday/9.4 5:10p - 6:10p

Level 4/Nolita 3

While some fields of health care focus on curing diseases, pain management primarily involves the management, not elimination, of symptoms. As a result, many patients with pain will seek and receive treatment repeatedly, over several years. Since most patients pay only a portion of their pain management costs out of pocket, both they and their providers can lose sight of the overall economic impact of various diagnostic tests, interventional therapies, and medications used to assess and treat pain. This session will introduce data related to the economic impacts of selected aspects of diagnosis and treatment of pain. At the end of this session, participants will be able to distinguish whether or not a given diagnostic test is appropriate for a given clinical situation and compare relative costs of common long-term pain treatment.

PAC-01 Fear and Loathing in the Exam Room: Your Addicted Patient Is Waiting in Room 4

Jim Anderson, PA-C, MPAS, ATC, DFAAPA

Saturday/9.6 **7:00a - 8:00a**

Level 3/Gracia 5

Patients with pain and addiction present in every specialty. Sometimes they're the same patients, but sometimes they're not. The treatment of such patients is complicated by provider anxiety, unfounded fear of addiction, clinician bias and stereotyping, and lack of formal training. This often results in fear based prescribing, rather than evidence based practice with opiate agents. The mythology of the "drug seeker" also often drives unscientific clinician behavior, which is confounded by racial and other cultural myths. Combining increased pharmacology education, understanding how to use and apply DSM criteria, and using evidence based resources can enhance safe and scientific opiate prescribing. Optimizing patient safety, distinguishing opioid dependent patients from patients simply in need of treatment of pain, decreasing medication diversion, and keeping prescribers on the right side of regulatory and law enforcement bodies are the goals of this session.

PAC-02 Medical Errors in 3D: What PAs Can Do Before, During, and After to Enhance Patient Safety

Jim Anderson, PA-C, MPAS, ATC, DFAAPA

Saturday/9.6 10:50a - 11:50a

Level 3/Gracia 5

Much has been written about the impact of errors on patients. Most of the literature examines how they occur, the variety of ways that they are viewed, how to prevent them, and error disclosure. But after an error, then what happens to those who made it? This presentation examines the emotional impact of errors on those who make them, when the provider becomes what has been described as the "second victim." Using a case based scenario, the talk explores the commonly complex and multifactorial nature of medical errors, describes the predictable post error trajectory of events, and examines the challenge of self-forgiveness for providers following participation in potentially catastrophic medical errors.

PCD-01 When Medication and Intervention Are Not Enough

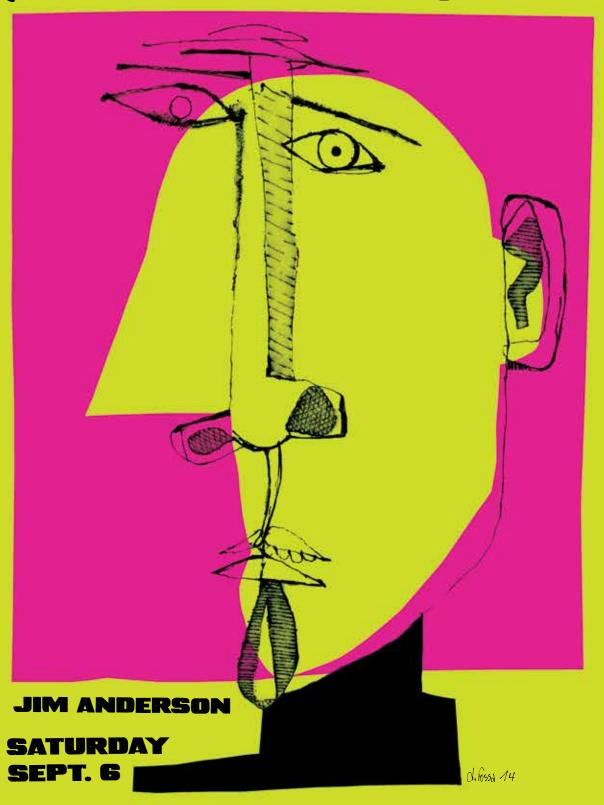
Heidi Allespach, PhD; Bernd Wollschlaeger, MD, FAAFP, FASAM

Tuesday/9.2 8:10a - 10:10a

Level 4/Nolita 3

FEAR AND LOATHING IN THE EXAM ROOM:

your addicted patient is waiting in room 4



While the majority of pharmacologic and interventional procedures used by pain medicine physicians to treat chronic nonterminal pain are efficacious in the reduction of discomfort, past research also indicates a strong role for nonpharmacologic techniques, such as cognitive behavioral therapy (CBT), which may be used as an adjuvant to more traditional forms of pain management. Indeed, evidence based reviews of the extant literature demonstrate the robust and successful effects of CBT on outcomes from a number of chronic pain syndromes and conditions. Unfortunately, for a wide variety of reasons, many of the patients who are referred by their pain medicine physicians for CBT never follow through with these recommendations. This 2-hour seminar will teach physicians 4 evidence based cognitive behavioral interventions they can immediately begin to administer in a time-limited setting to their patients with chronic nonterminal pain. In addition, strategies from both motivational interviewing and stages of change theoretical frameworks will be discussed. This highly interactive seminar will employ didactic, experiential, hands-on role play scenarios and case discussions to enable participants to feel confident and comfortable when utilizing these techniques with their patients.

PCD-02 The Patient Centered Opioid Treatment Agreement

Seddon R. Savage, MD, MS

Thursday/9.4 1:40p - 2:40p

Level 4/Nolita 3

Opioid medications are powerful in healing pain but they can also be powerful and harmful to patients when misused. Opioids have inherent qualities that may draw some patients unintentionally into a pattern of misuse and may lead to diversion by others. As opioid use for pain has increased over the past 2 decades, opioid related overdose deaths and addiction have also increased. Because of their dual nature, special care in prescribing and managing opioids is essential to optimizing outcomes. One tool that has emerged as helpful to many clinicians and patients in the management of opioids is the opioid treatment agreement (OTA). However, opioid agreements can sometimes seem coercive and potentially interfere in the provider–patient relationship. This session will explore the rationale for OTAs, detail content that can support patient centered care, improve provider–patient communication, and ultimately improve outcomes for the patient. The OTA will be discussed as a key to structuring and managing opioid therapy in a way that reduces stress and improves safety and comfort for both patient and provider. Current best practices in opioid therapy will be reviewed.

PCD-03 Pain and Addiction: Phenotypic and Genotypic Characteristics of Opioid Use Disorder

Martin D. Cheatle, PhD

Saturday/9.6 10:50a - 11:50a

Level 3/Gracia 1

Diagnosing abuse and addiction in patients with chronic pain on opioids is an arduous task. It is difficult to ascertain who will become problematic users of prescription opioids when initiating therapy. The attempts at mitigating this problem of predicting which patients are at risk for opioid use disorder (OUD), through the utilization of questionnaires and interview protocols, have been promising but not well validated. This presentation will review the literature on the behavioral and genotypic characteristics of patients with chronic pain who develop OUD. There is a growing body of evidence indicating that risk for OUD has substantial genetic origins. There has been considerable evidence from clinical and animal studies regarding the mu opioid receptor gene as critical to the rewarding and analgesic properties of opioid analgesics; however, any genetic predisposition is strongly influenced by psychosocial factors. A model of risk profiling based on specific psychosocial factors and genetic biomarkers will be discussed. Implications for preserving patients' access to pharmacologic agents to improve pain and quality of life while identifying patients at risk for addiction will be examined.

PDM-01 Extended-Release Opioids for Pain Management: A Roundtable Discussion

Michael J. Brennan, MD; Martin D. Cheatle, PhD; Bradley S. Galer, MD; Ajay D. Wasan, MD, MSc

Wednesday/9.3 8:10a - 9:10a

Level 3/Castellana Ballroom

Most health care providers (HCPs) agree that the balance of benefit:risk for extended-release and long-acting (ER/LA) opioids for severe chronic pain varies depending on the individual patient. However, where the balance lies in favor of prescribing these medications versus not prescribing them is not always clear. Therefore educated, well-meaning, and experienced HCPs often differ in their practices when it comes to selecting patients for ER/LA opioid treatment and their subsequent management.

The Food and Drug Administration has taken several actions to address some of the risks associated with ER/LA opioids. These include requiring a single-system Risk Evaluation and Mitigation Strategy; making class-wide safety labeling changes to convey the risks associated with ER/LA opioids and the population in whom these drugs should be used; and requiring postmarketing studies. There is still debate, however, about the role of ER/LA opioids for chronic noncancer pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate, which includes:

- The respective roles of ER/LA and immediate-release opioids
- Whether there should be a maximum duration of opioid therapy and/or daily opioid dose
- How HCPs should assess and manage patient risk prior to and during therapy with ER/LA opioids
- The role of abuse-deterrent ER/LA opioid formulations

A roundtable discussion with 3 pain management and addiction experts will shed light on these issues.

Supported by an educational grant from Zogenix, Inc. This activity is not certified for credit.

Breakfast will be served.

PDM-02 The First Buprenorphine Analgesic Transdermal System

Jeffrey A. Gudin, MD

Wednesday/9.3 8:10a - 9:10a

Level 3/Brera Ballroom

Join your colleagues for this informative Product Theater on The First Buprenorphine Analgesic Transdermal System. Full Prescribing Information, including Boxed Warning, will be distributed and discussed at the presentation.

Sponsored by Purdue Pharma L.P. This activity is not certified for credit.

Breakfast will be served.

PDM-03 Optimizing Gabapentin: An Interactive Discussion on Treating PHN Across the Age Spectrum

Gerald M. Sacks, MD; Steven Simon, MD

Wednesday/9.3 12:00p - 1:30p

Level 3/Brera Ballroom

Sponsored by Depomed, Inc. This activity is not certified for credit.

Lunch will be served.

PDM-04 Current Thinking in OTC Analgesia: Patient Considerations and Practical Insights

Christopher M. Chappel, MD, FAAFP, CMD; Brett B. Snodgrass, MSN, APRN, FNP-C; Charles P. Vega, MD

Wednesday/9.3 12:00p - 1:30p

Level 3/Gracia 4

Over-the-counter (OTC) analgesics are used for pain by millions of people every year. These medications are generally considered safe when used as directed. However, there are important practical considerations for healthcare providers when recommending OTC analgesics. During this interactive program, esteemed faculty will ask the audience to think beyond the symptom of pain and examine additional risk factors that may influence which OTC analgesic is most appropriate for use. Understanding the patient as a whole will help to ensure pain is managed effectively and safely according to the unique needs of each patient.

Sponsored by McNeil Consumer Healthcare. This activity is not certified for credit.

Lunch will be served.

PDM-05 Time to Move Beyond Laxative Therapy for Opioid Induced Constipation in Patients With Advanced Illness

Jeffrey A. Gudin, MD

Thursday/9.4 8:10a - 9:10a

Level 3/Brera Ballroom

Sponsored by Salix Pharmaceuticals, Inc. This activity is not certified for credit.

Breakfast will be served.

PDM-06 Follow Your Nose:

An Interactive Expert Review of Breakthough Pain in Cancer (BTPc)

Jeffrey A. Gudin, MD; Srinivas Nalamachu, MD

Thursday/9.4 12:00p - 1:30p

Level 3/Brera Ballroom

Sponsored by Depomed, Inc. This activity is not certified for credit.

Lunch will be served.

PDM-07 **My Grandma's Not a Zombie:**

Medication Monitoring and Pharmacogenetic Testing (PGT) Can Help Clinicians Individualize Safer Opioid Management

Jeffrey Fudin, PharmD, FCCP; Anita Gupta, DO, PharmD; Kenneth L. Kirsh, PhD; Steven D. Passik, PhD

Thursday/9.4 12:00p - 1:30p

Level 3/Gracia 4

Turning people into "Zombies" from side effects of opioids and polypharmacy has been highlighted in recent national media. Clearly there are challenges to safely treating chronic pain, particularly in the elderly, within the midst of the national crisis of prescription drug abuse.

Through case based learning, this session will highlight clinical and research experiences of clinicians Jeffrey Fudin, PharmD; Anita Gupta, DO, PharmD; Kenneth Kirsh, PhD; and Steven Passik, PhD, who will focus on the growing need to improve care for the treatment of chronic pain and common comorbidities such as anxiety and depression.

This session will examine the challenges of the medical management of chronic pain and offer practical tools and approaches for clinicians to individualize safe medication management and avoid problematic drug interactions. Incorporating medication monitoring and pharmacogenetic testing (PGT) may guide the strategic reduction of polypharmacy, drug-drug interactions, and support clinician choice of the right medication for optimal efficacy and minimal side effects. No more Zombies!

Current research on the application of pharmacogenetic testing in clinical practice settings will be reviewed, demonstrating the increasing body of evidence supporting individualized medication management with PGT.

Sponsored by Millennium Laboratories. This activity is not certified for credit.

Lunch will be served.

PDM-08 Abuse-Deterrence Technology and Opioid Analgesics: Everyone's Responsibility

J. David Haddox, DDS

Thursday/9.4 2:50p - 3:50p

Level 3/Brera Ballroom

Sponsored by Purdue Pharma L.P. This activity is not certified for credit.

Refreshments will be served.

PDM-09 Breakfast Screening of "Pain Matters" Documentary

Paul J. Christo, MD, MBA; Penney Cowan; Derek McGinnis; Melanie Rosenblatt, MD; Bob Twillman, PhD, FAPM

Friday/9.5 8:10a - 9:10a

Level 3/Brera Ballroom

"Pain Matters" is a Discovery Channel documentary exploring chronic pain, its individual and societal impact, and the future of pain management through the stories and struggles of 6 individuals living with pain and their loved ones, as well as perspective from leading national experts in pain management.

This program will begin with a screening of "Pain Matters" followed by a panel discussion with individuals featured in the film, moderated by Paul J. Christo, MD, MBA, Assistant Professor, Anesthesiology and Critical Care at Johns Hopkins University School of Medicine and Host of Aches and GainsTM on Sirius XM Radio. The panel discussion will explore patient and provider perspectives on pain management.

In order to maintain the professional and educational nature of our program, Teva is unable to accommodate family members, office staff, or other guests of healthcare professionals at our program. This is a non-CME event. Teva is required to disclose all items of value provided to healthcare providers and to disclose these amounts publicly. By attending this speaker program, you are accepting the disclosure of the cost of the meal.

Sponsored by Teva Pharmaceuticals. This activity is not certified for credit.

Breakfast will be served.

PDM-10 Advancing the Science of Analgesia With SoluMatrix® NSAIDs

Jeffrey A. Gudin, MD

Friday/9.5 12:00p - 1:30p

Level 3/Brera Ballroom

ZORVOLEX® (diclofenac) capsules are the first low dose FDA approved NSAID developed using proprietary SoluMatrix Fine Particle Technology™. ZORVOLEX contains diclofenac as submicron particles that are approximately 20 times smaller than their original size. The reduction in particle size provides an increased surface area, leading to rapid dissolution and absorption enabling treatment at lower doses. ZORVOLEX was developed to align with recommendations from FDA and several professional medical organizations that NSAIDs be used at the lowest effective dose for the shortest possible duration consistent with individual patient treatment goals. ZORVOLEX is indicated for the treatment of mild to moderate acute pain in adults. A supplemental New Drug Application seeking approval for the management of osteoarthritis pain is currently being reviewed by FDA.

Sponsored by Iroko Pharmaceuticals, LLC. This activity is not certified for credit.

Lunch will be served.

PDM-11 Sponsored Break Program

Friday/9.5 2:50p - 3:50p

Level 3/Castellana Ballroom

Please refer to m.painweek.org for updated information.

Sponsored by Teva Pharmaceuticals. This activity is not certified for credit.

Refreshments will be served.

PDM-12 Sponsored Lunch Program

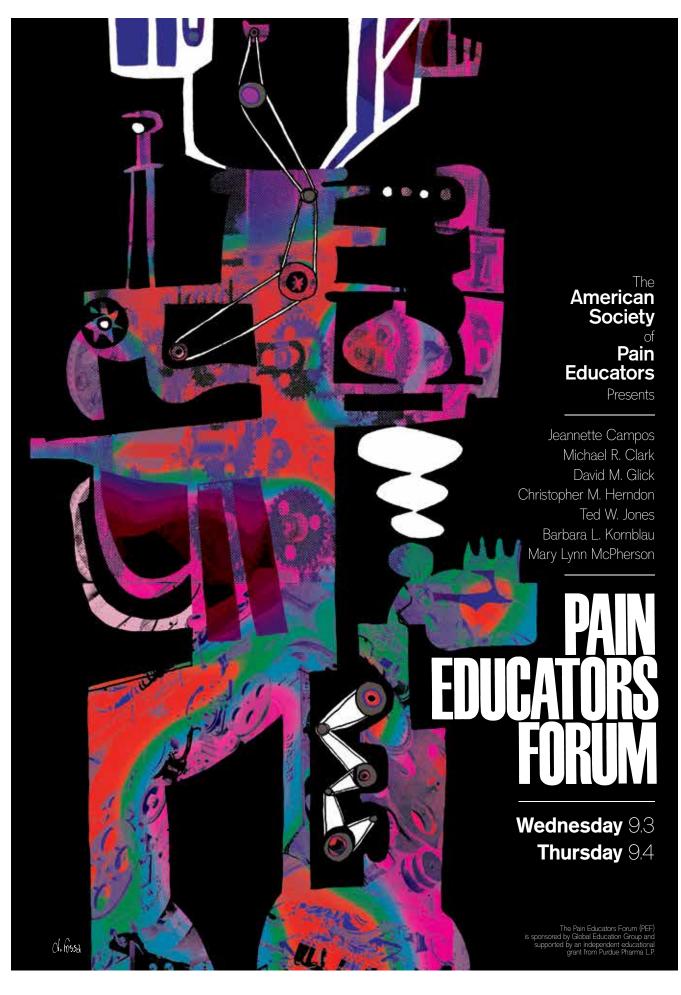
Saturday/9.6 **12:00p - 1:30p**

Level 3/Brera Ballroom

Please refer to m.painweek.org for updated information.

Sponsored by Teva Pharmaceuticals. This activity is not certified for credit.

Lunch will be served.



PDM-13 Botox® for Chronic Migraine: An Interactive Program Focusing on Patient Assessment and Diagnosis, Setting Appropriate PATIENT Treatment Expectations, and Featuring Hands-On Injection Training

Andrew Blumenfeld, MD

Thursday/9.4 6:30p - 10:30p

Level 3/Gracia 5

This program will offer expert clinical discussions focusing on the Chronic Migraine disease state, patient assessment, diagnosis, and treatment. The BOTOX® Injection Paradigm will be reviewed and training tips for identifying Chronic Migraine patients and setting treatment expectations will be discussed. During the Workshop, program attendees will gain first-hand experience with BOTOX® reconstitution in addition to practicing the BOTOX® Injection Paradigm on the CaMILE simulation tool.

This program is sponsored by Allergan, Inc. This activity is not certified for credit.

Dinner will be served.

Pain Educators Forum

This year, the Pain Educators Forum is comprised of 3 days. Day 1 consists of a full-day workshop, "Neuropathica Galactica: A Highly Interactive Journey into Pain Management and Education." Day 2 presents 6 clinical curricula, while Day 3 presents 5 hours of instructional design and provider—patient communications.

an educational grant from

PREPEF

The Pain Educators

by Global Education

Purdue Pharma L.P.

Forum (PEF) is sponsored

Group and supported by

Neuropathica Galactica: An Interactive Journey Into Pain Management and Education

Christopher M. Herndon, PharmD, BCPS, CPE; Mary Lynn McPherson, PharmD, BCPS, CPE, FASPE

Tuesday/9.2 9:00a - 5:00p

Level 3/Gracia 5

Chronic pain affects over 100 million Americans, more people than those with cardiac disease, diabetes, and cancer combined! Savvy practitioners relish opportunities to participate in a "boots on the ground" all-day program such as this one taught by 2 highly skilled primary care pain practitioners who happen to be amazing educators! Participants will have ample opportunity to practice assessment skills, selecting and monitoring nondrug and drug therapies, and educational strategies to use with pain patients. This invaluable course will not only allow participants to implement patient care strategies the very next day back at work, but will prepare participants for licensing and credentialing exams in pain management/education.

Pre-registration is required; onsite registration is not permitted. This course is limited to 60 participants to guarantee a high degree of active learning and interaction.

Continental breakfast and box lunches will be provided.

PEF-01 Pain Terminology: Knowing the Difference Makes a Difference!

David M. Glick, DC, DAAPM, CPE, FASPE; Mary Lynn McPherson, PharmD, BCPS, CPE, FASPE

Wednesday/9.3 7:00a - 8:00a

Level 4/Nolita 1

The Pain Educators Forum decided to present this new course because there are so many different levels of practitioner experience with pain management. Specifically, inspiration came from someone who, after attending one of our courses, had a burning question for our faculty: "What do sodium channels have to do with pain?" Yikes!!! After attending this humorous, informative course you will definitely know the difference between paresthesia and dysesthesia, allodynia and hyperalgesia, and how sodium channels confer excitability on neurons in nociceptive pathways. In sum, you will be a fierce and worthy Jeopardy! contestant.

PEF-02 Pain Mechanisms

David M. Glick, DC, DAAPM, CPE, FASPE

Wednesday/9.3 9:20a - 10:20a

Level 4/Nolita 1

In order to successfully clinically manage pain, it is essential to begin with an understanding of the underlying mechanisms responsible for its generation. A skillful approach based upon better knowledge concerning the anatomical structures, pathways, and events that result in pain is more likely to lead to effective clinical management of pain. The discussion will include an overview of medication classes typically considered for pain and the pathways they affect.

PEF-03 Chronic Pain Assessment

Michael R. Clark, MD, MPH, MBA

Wednesday/9.3 10:50a - 11:50a

Level 4/Nolita 1

Effective clinical interviewing and pain assessment are critical to the appropriate diagnosis and management of pain. In this presentation, the clinician learns how to apply principles of effective communication and also ascertain how to evaluate available assessment tools.

PEF-04 Pain Therapeutics

Christopher M. Herndon, PharmD, BSPE, CPE

Wednesday/9.3 1:40p - 2:40p

Level 4/Nolita 1

Pain therapeutics will provide the participant with succinct reviews of the pathogenesis and evidence based treatment recommendations for commonly encountered acute and chronic pain syndromes including perioperative management, chronic low back, osteoarthritis, fibromyalgia, and painful diabetic peripheral neuropathy. Building on other sessions within the Pain Educators Forum, pain therapeutics will deliver succinct and clinically applicable pearls readily incorporable into primary care practice.

PEF-05 When Does Acute Pain Become Chronic?

Michael R. Clark, MD, MPH, MBA

Wednesday/9.3 2:50p - 3:50p

Level 4/Nolita 1

Many factors have been identified as predictive of acute pain becoming chronic. Unfortunately, the number of factors and the lack of consistent algorithms make the prediction and prevention of chronic pain difficult. A patient centered approach to developing a risk profile for a patient in acute pain can decrease the likelihood of this patient developing chronic pain and experiencing its associated consequences. Specific examples are reviewed from each relevant domain or perspective of this approach.

PEF-06 Pain Diagnostic Methods

David M. Glick, DC, DAAPM, CPE, FASPE

Wednesday/9.3 4:00p - 5:00p

Level 4/Nolita 1

Diagnostic testing is an integral component for the differential diagnosis. In routine clinical practice there has been a tendency for clinical examinations to become more cursory, largely influenced by increasing demands of time and patient expectations of technological advances. The end result may arguably lead to an overreliance upon technology for basic clinical diagnosis. The purpose of this session is 2-fold: it is meant to provide a review and, for some, an introduction to basic structural and functional studies used for the diagnosis of pain related problems. Attention will also be given to the limitations of such studies and the importance of establishing clinical relevance to their findings. Factors that adversely affect clinical management potentially resulting in failed treatment will be discussed, as well as best practices when utilizing such studies to help enhance clinical outcomes for treatment.

PEF-07 Instructional Design

Jeannette Campos, MS

Thursday/9.4 10:50a - 11:50a

Level 4/Nolita 1

Designing learning programs that achieve the desired increase in knowledge and skill is not accidental. A basic understanding of how people learn, how learning should be structured for

optimum engagement, and how content can be crafted into meaningful learning experiences can pay dividends when your expertise requires you to shift from practitioner to educator. This session will introduce basic principles of instructional design and build your confidence in designing, developing, and delivering high-impact learning programs.

PEF-08 Putting Your Knowledge Into Action: Using Practice Cases to Teach Assessment and Treatment Planning

Ted W. Jones, PhD, CPE

Thursday/9.4 1:40p - 3:40p

Level 3/Castellana Ballroom

This session will give participants a chance to practice many of the skills they will be hearing about at PAINWeek. The focus will be on the creation of an appropriate treatment plan based on multiple sources of realistic medical and behavioral information. Participants will hear a brief lecture providing an overview of factors to consider at an initial evaluation including presenting complaint, physical exam, and diagnostic studies. Then there will be an overview of factoring in behavioral and risk information including PMP data, past treatment records, UDT results, and results from several risk assessment tools. Participants will then engage in a group simulation in which they will be presented with a realistic case and asked to develop an appropriate initial treatment plan integrating all of the information offered. The session culminates in a presentation to the audience and discussion on their treatment choices and rationale. The session will particularly focus on integrating behavioral and risk assessment information to tailor their treatment plans to best treat pain while minimizing risk of opioid misuse. This case simulation with complete patient information will give participants a novel way to practice integrating real-world information from multiple sources to create a treatment plan.

PEF-09 Engaged Patients: The Blockbuster Drug for Pain Practice

Barbara L. Kornblau, JD, OTR/L, CPE, DASPE

Thursday/9.4 4:00p - 5:00p

Level 4/Nolita 1

Visionary Tom Ferguson coined the term "e-patients" to describe patients equipped, enabled, empowered, and engaged in their health and healthcare decisions. He envisioned a world where health care means an equal partnership between e-patients and the health providers and systems that support them. The Center for Advancing Health defines patient engagement as "actions individuals must take to obtain the greatest benefit from the healthcare services available to them."

Leonard Kish called patient engagement the blockbuster drug of the century. Research studies provide a growing body of evidence that shows patient engagement improves health outcomes, lowers cost, and improves patient care. Engaged patients with chronic conditions are more likely to adhere to treatment regiments and more likely to know about treatment guidelines for their conditions. These finding have been reported across socioeconomic, ethnically diverse, and medically indigent populations. Another reason to take notice of patient engagement is that national and state policy makers consider it a way to improve health quality and decrease costs. This session discusses incorporating patient engagement into pain practice, tools to use and develop, and the role of patient engagement in health policy and pain practice.

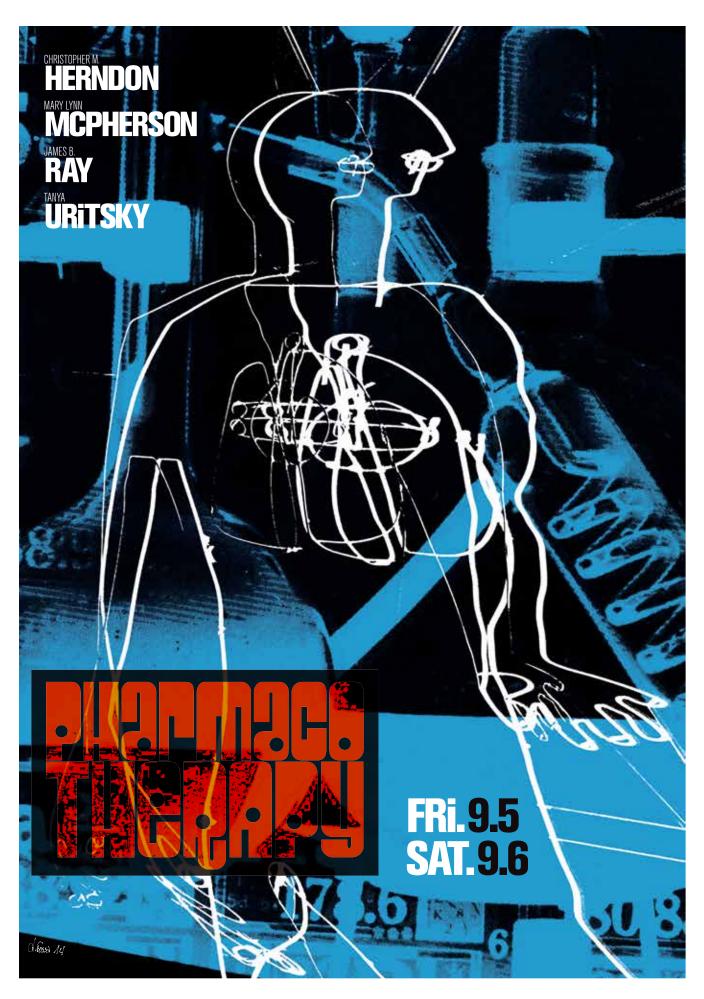
PEF-10 Using Social Media to Create Community Health Programs

Jeannette Campos, MS

Thursday/9.4 5:10p - 6:10p

Level 4/Nolita 1

Social media tools allow improved outreach and education of patients and better communication of priorities, values, and information to broader communities. Updates can be automatically sent to a network of followers, who can in turn share those updates with thousands of others, extending the reach of particular messages or information. As social networking platforms proliferate, building a social media strategy to coherently and efficiently utilize those tools will be the key to successful engagement with patients. This course will appeal to any practitioner who is trying to engage with patients and communicate more broadly in new and different ways, and anyone interested in improving outreach to their patient population and possibly improving efficiencies in their communication methods. Attendees will gain a better awareness of new social networking tools and will think differently about how they provide communications and outreach to their clientele, using different social media platforms.



PHM-01 Pharmacokinetic and Pharmacodynamic Drug Interactions

Christopher M. Herndon, PharmD, BCPS, CPE

Friday/9.5 9:20a - 10:20a

Level 4/Nolita 1

Medications are frequently incorporated into the treatment plan for patients in pain. A strong understanding of the pharmacokinetic and pharmacodynamic (PK/PD) characteristics of these agents is paramount for the prescriber/pain educator. This session will review general PK principles (absorption, distribution, metabolism, elimination, and toxicity) of commonly prescribed medication classes in the care of patients in pain. Clinically relevant drug-drug, drug-disease, and drug-food interactions will be discussed in a case based format.

PHM-02 Acetaminophen, NSAIDs, and Opioids Oh My! Who's the Naughtiest Kitten in the Bunch?

Mary Lynn McPherson, PharmD, BCPS, CPE, FASPE; James B. Ray, PharmD, CPE; Tanya Uritsky, PharmD, BCPS

Friday/9.5 10:50a - 11:50a

Level 4/Nolita 1

Opioid induced morbidity and mortality leads the parade in the media in terms of analgesic misadventures. In the wake of these sensational stories, practitioners often forget that the nonopioids—acetaminophen and NSAIDs in particular—can also result in adverse outcomes including death. This session will be a lively debate that highlights the dark side of opioids, acetaminophen, and NSAIDs, and the audience will decide which is the naughtiest kitten of all!

PHM-03 Nonopioid Analgesics: Antidepressants, Adjuvant Therapies, and Muscle Relaxants

Christopher M. Herndon, PharmD, BCPS, CPE

Friday/9.5 1:40p - 2:40p

Level 4/Nolita 1

Nonopioid analgesics are oftentimes considered first-line therapy for most chronic pain syndromes. A strong understanding of these agents' mechanism of action, pharmacokinetics, and toxicity profiles is paramount for today's pain practitioner. This course will provide an in-depth look at each of the agents within these drug classes, their potential role in pain management, and available data supporting their use. Additionally, clinically relevant monitoring pearls will be discussed.

PHM-O4 Opioid Conversion Calculations

Mary Lynn McPherson, PharmD, BCPS, CPE, FASPE

Friday/9.5 4:00p - 5:00p

Level 4/Nolita 1

Many patients receiving opioids will need to switch from one opioid to another during therapy or at least from one dosage formulation or route of administration to another. During this session, practitioners learn to recognize clinical situations in which opioid switching would be appropriate. Attendees will also work on a problem set designed to sharpen skills in opioid conversion calculation.

PHM-05 The Use of Suboxone® (Buprenorphine and Naloxone) for Chronic Pain

Gregory T. Carter, MD, MS

Friday/9.5 5:10p - 6:10p

Level 4/Nolita 1

Upon completion of this lecture the attendee should be able to develop a management plan using buprenorphine to treat chronic pain in an adult patient with a history of substance abuse, determine the most appropriate long-term dosing ranges for buprenorphine to treat chronic pain in an elderly patient, and compare and contrast the major pharmacological differences between parenteral, sublingual, and transdermal formulations of buprenorphine.

PHM-06 Calling in the Marines: Methadone, Ketamine, and Lidocaine

Mary Lynn McPherson, PharmD, BCPS, CPE, FASPE; James B. Ray, PharmD, CPE; Tanya Uritsky, PharmD, BCPS

Saturday/9.6 10:50a - 11:50a

Level 4/Nolita 1

The vast majority of patients with an advanced illness can achieve adequate pain control with commonly used analgesics. Occasionally patients have "difficult" pain syndromes that require the use of more advanced therapies, which practitioners are often not familiar with. Participants in this session will learn about the pharmacology, therapeutics, and evidence supporting the use of methadone, ketamine, and lidocaine. Vignettes will be used to illustrate the appropriate use of these agents with suggestions for protocol development including appropriate monitoring parameters.

POS-01 Scientific Poster Session and Reception

Srinivas Nalamachu, MD; Joseph V. Pergolizzi, MD

Thursday/9.4 6:30p - 8:30p

Level 2/Condesa Commons

Not certified for credit.

POS-02 Poster/Podium Presentations

Srinivas Nalamachu, MD; Joseph V. Pergolizzi, MD

Friday/9.5 7:00a - 8:00a

Level 3/Gracia 1

This session presents posters selected for oral presentations.

Not certified for credit.

POS-03 Pain Clinical Trials

Frank Breve, PharmD, MBA; Erica Elefant, RN; Errol M. Gould, PhD; Ernest A. Kopecky, PhD, MBA; Srinivas Nalamachu, MD; Joseph V. Pergolizzi, MD; Robert B. Raffa, PhD; Robert Taylor, Jr, PhD

Friday/9.5 4:00p - 5:00p

Level 4/Mont-Royal Ballroom

There are various types of studies that are necessary to perform in order to determine their clinical relevance. The process extends from bench top to bedside and includes special populations like pediatrics and geriatrics. This course address various elements related to the study of analgesics. Novel improved preclinical animal models in analgesic studies are examined. The unique issues of unusually high placebo and nocebo effects in analgesics, which can lead to confusing results, are discussed. The roles and responsibilities of acting as a principal investigator in an analgesic trial are discussed. The practical impact of new healthcare measures and the increased importance of comparative effectiveness trials, health outcomes, and pharmacoeconomics are reviewed. At the conclusion of the program, participants shall have a comprehensive understanding of the analgesic trials.

PTH-01 No Brain, No Pain. Say What?

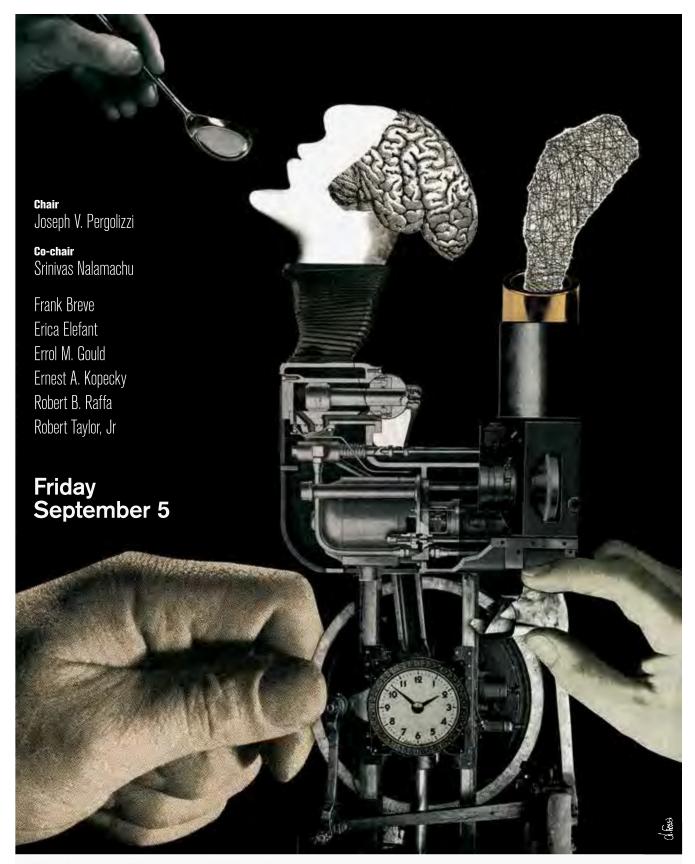
The Value of Therapeutic Neuroscience Education and How to Provide Consistent Patient Education Across Disciplines (Part 1)

Sara C. Jacobs, PharmD; Sarah Palyo, PhD, CPE; Emily Sachs, PhD; Kathryn Schopmeyer, PT, DPT, CPE

Tuesday/9.2 2:50p - 3:50p

Level 3/Castellana 2

Evidence based rehabilitation treatments for chronic pain conditions include structured, intensive interdisciplinary programs, graded exercise, and therapeutic neuroscience education. Studies show that when patients in pain understand the physiology of pain mechanisms, function improves, depression scores reduce, and fear avoidance patterns change. Research also suggests that how clinicians educate patients about their pain conditions can determine outcomes—for better or worse. Using a consistent approach to education and communication among team members can enhance learning



Pain Clinical Trials

and facilitate functional gains for people living in pain. Part I of this course will briefly describe how neuroscience informs pain science and will showcase how an interdisciplinary team (including a physical therapist, pharmacist, and psychologist) delivers consistent, yet discipline-specific, education to patients with chronic pain. Participants will learn how to explain to people with chronic pain its complex nature in patient friendly language; demonstrate a biopsychosocial approach to improve function with persistent pain; and list healthy behaviors to promote in patient's visits for sound pain management treatment from a central nervous system perspective.

PTH-O2 No Brain, No Pain. Say What? The Value of Therapeutic Neuroscience Education and How to Provide Consistent Patient Education Across Disciplines (Part 2)

Sara C. Jacobs, PharmD; Sarah Palyo, PhD, CPE; Emily Sachs, PhD; Kathryn Schopmeyer, PT, DPT, CPE

Tuesday/9.2 4:00p - 5:00p

Level 3/Castellana 2

Part 2 of this course will include the application of neuroscience training to patient education across disciplines. Case examples will be presented and the audience will be encouraged to participate via Q&A about their own challenging cases. Participants will learn about educational resources that can support discussion of neuroscience education, demonstrate communication strategies that will encourage patients to incorporate a biopsychosocial approach to their pain, incorporate practical, behavioral experiments for a patient to reinforce neuroscience training, and use metaphors with patients to help them understand the physiology of chronic pain.

REG-01 Sprained Calf Muscle and Back Pain...or Deadly Blood Clot?

Barbara L. Kornblau, JD, OTR/L, CPE, DASPE

Tuesday/9.2 2:50p - 3:50p

Level 3/Gracia 1

More people die from blood clots each year than HIV, breast cancer, and motor vehicle accidents combined. Almost all of these deaths are preventable. Another 600,000 nonfatal cases of venous thromboembolism (VTE)—40% pulmonary emboli and 60% deep vein thrombosis—occur each year. Most people who have VTE, both pulmonary embolism and deep vein thrombosis, present with pain as their first symptom. That pain complaint is often treated as just that: a typical complaint of pain. The complaints often mimic other conditions and, because of this, it is easy to miss them, which causes many near misses. Through case studies, this session reviews signs and symptoms of VTE and the ease with which pain practitioners of all specialties can miss VTE. Thrombophilias—genetic clotting conditions—are discussed with other risk factors. Tips are provided with questions to ask as part of the patient's history to help distinguish blood clots from other causes of pain. Internet sources of information for patients and providers are provided.

REG-02 Chronic Pelvic Pain in Women: Translating Research Into Clinical Practice

Georgine Lamvu, MD, MPH, FACOG

Saturday/9.6 7:00a - 8:00a

Level 3/Gracia 1

Chronic pelvic pain (CPP) affects nearly 16% of women at any point in their lifetime. In spite of this prevalence, less than 5% of women are being evaluated and treated by a pain specialist. Nearly 30% of all laparoscopies and 12% of hysterectomies have CPPn as the indication for surgery. Recent research shows that although surgical intervention for management of CPP is common, up to 40% of women will continue to have pain after the surgery. In 90% of women who are referred to specialty centers for CPP, treatment failure is attributed to inadequate evaluation prior to surgery. CPP is a complex diagnosis that is often characterized by dysfunction of multiple pelvic organs. This dysfunction may be exacerbated by psychosocial factors such as poor sexual function, emotional distress, and poor coping. In many patients, CPP needs to be considered as a group of disorders that may require multidisciplinary therapy. This presentation will focus on evidence based and multimodal treatment approaches.

REG-03 Repetitive Stress Injuries

Srinivas Nalamachu, MD

Saturday/9.6 **8:10a - 9:10a**

Level 3/Gracia 1

Repetitive stress injuries—more commonly known as cumulative trauma disorders—are on the rise

with the increased use of computers and mobile devices. There is significant pain and functional limitations associated with nerve entrapment, tendonitis, and muscle sprains. In this course we will learn etiology, standard as well as new diagnostic tools, and treatment approaches.

REG-04 Evidence Based CAM for Low Back Pain

Michael S. Saenger, MD

Saturday/9.6 9:20a - 10:20a

Level 3/Gracia 1

What works, how much, and for how long? Understanding strength of evidence for complementary and alternative medicine therapies for patients with chronic low back pain. Discussion will include yoga, Alexander Technique, spinal manipulation, acupuncture, massage, and herbals.

REG-05 My Aching Feet!

Liana Seldin, DPM

Saturday/9.6 **4:00p - 5:00p**

Level 3/Gracia 5

The presentation will review the most commonly treated painful foot and ankle conditions seen in private clinical practice. Each condition will be briefly described, as well as etiologies, diagnostic tools, and treatments. There will be an emphasis on pain management modalities, including physical therapy, oral and injected anti-inflammatories, and topical compounded analgesics mixed with muscle relaxants, anesthetic agents, NSAIDS, and anticonvulsants.

SIS-01 Determining Therapeutic Levels and Causes of Unintentional Overdose

Joshua Gunn, PhD; P. Michael Murphy, DBA, MBA; Stephen J. Ziegler, PhD, JD

Tuesday/9.2 8:10a - 10:10a

Level 4/Nolita 1

Over 100 million Americans suffer from chronic pain and recent studies indicate that prescription drug abuse has resulted in an alarming increase in both injury and death. Although many of these prescription drug overdose deaths stem from polypharmacy and polysubstance abuse, there is a lack of consistency in the method by which therapeutic levels and cause of death are determined. The panel of medical/legal experts will discuss the various issues and challenges in determining the existence of drugs in the blood and urine, therapeutic levels, the postmortem process, and the actual cause of unintentional overdoses stemming from opioid therapy.

SIS-02 Pain and Hormones

Forest Tennant, MD, DrPH, FACPM, MPH

Tuesday/9.2 4:00p - 5:00p

Level 4/Nolita 2

Uncontrolled pain is a potent stressor that has a profound effect on the hormonal system. Some serum hormonal abnormalities serve as biomarkers of uncontrolled pain. Hormonal homeostasis is essential for pain control. Opioid drugs may reduce some hormones and therefore must be replaced. A class of hormones known as anabolic neurogenic hormones is now used as adjuncts in chronic pain and their treatment shows that opioids are spared as pain control is achieved.

sis-og The State of Pain Education

Kevin L. Zacharoff, MD, FACIP, FACPE, FAAP

Wednesday/9.3 7:00a - 8:00a

Level 4/Mont-Royal Ballroom

Despite the fact that chronic pain is a significantly prevalent medical condition in the United States, questions remain about the adequacy and, in some cases, existence of pain related education in healthcare professional training programs. This presentation will review governmental mandates for education related to pain management, discuss steps taken over the course of the past 14 years to fulfill those mandates, and assess the current state of pain education in the US. It will also address some of the past and current conundrums in this area that continue to plaque pain management.

SIS-04 I Shall Please: Understanding Placebo in Pain Management

R. Norman Harden, MD

Wednesday/9.3 8:10a - 9:10a

Level 4/Mont-Royal Ballroom

Course description not provided by speaker prior to publication. Please refer to m.painweek.org for updated information.

sis-05 Schadenfreude: The Joy of Pain

Richard H. Smith, PhD

Wednesday/9.3 2:50p - 3:50p

Level 4/Nolita 3

Few people will easily admit to taking pleasure in the pain or misfortune suffered by others, even though such pleasure, known by the German word Schadenfreude, permeates our society. Evidence from social psychology and social neuroscience presented in this course will show that Schadenfreude is a natural emotion that reveals much about who we are as human beings. Schadenfreude often arises because we can gain in both tangible and intangible ways from other people's pain, especially when we are competing with those who are suffering. We also have a passion for justice, and sometimes Schadenfreude can feel like we are getting revenge when the suffering person has harmed us or when the suffering seems to be objectively deserved. Envy is another cause of Schadenfreude: the envied person's pain brings a special pleasure as it satisfies a blend of powerful concerns and motives; it's also one we are less likely to admit to others, and even to ourselves, despite its potency. Also addressed in the course will be some ways to cope with the emotion and to cultivate empathy instead.

sis-o6 Controversies in Pain Medicine: Calculating Methadone Conversions

Jeffrey Fudin, PharmD, FCCP; Mary Lynn McPherson, PharmD, BCPS, CPE, FASPE

Wednesday/9.3 5:10p - 6:10p

Level 4/Nolita 1

No opioid causes more controversy than methadone! This session will be a lively debate between 2 experienced pharmacists who are intimately familiar with methadone pharmacotherapy. A back-and-forth approach will be used to explore contentious and late-breaking research on the safe and effective use of methadone including dosing in opioid-naïve patients, how to convert to methadone from other opioids, recommended monitoring parameters, the role of methadone in advanced illness, and much more. Participants will enjoy the fast pace, and the guaranteed lively banter between the presenters!

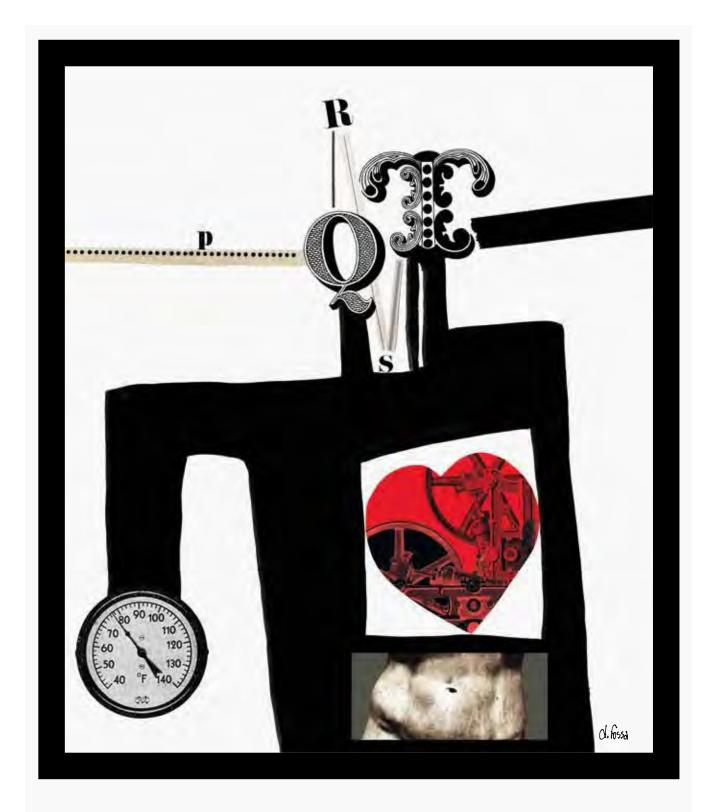
SIS-07 Opioid Induced Immunodepression: Of Clinical Concern?

Joseph V. Pergolizzi, MD; Robert B. Raffa, PhD

Wednesday/9.3 5:10p - 6:10p

Level 3/Gracia 1

Several factors, such as the aging population, the increased lifespan of cancer patients, and better pain management in underserved countries, will increase the demand for greater use and duration of use of opioid analgesics. The clinical consequences of acute treatment with opioids are well known, but less is known about long-term effects with chronic administration. Many studies convincingly demonstrate that some opioids cause immunosuppression in vitro by affecting both the acquired and the innate arms of the immune system including antibody production, T-cell proliferation, natural killer cell activity, phagocytic cell function, and cytokine production, and can increase rate of infections in some animal models. Although no convincing evidence exists thus far that opioid analgesics cause a significant or clinically relevant increase in infections postop, on the ICU, or during the treatment of acute or chronic pain, neither do the present data exclude that opioids may cause clinically relevant immunosuppression during long-term therapy or in the susceptible elderly. Further study is warranted. In the meantime, it would be helpful to know if some opioids are less immunosuppressive than others in vitro and to what extent consideration should be given to the use of certain opioids in certain patients. The relevance of these issues for treating patients with acute and chronic pain will be discussed.



CONTROVERSIES

in pain medicine:

Calculating Methadone Conversions

Jeffrey FUDIN Mary Lynn McPHERSON

WEDNESDAY 9.3

sis-o8 The Psychology of Opioids

Beth Darnall, PhD; Sean Mackey, MD, PhD, CPE; Mark D. Sullivan, MD

Thursday/9.4 8:10a - 10:10a

Level 3/Gracia 3

Widespread prescribing of opioids for chronic pain is a public health concern. It has sustained national attention and prompted legislation for prescribing limits. Opioid prescription and dose is strongly correlated with psychological factors and psychological factors are known to influence pain. These psychological factors, including substance use and mental health disorders, strongly predict opioid receipt and dose. This clinical phenomenon suggests that prescribing practices may be misaligned with published guidelines and may contribute to opioid adverse effects such as abuse, overdose, and medical risks. Dr. Mackey will review data regarding psychological predictors for opioid prescription, opioid dose, and psychological response to long-term opioid use, and Dr. Darnall will present data for psychobehavioral techniques that bolster pain outcomes and allow for minimization of opioids. Attendees will learn to assess and reduce patient risks based on their psychological status, specific cognitive and behavioral pain psychology techniques and their efficacy will be discussed, as well as how these tools may be used to minimize opioid use. Specific pain psychology resources will be given.

SIS-09 Crime and Punishment: Is the Patient Abusing the Drug...or Is the Drug Abusing the Patient?

Michael R. Clark, MD, MPH, MBA

Thursday/9.4 9:20a - 10:20a

Level 4/Nolita 1

The management of chronic pain syndromes with long-term opioid therapy remains controversial. Numerous reports detail the morbidity and mortality associated with opioid medications. Alternatively, the patients who are taking these medications actively engage in aberrant medication-taking behaviors that add their own risks and consequences. Top-down legislation and regulations have attempted to improve patient outcome through standardized guidelines for pain management practice. However, practitioner and patient behavior is individually complicated and resists change despite poor outcomes for both parties. Bottom-up approaches are needed, implemented by the practitioner with the expectation of changing the relationship with patients. Practitioners can utilize basic principles of motivated behaviors to shape patient choice and action without inadvertently reinforcing abnormal illness behaviors. Practitioners should also recognize that their own behaviors have powerful reinforcing effects on patients that influence the effectiveness of treatment. Active engagement in patient centered approaches designed by the practitioner restore a sense of mastery and combat the risk of burn-out doing what should be rewarding work.

SIS-10 The Iceberg Cometh

Steven D. Passik, PhD

Thursday/9.4 10:50a - 11:50a

Level 4/Nolita 3

The decade of pain came and went. What has followed? The decade of more pain, of dashed hopes, of bewilderment? Perhaps if the decade of pain had been preceded by the decade of preparation in advance of the decade of rhetoric. So where does that leave us? And more importantly, where has it left people with pain? In this presentation, Dr. Steven Passik will address this recent history and suggest that rather than retreat there is reason for hope and increased advocacy.

SIS-11 Prescription Drug Monitoring Programs

Kevin L. Zacharoff, MD, FACIP, FACPE, FAAP

Friday/9.5 8:10a - 9:10a

Level 3/Gracia 3

The use of prescription pain medications and related issues surrounding aberrant drug-related behaviors involving these medications continue to be significant and problematic in the United States. A number of steps have been taken to address this crisis-level problem, including development and implementation of prescription drug monitoring programs (PDMPs) to help address issues such as medication seeking behaviors. This presentation will detail the history of PDMPs, help participants understand their role in safe and effective pain management, and examine the effectiveness of existing programs.



NSAID Pharmacotherapy: New Oral and Injectable Options

Jeffrey Fudin



Joseph V Pergolizzi Robert B Raffa



n! Mary Lynn McPherson James B. Ray Tanya Uritsky



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Friday 9.5

SIS-12 NSAID Pharmacotherapy: New Oral and Injectable Options

Jeffrey Fudin, PharmD, FCCP

Friday/9.5 9:20a - 10:20a

Level 3/Gracia 1

The development and clinical uses of anti-inflammatory therapies have seen big changes over recent years, including the rise and fall of popular treatments and the development of innovative new oral, injectable, and intra-articular, pharmaceutically engineered nonsteroidal anti-inflammatory (NSAID) agents. Nanoscale agents have been formulated with radically reduced particle size to increase surface areas and hastening dissolution. This lecture will give an exciting glimpse of current and future technologies and provide practical examples of how nanotechnology and the pharmaceutical industry will shape the future of drug development. This is the future of NSAID therapy! Attendees will learn about nitric oxide (hydrogen sulfide donating drugs), new injectable NSAIDs for perioperative and inpatient use, novel intra-articular extended-release NSAIDs combined with intra-articular hyaluronic acid, and nanotech submicron NSAID pharmaceuticals that will deliver lesser doses without compromising efficacy. Other developing technologies to be discussed are products that mitigate gastrointestinal toxicity with certain oral NSAIDs while incorporating unique pharmaceutical maneuvers to enhance safety and efficacy, some of which include vasodilating adjuvants.

SIS-13 Controversies in Pain Medicine: Is Interventional Pain Management Over- or Underutilized?

Charles E. Argoff, MD, CPE; Jeffrey A. Gudin, MD

Friday/9.5 9:50a - 10:50a

Level 4/Mont-Royal Ballroom

Millions of dollars a year are spent on medically unnecessary initial interventional pain procedures and repeated procedures. About a third of transforaminal epidermal injection services allowed by Medicare do not meet federal requirements, resulting in approximately \$45 million in improper payments. The most common errors are related to documentation of medical necessity. The number of interventional pain procedures performed annually has increased dramatically over the past decade, but don't appear to have reduced disability and impairment due to chronic pain in the United States. Course attendees will learn more about the proper administration of commonly performed interventional pain medicine procedures, such as epidural steroid injections for radicular pain from lumbar spine disorders, and the proper documentation of medical necessity. Presented will be a rational approach to the proper use of these procedures and documentation of indications and findings, such as the patient's initial lack of response to exercise, and oral medications like NSAIDs and muscle relaxants. In a point/counterpoint panel lecture, competing arguments will be presented. Audience interaction is recommended.

SIS-14 NSAIDs: Not Just COX-1 and COX-2

Joseph V. Pergolizzi, MD; Robert B. Raffa, PhD

Friday/9.5 1:40p - 2:40p

Level 3/Gracia 1

NSAIDs have been used so commonly and for so long that people have become complacent, using them out of habit or assuming that all there is to know is whether they are COX-1 or COX-2 selective, with the assumption that this is well defined. This presentation provides both a refresher on the sites and mechanism of action of NSAIDs as well as new thoughts and developments about pharmacokinetics (PK) and pharmacodynamics (PD). NSAIDs are widely, and increasingly, used in clinical practice. While effective, they also have well-known adverse effects. The key is to maximize the difference. Attendees will learn that the simple differentiation of COX-1 vs COX-2 is surprisingly imprecise and undervalues the role of other, practical PK and PD factors that can aid in both the understanding and the clinical issues involved in the use of NSAID as analgesics.

SIS-15 The Scorpion and the Frog, or Quid Pro Quo? A New Collaborative Approach

Charles F. Cichon; Marc Gonzalez, PharmD; Stephen J. Ziegler, PhD, JD

Friday/9.5 5:10p - 6:10p

Level 4/Mont-Royal Ballroom

Among the various laws, policies, and approaches that have been created to reduce prescription drug abuse, the law enforcement model dominates. While law enforcement efforts have



CONTROVERSIES

in pain medicine:

Is interventional pain management over- or underutilized?

Charles E. **ARGOFF**Jeffrey A. **GUDIN**

FRIDAY 9.5

helped reduce the harms associated with drug abuse, those same efforts have also negatively impacted prescribing behavior and the treatment of pain. In an effort to reduce these unintended side effects, stakeholders from the law enforcement and pain communities have tried to create policies that ensure legitimate access to opioids while at the same time prevent their abuse; however, many of these balanced policy efforts have failed. Consequently, a new collaborative approach between drug regulators and prescribers is needed. Attendees will learn about the various regulators and regulatory approaches to reducing harm and abuse while ensuring access to appropriate controlled pharmaceuticals; understand the nature of the law enforcement function and how efforts to achieve balance can fail; and evaluate and discuss a new interactive approach that encourages regulators and prescribers to collaborate on a continual basis to help improve patient care and reduce the harm associated with the improper use of opioids.

SIS-16 ICD-10: What Pain Providers Need to Know for 2015!

Marvel Hammer, RN, CPC, CCS-P, PCS, ACS-PM, CHCO

Friday/9.5 4:00p - 5:00p

Level 4/Nolita 3

The delay in ICD-10 implementation this year has left some providers asking "ICD, when?" Even though practices were given a 12-month reprieve doesn't mean that they should wait until the last moment to discover the top ICD-10 areas likely to require documentation updates/revisions for pain management providers. Good clinical documentation is often what is needed to accurately report your ICD-10 codes, not necessarily a greater volume of documentation! One solution may be as straightforward as making sure you include laterality in your notes: "Does the patient have right, left, or bilateral radiculopathy?" In this session, you will discover the critical differences between ICD-9 and ICD-10 and what is needed to make the transition as smoothly and painlessly as possible. We will also review a crosswalk for some of the common pain management conditions that providers often encounter in their practices.

SIS-17 Prescription Opioid Use After Surgery: Who's at Risk for Delayed Opioid Cessation?

Jennifer Hah, MD

Saturday/9.6 7:00a - 8:00a

Level 4/Mont-Royal Ballroom

Prescription opioids are the leading cause of overdose deaths in the US, and overdose death rates, prescription opioid sales, and substance abuse treatment admissions have climbed in parallel over the past decade. Forty-five million Americans undergo surgery each year and the vast majority experience acute pain and prescription opioid use. Exposure to prescription opioids in the perioperative setting is a potential pathway to prolonged opioid use, misuse, and addiction. A concise review of the adverse effects of prescription opioids will be provided including tolerance, physical dependence, immunosuppression, and opioid induced endocrinopathy. Specifically, data will be presented on the association between long-term prescription opioid use, affective disorders, and substance abuse. Increased rates of substance abuse and depression exist in long-term prescription opioid users compared to nonusers with chronic pain, and pain intensity does not predict treatment with opioids vs nonopioid analgesics. A summary of the current approach to postoperative pain management will be provided. A disconnect exists between opioids prescribed and opioids used after surgery: the amount of prescribed opioids often does not influence patients' decisions to continue or discontinue opioid use, and patients exhibit wide variability in opioid needs after similar procedures. Measures to reduce postoperative opioid use and chronic postsurgical pain will be presented. Also, research examining the risk factors for delayed opioid cessation will be discussed.

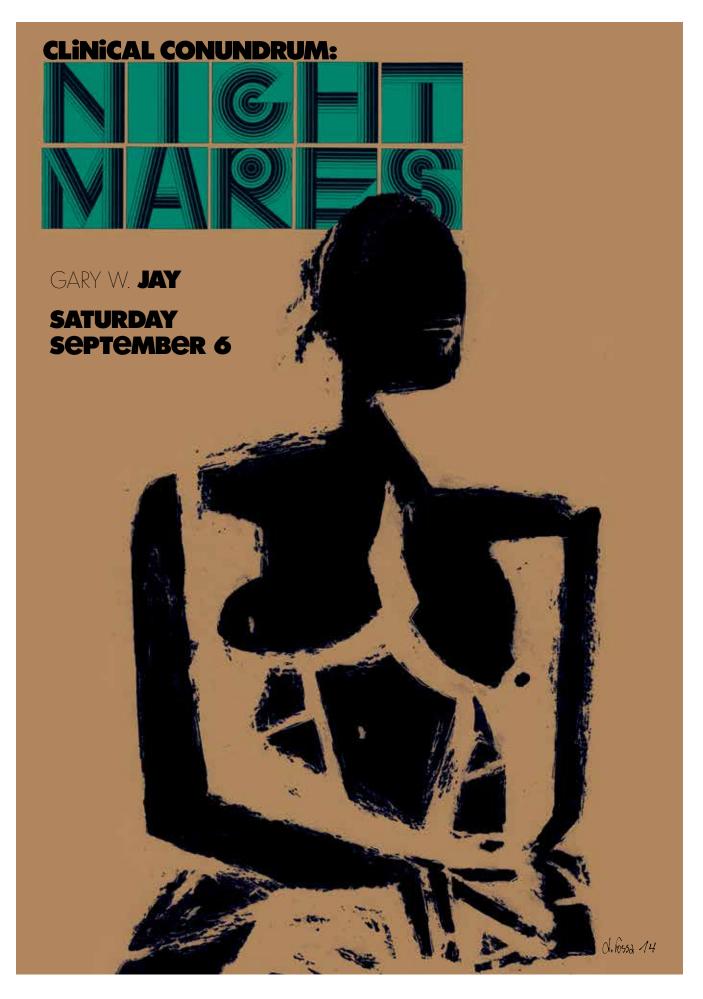
SIS-18 Corresponding Responsibility or Mother May I Prescribe?

Marc Gonzalez, PharmD; Stephen J. Ziegler, PhD, JD

Saturday/9.6 **8:10a - 9:10a**

Level 4/Nolita 3

Pharmacists have a corresponding responsibility to ensure the proper prescribing and dispensing of controlled substances. In 2013, a large retail pharmacy chain implemented a policy that would require pharmacists to confirm the appropriateness of a prescription with the prescribing healthcare provider. Our panel of medical/legal experts will discuss the policy and its potential impact, the challenges facing pharmacists and how they can help prescribers, and offer tips on reducing diversion and, from the perspective of a former state medical board investigator and pharmacist, protecting your practice.



SIS-19 Mirror Mirror on the Wall: Reframing Diagnosis and Treatment of Chronic Pain

Michael S. Saenger, MD

Saturday/9.6 1:40p - 2:40p

Level 3/Gracia 1

We train patients to focus on real/physical pain and its cure. What is real pain? What if we learned to become coaches and gave up role of Dr. Fix-it? Can persons with chronic pain begin to thrive with a new biopsychosocial existential model? Can someone retrain the brain? We will explore how to promote real help even in a busy clinic.

SIS-20 Clinical Conundrum: Nightmares

Gary W. Jay, MD, DAAPM, FAAPM

Saturday/9.6 5:10p - 6:10p

Level 3/Castellana Ballroom

The treatment of a patient depends on making the correct diagnosis as well as evaluation of their biopsychosocial milieu. However, when the diagnosis is not obvious, especially in neurology, it is not uncommon to wait to see what happens: Is the disorder progressive? Is the disorder relapsing and remitting? What was the initiating event (if there was one)? In this talk we will be discussing one of the more difficult aspects of patient neurological diagnosis, especially when one looks at the spectrum of symptoms.

SIS-21 The Use of Inflammatory and Hormone Biomarkers in Pain Management

Forest Tennant, MD, DrPH, FACPM, MPH

Saturday/9.6 **5:10p - 6:10p**

Level 3/Gracia 1

Since pain, per se, cannot be numerically measured like a glucose or cholesterol level, there have been numerous attempts to find markers or "tracers" that will determine the presence of pain and its severity. This course will describe the historical attempts to identify markers, discuss currently available biomarkers, and present clinical situations for their use. It is now known that abnormal serum levels of some hormones and by-products of neuroinflammation indicate the presence of uncontrolled pain. Although somewhat imprecise, the biomarkers that have currently been identified should have an expanded role in the diagnosis and management of chronic pain.

STR-01 The Neurobiology of Stress

R. Norman Harden, MD

Wednesday/9.3 10:50a - 11:50a

Level 3/Gracia 5

Course description not provided by speaker prior to publication. Please refer to m.painweek.org for updated information.

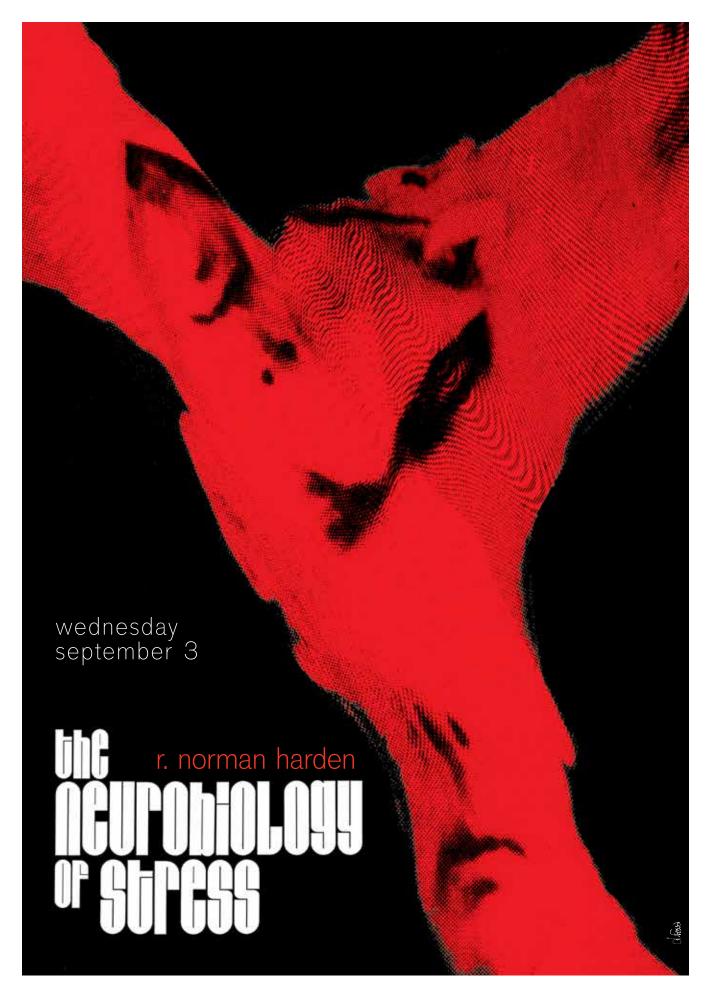
STR-02 Evidence Based Mind/Body Approaches to Pain Management

Seddon R. Savage, MD, MS

Wednesday/9.3 1:40p - 2:40p

Level 3/Gracia 5

Burgeoning evidence is shedding light on the neurobiological mechanisms underscoring the powerful effects of mind/body approaches to pain management, documenting improved patients' quality of life, augmenting other treatment modalities, and reducing reliance on medications. We are learning, for example, that meditation can reduce pain not only through reduction of stress reactivity and muscular tension, which has long been recognized, but by actually changing the way the brain processes incoming pain signals. Mind/body approaches can crucially reduce stress, improve pain management, and empower patients by facilitating active involvement in their own pain management. The session will explore the current scientific understanding of the experience of pain and discuss the neuropsychobiology of pain and the influences of co-occurring physical and psychological conditions on the experience of pain. Practical strategies will be provided to teach practitioners how to help patients engage in self-management of pain through meditation, cognitive behavioral therapy, exercise/movement, and group processing.



STR-03 Identifying Behavioral Profiles in Chronic Pain Patients (Encore)

Anthony A. Whitney, MS, LHMC, BCB

Wednesday/9.3 4:00p - 5:00p

Level 3/Gracia 5

This is an encore presentation of BHV-03.

STR-O4 Physical Manifestations of Stress

Natalie H. Strand, MD

SYM-O1

Wednesday/9.3 5:10p - 6:10p

Level 3/Gracia 5

This lecture is an overview of the definition, pathophysiology, and physical manifestation of acute and chronic stress. Review the different types of stress including acute chronic stress, and the most common stressors such as internal and external stressors. We will then go over the ways stress affects different organ systems in the body and the physical signs that a patient may be suffering from stress. Lastly, we will review the best treatments for stress and stress related pain conditions.

Please note that CME/CE credit for all SYM sessions are handled separately from PAINWeek.

Caring for Patients With Chronic Pain: Responsible Opioid Prescribing to Achieve Individualized Functional Goals

Michael J. Brennan, MD; Jeffrey A. Gudin, MD; Bill H. McCarberg, MD

Thursday/9.4 6:00a - 8:00a

Level 3/Gracia 4

During this Interactive Exchange™ program, attendees will participate in a series of multimedia educational modules focusing on the pathophysiology, diagnosis, and long-term opioid based management of various chronic pain conditions. Live and prerecorded expert faculty will share practical insights into patient work-ups, monitoring strategies, the essentials of opioid trials, and newer long-acting opioid formulations designed to resist or deter some aberrant drug-taking behaviors. Best practices for counseling patients on the safe use of opioids and strategies to address signs of prescription medication misuse or abuse will be central to the case based discussions. During the program, each participant will be assigned a preloaded iPad with synched slide presentations, notetaking capabilities on individual slides, and real-time polling questions related to the case studies. The overall goal of the activity is to help clinicians maximize functional outcomes and minimize risks for the patient, prescriber, and public when providing opioid based treatment regimens for chronic pain.

This activity is supported by an educational grant from Teva CNS and Endo Pharmaceuticals.

Breakfast will be served.

SYM-02 Risk Evaluation and Mitigation Strategies (REMS) for Extended-Release and Long-Acting Opioids: Achieving Safe Use While Improving Patient Care

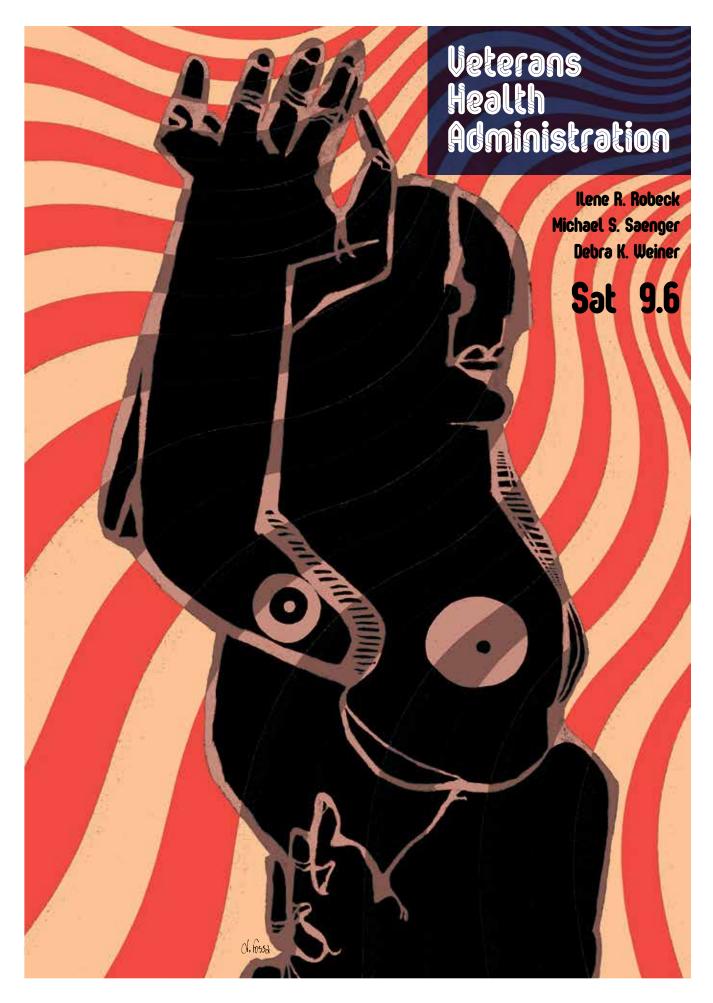
Charles E. Argoff, MD, CPE; Brett B. Snodgrass, MSN, APRN, FNP-C

Thursday/9.4 1:40p - 4:40p

Level 3/Gracia 3

There is a public health crisis surrounding the use, abuse, diversion, and overdosing associated with extended-release/long-acting (ER/LA) opioids. Risk Evaluation and Mitigation Strategies (REMS) is a risk management program required by the U.S. Food and Drug Administration (FDA) to ensure that the benefits of a drug outweigh its risks. The FDA has put an ER/LA opioid REMS in place and requires that this information be incorporated into CME programming for those who prescribe these medications.

Primary care providers, pain management specialists, addiction and palliative care specialists, and clinicians representing all arenas of the healthcare system struggle to successfully manage their patients' pain. For many patients, ER/LA opioid medications constitute an effective and valuable element in the pain management plan. However, opioid prescription involves many complex issues of misuse, abuse, addiction, adverse effects, and fear of legal and regulatory action.



The Collaborative for REMS Education (CO*RE), a multidisciplinary collaboration of 10 partners and 3 cooperating organizations, has designed a core curriculum based on needs assessment, practice gaps, clinical competencies, and learner self-assessment with shared tools, resources, and outcomes to meet the requirements of the FDA REMS blueprint to provide effective prescriber focused education on the safe and effective prescribing of ER/LA opioids to safely manage pain.

This CO*RE ER/LA Opioid REMS initiative is supported by an independent education grant from the ER/LA Opioid Analgesic REMS Program Companies (RPC). Please see www. er-la-opioidREMS.com for a listing of the member companies. This activity is intended to be fully compliant with the ER/LA Opioid Analgesic REMS education requirements issued by the FDA.

No meal will be served.

SYM-03 Current Perspectives and New Developments in NSAID Therapy

Martin J. Bergman, MD, FACR, FACP; Joseph A. Markensen, MD, MACR

Friday/9.5 6:30a - 8:00a

Level 3/Gracia 4

Nonsteroidal anti-inflammatory drugs (NSAIDs) are routinely prescribed for the relief of mild to moderate acute and chronic pain. However, concerns remain about their safety and tolerability, including cardiovascular (CV) events and the risk of serious gastrointestinal (GI) bleeding. As a result, the U.S. Food and Drug Administration (FDA) issued a Public Health Advisory regarding all NSAIDs emphasizing the need to use the "lowest effective dose for the shortest duration consistent with individual patient treatment goals." In February 2014, the FDA convened an advisory committee to discuss data and analyses published since 2006 that were relevant to furthering the understanding of the relationship between NSAIDs and CV risk as currently described in NSAID class labeling. While the recommendation of the committee was to retain the current NSAID class labeling, studies are ongoing to evaluate the safety of NSAIDs in patients with or at risk for CV disease. Management of pain is an increasingly complex medical concern. There is a need for therapeutic options with minimal safety and tolerability concerns. New NSAID therapies are being developed incorporating new technologies that are intended to address the GI and CV pitfalls that are associated with current NSAID therapy options while still maintaining efficacy. These new technologies will be extremely important as we try to find new options for NSAID therapy. This symposium will provide an up-to-date review of the risks and benefits associated with NSAIDs and discuss new NSAID therapies and their potential benefits.

This activity is supported by an educational grant from Iroko Pharmaceuticals.

Breakfast will be served.

SYM-O4 Best Practices for Effectively Managing Opioid Induced Constipation (OIC): Evidence Based Strategies and Solutions

Michael J. Brennan, MD; Jeffrey A. Gudin, MD; Bill H. McCarberg, MD; Steven P. Stanos, DO

Friday/9.5 6:30p - 8:30p

Level 3/Brera Ballroom

In the US, the chronic use of opioids has increased exponentially over the past 15 years with over 240 million prescriptions for opioids dispensed annually, the majority of which are for noncancer pain. With the increasing use of opioids, more patients are presenting with opioid induced constipation (OIC). Up to 90% of patients taking opioids have constipation and other gastrointestinal side effects. Unlike other opioid related side effects, OIC is not dose dependent nor does it resolve over time. Instead, OIC remains a significant burden on patients with chronic pain, leading some patients to stop taking their opioid. Despite the high prevalence of OIC, no guidelines or diagnostic criteria exist in making a formal diagnosis of OIC. Current management of OIC includes laxatives, which are only partially effective and do not treat the underlying cause of OIC. However, newer therapies are emerging that target the underlying cause of OIC by acting specifically and locally within the GI tract.

Aggressive prevention and early treatment of OIC are important to optimize pain control when opioids are used. An increased understanding of OIC will result in a quicker diagnosis, improved quality of life, fewer complications, and increased adherence to opioid therapy.

This activity is supported by an educational grant from AstraZeneca Pharmaceuticals L.P.

Dinner will be served.

VHA-01 Virtual Education and Consulting in Chronic Pain in the VA and Department of Defense (DoD)

llene R. Robeck, MD; Michael S. Saenger, MD; Debra K. Weiner, MD

Saturday/9.6 **7:00a - 8:00a**

Level 4/Nolita 3

This presentation will review different options for virtual consulting and education in the VA and DoD. It will cover topics such as e-consulting, the virtual pain school, the virtual opioid education class, clinical video consulting, and the virtual team meeting. Case based examples of the value of these different virtual modalities will be included in the discussion.

VHA-02 The VA/Department of Defense (DoD) SCAN/ECHO

Ilene R. Robeck, MD; Debra K. Weiner, MD

Saturday/9.6 9:20a - 10:20a

Level 4/Nolita 3

An overview of the VA/DoD SCAN/ECHO pain program will be discussed, followed by a demonstration in the Adobe classroom. Entry to this classroom will be available to those with tablets, cell phones, and computers. Participants will also have the opportunity to view the classroom through the screen in the room at the time of the presentation. There will also be a case based educational program with audience participation.

VHA-03 The VA/Department of Defense (DoD) SCAN/ECHO Experience: Addiction and Chronic Pain

Ilene R. Robeck, MD; Michael S. Saenger, MD; Debra K. Weiner, MD

Saturday/9.6 **4:00p - 5:00p**

Level 4/Nolita 3

An overview of the VA/DoD SCAN/ECHO addiction program will be discussed, followed by a demonstration in the Adobe classroom. Entry to this classroom will be available to those with tablets, cell phones, and computers. Participants will also have the opportunity to view the classroom through the screen in the room at the time of the presentation. There will also be a case based educational program with audience participation.

VHA-04 The Power of Groups

llene R. Robeck, MD

Saturday/9.6 5:10p - 6:10p

Level 4/Nolita 3

Caring for patients with chronic pain in a group setting can be very effective and sometimes more beneficial than taking care of patients one-on-one only. Options for pain school, opioid safety classes, and shared medical appointments for a number of patients with chronic pain can be a very efficient way to care for your patients with chronic pain as well. Patient cases will be used to demonstrate the role of group sessions.

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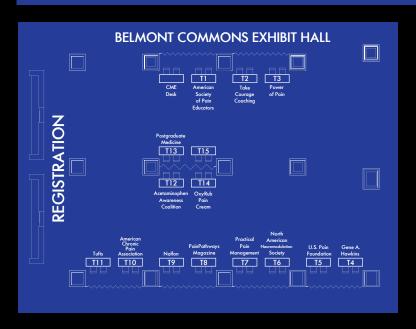
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Galena BioPharma

Wednesday/9.3

7:30p - 9:30p Welcome Reception

THURSDAY/9.4

10:00**a** – 12:30**p** 2:30**p** – 5:00**p**

FRIDAY/9.5

10:00**a** - 12:30**p** 2:30**p** - 5:00**p**

4:00**p** - 5:00**p**

Closing Reception

Please note: There are concurrent educational sessions taking place while the Exhibit Hall is open. Exhibit Hall hours are subject to change.

BOOTH	ORGANIZATION	DESCRIPTION
251	ABBYJENN PHARMA LLC www.AbbyJenn.com	The AbbyJenn Program seamlessly integrates and streamlines pharmaceutical dispensing programs into physician's practices.
249	ABC TRADING SOLUTIONS www.abctradingsolutions.com	Featuring nano relief technology. Please visit our booth for more information.
127	AB SCIEX www.absciex.com	AB SCIEX helps to improve the world we live in by enabling scientists and laboratory analysts to find answers to the complex analytical challenges they face in basic research, drug discovery and development, food and environmental testing, forensics, and clinical research and diagnostics. As part of AB SCIEX, SCIEX Diagnostics brings the power, flexibility, reliability, and accuracy of mass spectrometry technology to clinical testing laboratories. Offering an expanding portfolio of mass spectrometry based solutions and assays for in vitro diagnostic use, SCIEX Diagnostics enables customers to deliver high quality diagnostic information to clinicians who make decisions affecting patient care.
T12	ACETAMINOPHEN AWARENESS COALITION www.knowyourdose.org	The Acetaminophen Awareness Coalition is a diverse group of leading health, healthcare provider, and consumer organizations. The Coalition launched the Know Your Dose campaign to educate consumers on the safe use of medicines that contain acetaminophen. Through outreach to healthcare providers, patients, and consumers, the campaign works to ensure that acetaminophen is used only as directed or labeled. You can order free educational materials to guide conversations with your patients about acetaminophen safe use by visiting KnowYourDose.org/order.
429	ACIGI/CYBER RELAX www.fujichair.com www.drfuji.com	We bring you the best medical massage chairs. Fujiiryoki USA, the King of Medical Massage chairs, has your best interest in mind and guarantees an experience that will transcend you into a tranquil state. Our medical massage chairs not only mimic the massage experience from the hands of a real masseuse, but also promote a balanced and healthy lifestyle.
439	ACORDA THERAPEUTICS, INC. www.acorda.com	Acorda Therapeutics is a biotechnology company focused on developing therapies that improve the lives of people with neurological disorders. Acorda currently markets products that help improve walking in MS, treat pain associated with postherpetic neuralgia, and help manage spasticity associated with neurological disorders.
237	AEGIS SCIENCES CORPORATION www.aegislabs.com	For over 20 years, Aegis® has remained one of the most trusted drug testing laboratories for pain management, forensics, and sports organizations throughout the US With Aegis, you have access to: testing in oral fluid, urine, and/or blood; consultation with 16 PhD, 4 PharmD, and 2 MD experts; and the highest quality client service in the industry.
121	AEON CLINICAL LABORATORIES www.aeonclinical.com	Aeon Clinical Laboratories is a clinical toxicology lab. Our 28,000-square-foot facility is CLIA approved and equipped with HPLC-tandem mass spectrometers. The combination of our state-of-the-art technology and 30 step report review process ensures precision and accuracy of all results. We also offer pharmacogenomics testing services. We want our clients to have all the tools to be able to Prescribe with Confidence®. What sets us apart from our competitors is our unparalleled customer service: we pride ourselves on being client focused.
129	AIS www.AISpharmacy.com	AIS is a compounding pharmacy specializing in intrathecal pump medications. We offer several unique programs such as direct billing of patients' insurances. In addition, we maintain USP 797 compliance and use an independent, third party FDA registered lab to perform testing on our products for potency, pyrogen, pH, and sterility.

BOOTH	ORGANIZATION	DESCRIPTION
241	ALERE TOXICOLOGY www.aleretoxicology.com	Alere Toxicology is a nationally certified, state-of-the-art laboratory utilizing cutting edge technology for both urine and oral drug testing. We actively seek input and provide education from regional and national experts on areas such as proper testing standards, test utilization, documentation, and compliance in order to give healthcare providers the options and tools they need to make informed healthcare choices to ensure that only medically necessary and reasonable testing is performed. Our dedicated team of toxicologists, customer service specialists, and sales representatives are focused on meeting the unique needs of your pain management practice with customized therapeutic drug monitoring solutions.
119	ALLERGAN www.allergan.com	Allergan is a multispecialty healthcare company established more than 60 years ago with a commitment to uncovering the best of science and helping people reach their life's potential. With approximately 11,400 employees worldwide, we are committed to discovering new therapies to treat unmet medical needs in eye care, neurosciences, medical aesthetics, medical dermatology, breast aesthetics, and urology.
440	ALTERNATIVE BIOMEDICAL SOLUTIONS www.absbiomedical.com	ABS offers solutions for in-office urine drug testing ranging from immunoassay screening to LCMS confirmation. For immunoassay screening we offer a complete line of instrumentation ranging from our smaller bench top analyzer to our larger and faster Olympus Chemistry analyzers. We offer a large menu of assays including oxycodone, fentanyl, Suboxone, tramadol, and others. For larger clinics, we offer in-office LCMS equipment for confirmation testing. We offer flexible acquisition options including our popular Cost per Sample (CPS) Program. Our CPS is the easiest, quickest, and most economical way to implement urine drug testing.
246	AMERICAN ACADEMY OF PAIN MEDICINE www.painmed.org	Please visit our booth for more information.
Т10	AMERICAN CHRONIC PAIN ASSOCIATION www.theacpa.org	The American Chronic Pain Association has been helping people live fuller lives in spite of their pain for 34 years. Our goal is to provide them with the tools they need, in addition to what their healthcare provider offers, so that they can improve their skills in the self-management of their chronic pain. We focus on helping the person with pain become an active partner on the healthcare team. In addition, we work to raise awareness among the healthcare community, policy makers, and the public at large about issues of living with chronic pain.
448	AMERICAN PAIN SOCIETY www.americanpainsociety.org/	Please visit our booth for more information.
344	AMERICAN SCREENING CORPORATION www.americanscreeningcorp.com	American Screening, LLC, is the #1 Rapid Drug Test Manufacturer in the USA, an ISO 13485 certified company. Our brands include Discover, Reveal, and One Screen urine dip cards, cups, and saliva drug test devices for the detection of over 44 drugs of abuse and cutoffs. Our products have over 99% accuracy with low acquisition cost. Come by our booth and check out our new ETG and GHB rapid drug test. Our products are 100% made in the USA. We are seeking distributors in the USA and internationally.

воотн	ORGANIZATION	DESCRIPTION
ті	AMERICAN SOCIETY OF PAIN EDUCATORS www.paineducators.org	The American Society of Pain Educators (ASPE) is a professional organization dedicated to improving pain management through the education and training of healthcare professionals to become Certified Pain Educators (CPEs). As the only organization focusing on pain educator training, the Society teaches healthcare professionals to serve as resources to educate their clinical peers, as well as patients, families, and caregivers, on ways to relieve pain by the safest means possible. ASPE members are the frontline practitioners when it comes to treating pain. They are "go to" resources in their practices and organizations, imparting evidence-based guidelines, translating care plans, and monitoring for safety, efficacy, and adherence. They are charged with delivering better health outcomes.
319	AMERITOX www.ameritox.com	Ameritox helped pioneer the prescription drug monitoring necessary to address the national epidemic of prescription drug misuse, abuse, and diversion. As the nation's trusted leader in Pain Medication Monitoring Solutions SM , Ameritox provides medical and business professionals with data-driven analysis and tailored solutions that can improve patient care and prevent tragedy.
446	ANAZAOHEALTH CORPORATION www.anazaohealth.com	As a nationwide compounding pharmacy, AnazaoHealth compounds a wide variety of patient-specific preparations not commercially available for age management, hormone replacement therapy, men and women's health, pain management, supplements, urology (including ED), and weight loss. We are appropriately licensed to provide pharmacy services in all 50 states.
423	APOLLOLIMS www.apollolims.com	ApolloLIMS is an enterprise Laboratory Information Management System built to offer superior laboratory automation. The core architecture of ApolloLIMS was designed to offer maximum efficiency with better workflows. We provide integration of physician orders (CPOE) through EMR interfaces, manage bi-directional laboratory instrument communication and offer secure patient reports via an online web portal. ApolloLIMS is the right answer for all the challenges faced by the modern laboratory. ApolloLIMS is the flagship product of Common Cents Systems, Inc. With over 20 years of experience in the laboratory industry we have the knowledge and experience to make your laboratory project a success.
307	ARUP LABORATORIES www.aruplab.com/pain	ARUP Laboratories is a national reference laboratory and a nonprofit enterprise of the University of Utah and its Department of Pathology. Serving clients across the United States, ARUP's Pain Management Division focuses on drug screen panels, quantitative confirmation, and professional and operational consultation. Urine, serum, and plasma specimen types are available for most drugs. ARUP's high-resolution hybrid urine screen provides cost-efficiency by significantly reducing the need to confirm results. In addition, ARUP offers a pharmacogenetic suite of tests, including CYP2D6, CYP2C19, CYP2C9, OPRM1, and UGT1A1.
337	ASPEN MEDICAL PRODUCTS www.aspenmp.com	Aspen Medical Products is a leader in the development of innovative spinal bracing for post-trauma stabilization, pre and post surgical stabilization, pain management, and long-term patient care. Focusing solely on the spine, Aspen Medical Products offers a complete line of orthotic options that provide unsurpassed motion restriction, superior comfort, and an economic advantage.
301	ASTRAZENECA www.AstraZeneca.com	AstraZeneca is a global, innovation-driven biopharmaceutical business that focuses on the discovery, development, and commercialization of prescription medicines, primarily for the treatment of cardiovascular, metabolic, respiratory, inflammation, autoimmune, oncology, infection, and neuroscience diseases. AstraZeneca operates in over 100 countries and its innovative medicines are used by millions of patients worldwide. For more information please visit www. astrazeneca.com.

BOOTH	ORGANIZATION	DESCRIPTION
415	AUTOGENOMICS, INC. www.autogenomics.com	Since the company's inception in 1999, scientists and engineers at AutoGenomics have endeavored to create automated technologies that simplify the complex test processes inherent in genetic analysis within a format that is user friendly and increases productivity in the clinical laboratory. The INFINITI® system is designed specifically for processing AutoGenomics' unique proprietary BioFilmChip® microarrays that can be multiplexed and configured with hundreds of biomarkers to assess disease signatures from a single sample specimen. The INFINITI system provides clinical laboratories with significant improvements in laboratory productivity, workflow, and cost per reportable result.
250	AXXESS COMPOUNDING	Axxess Compounding LP is a physician owned physician driven compounding services company specializing in topically compounded prescription medications for patients.
248	BIOBACK BY MEDOLUTIONS www.medolutions.com	BioBack is a reimbursable lumbar orthosis employing a unique design for the immediate relief of lumbar back pain. Patients respond very favorably to the BioBack enjoying a return to active lifestyles and pursuits. BioBack combines two forces to create a comfortable corrective support that encourages a positive biomechanical response by the muscles of the lower back. The result is proper postural alignment leading to reduced muscle tension, decreased lower back pain, and improved mobility. A clinical trial demonstrated that BioBack reduces strain on key muscles in the lower back by an average of 46%—far in excess of the results provided by conventional compression braces.
128	BIOMAT COMPANY www.ConeeSpano.TheBioMatCompany. com	Patient compliance is no longer a problem with the BioMat, an FDA licensed, Class II, life-sustaining piece of medical equipment that removes toxins, puts the body into biological balance, and provides pain and stress relief, so effective, it's guaranteed. Within 15 minutes on the BioMat, you experience delta relaxation, pain is reduced throughout the body, pulse rate and stress hormones normalize, neurotransmitters optimize, blood pressure reduces, pituitary gland releases endorphins, lymphatic fluid and blood flows increase, allowing the body to detoxify and heal. Reverse degenerative disease cycles, detoxify, rejuvenate, and recover with the most advanced technology. Far infrared rays, negative ions, and amethyst quartz combine to detoxify and heal at the speed of light. Enjoy a 15-minute healing session on the BioMat. Stop by our booth 128 at PAINWeek 2014.
405	CALLOWAY LABORATORIES www.callowaylabs.com	A longtime industry leader in UDT, Calloway has added Epidermal Nerve Fiber Density (ENFD) and pharmacogenomics testing to its rapidly expanding menu of services. ENFD, a fairly new diagnostic tool, uses a minimally invasive office-based procedure to assess for small fiber peripheral neuropathy. Both tests exemplify Calloway's research-driven focus on innovation, to serve the diverse and evolving needs of healthcare professionals and their patients.
118	CAROLINA LIQUID CHEMISTRIES www.carolinachemistries.com	Add value for your patients and your practice with an in-office laboratory. Carolina Liquid Chemistries makes starting your lab easy by assisting with certification, validation, and training. Our analyzers are fast and easy-to-operate. Our test menu is extensive. CLC makes in-office drug testing an easy choice that can improve patient care and sustain your practice.
347	COMPUGROUP MEDICAL—CGM LABDAQ www.cgm.com/us/products solutions_11/laboratory_information_ system_2/labdaq/CGM-LabDAQ.en.jsp	CompuGroup Medical has been developing laboratory information systems for over 22 years. CGM LABDAQ Laboratory Information System (LIS) has become the foundation for over 2,800 successful clinical and reference laboratories to provide quality care to their patients and providers.

BOOTH	ORGANIZATION	DESCRIPTION
401	CONFIRMATRIX LABORATORY INC. www.confirmatrixlabs.com	Confirmatrix Laboratory Inc. is an independent laboratory specializing in providing comprehensive clinical quantitative urine and oral fluid drug testing, medication monitoring, and support services. In addition, Confirmatrix provides time saving, economical, and accurate on-site/point of collection analysis for drugs of abuse, therapeutic drugs, employment drug screening, and occupational health testing. We are committed to quality testing with a guaranteed turnaround time of 24 hours. Confirmatrix Laboratory prides itself on individualized customer service based on the unique needs of your organization.
336	CURERX PHARMACY www.curerxpharmacy.com	CureRx operates a full, nonsterile, mail-order compounding facility. Our formulations have been engineered by several pain management doctors and pharmacists to treat acute, chronic, and neuropathic pain. With certified compounding specialists adhering to USP Chapter <795> standards developed specifically for the compounding pharmacy industry, CureRx is pioneering a level of patient care sure to benefit a physician's practice. Through independent potency, sterility, and organoleptic testing, we ensure maximum effectiveness of the prescribed formulations, enhancing the patient experience on an individual basis. Our staff is highly experienced and trained in the third-party reimbursement process including most PPOs, HMOs and Medicare.
101	DEPOMED, INC. www.depomed.com	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.
327	DISC DISEASE SOLUTIONS www.ddsbelt.com	Disc Disease Solutions is the national wholesale provider of the medically-coded/Medicare-approved, high reimbursing, DDS 500 and DDS Double spinal-air lumbar decompression braces. DDS decompression braces are entirely different than traditional pull-string/cinch-tight lumbar braces in that they can address the CAUSE of back pain. As DDS braces inflate they expand vertically creating a powerful distractive force. The resulting decompression allows herniated, bulging, or otherwise compromised discs to distract off nearby nerves thereby providing significant drug-free pain relief. According to a user survey, 45% of DDS users report pain relief within the first hour and 79% within the first day of use!
325	DOMINION DIAGNOSTICS www.DominionDiagnostics.com	Dominion Diagnostics is a leading CAP-accredited and CLIA-certified national medical laboratory specializing in pain medication and substance misuse monitoring, clinical support services, and innovative targeted analytics to support better health care and improve patient outcomes. Dominion's services are customized to fit the needs of individual healthcare programs and unique patients. The company is the most experienced pain medication and substance misuse monitoring laboratory in the country and offers unparalleled levels of customer support, compliance, accuracy, education, and clinical expertise. Dominion empowers practitioners with actionable information regarding patient prescription adherence through its exclusive Scientifically Accurate Medication Monitoring (SAMM) TM reporting.

ВООТН	ORGANIZATION	DESCRIPTION
426	DRUG TESTING PROGRAM MANAGEMENT www.dtpm.com	Drug Testing Program Management (DTPM) is the leader in drug testing services and supplies. Offering full turn-key, no up-front cost solutions for physician office laboratories (POL). DTPM offers customers a complete range of highend analytical instruments as well as laboratory equipment, software, services, consumables, and reagents to enable integrated laboratory workflow solutions. No one offers a more diverse drug testing menu than DTPM. We offer the most convenient purchasing options to customers and continuously advance our technologies, services, and supplies to enhance value for customers. Partnering with the world leaders in drug testing reagents. Call DTPM today (256) 845-1261.
330	ELAB SOLUTIONS www.elabsolutions.com	High-complexity testing—simplified. Because more than just patient comfort should be considered when prescribing pain management, a comprehensive drug testing program is the single most important facet to include in any practice. With our solutions, implementation of advanced on-site testing is possible without a large investment of space or resources. We work directly with you to customize a testing program that is just right for staff, patients, and, of course, successful clinic operations.
438	ELECTROMEDICAL PRODUCTS INTERNATIONAL, INC. www.alpha-stim.com	Electromedical Products International, Inc. (EPI), founded in 1981, is the world leader in cranial electrotherapy stimulation and microcurrent technology. Sold under the brand name of Alpha-Stim®, EPI's prescription technology has proven safe and efficacious in the treatment of pain plus anxiety, depression, and insomnia. The company offers toll-free clinical support at (800) FOR-PAIN (367-7246). Licensed healthcare practitioners who would like to try it in their practice can ask for a free 60-day loan (first time customers only). Visit www.alpha-stim.com to learn more, or email info@epii.com.
451	ESSENTIAL TESTING www.etlab.org	Essential Testing offers a prescription medication monitoring program which combines cutting edge technology with best in class customer service. Our specialized team of toxicologists, technologists, client service coordinators, and sales specialists is dedicated to meeting and exceeding the needs of your practice by providing the most accurate testing and reporting protocols in the industry. Essential Testing is Here to Protect the Patient, Protect the Physician, and Protect the Public.
231	ETHOS LABORATORIES www.ethos-labs.com	Ethos is a high complexity compliance, analytics, and assessment organization focused on pain management. We challenge convention by partnering with healthcare professionals focusing on the optimization of patient care, outcomes management, and the health and sustainability of the physician practice. Ethos helps practices navigate through the use of electronic risk assessment tools, hormone level determination, steady state blood level monitoring, and compliance focused urine, plasma, and oral matrix screening. At Ethos, we are always guided by our principles of delivering the highest level of integrity and providing the latest advancements in technology within today's cost conscious environment.
445	EXPO ENTERPRISE INC www.tensunitmassagers.com	Our company has exhibited at many conferences and our products have had big success. We currently offer 3 lines of products: The IQ tens unit massager featuring IQ professional massagers; this unit is one of the best-selling tens units on the market and is equipped with the latest technology. Our second line of products feature negative ion technology therapy that increases blood circulation, eradicates skin conditions, and upgrades immunity. As doctors, athletes, and trainers are discovering the versatile power of gemstones, clinical evidence continues to indicate that therapeutic green tourmaline enhances human performance. Wearing green tourmaline allows its therapeutic action to work on all levels. It's that simple!

ВООТН	ORGANIZATION	DESCRIPTION
422	FAGRON, INC. www.fagron.us	Global Market Leader in Pharmaceutical Compounding Supplies. Fagron, Inc., provides pharmacists in the United States with high quality products and solutions. Fagron continuously introduces innovative products, based on research done in our own R&D center. We work together with our customers, universities, physicians, and other care providers to provide optimized compounding solutions. We continuously perform studies on our products, dedicated to providing you the best quality possible. Fagron supports customers by offering complimentary professional support. Our staff of experienced pharmacists and technicians provide technical assistance and answers to any and all questions.
449	FEEL GOOD, INC. www.healthmateforever.com	Please visit our booth for more information.
419	FREEDOM PAIN HOSPITAL www.freedompainhospital.com	Freedom Pain Hospital is a cost effective, integrative acute care hospital and outpatient services solution for the uncoordinated care and increasing costs associated with chronic pain management. Freedom Pain Hospital is the first of its kind dedicated to evaluation, diagnosis, and treatment of chronic pain syndromes.
224	FREEDOM PHARMACEUTICALS, INC. www.freedomrxinc.com	Freedom Pharmaceuticals, Inc., specializes in the supply of active pharmaceutical ingredients (APIs), excipients, and compounding equipment and supplies to independent compounding pharmacies throughout the United States. Freedom Pharmaceuticals is owned and operated by independent compounding pharmacy owners who understand the everyday challenges associated with the operation of a successful compounding pharmacy. With this working knowledge and practical experience, Freedom Pharmaceuticals has its finger on the pulse of compounding and will help our customers be on the forefront of this rapidly changing industry.
132	GALENA BIOPHARMA www.galenabiopharma.com	Galena Biopharma is developing and commercializing innovative, targeted oncology treatments that address major unmet medical needs to advance cancer care. Galena has two commercial products: a rapid acting sublingual fentanyl tablet for the management of breakthrough cancer pain and an ondansetron oral soluble film for the prevention of CINV, RINV, and PONV. The company has a broad oncology/hematology pipeline with three separate clinical development programs that include novel cancer immunotherapies to prevent the recurrence of breast, ovarian, and endometrial cancers and a controlled release formulation of anagrelide to treat essential thrombocythemia. Additional information can be found at www.galenabiopharma.com.
Т4	GENE A. HAWKINS, PHD, PAIN SOLUTIONS www.chronicpainrecovery.com	Psychologically based pain management program specializing in hard to treat patients. The chronically depressed, anxious, agitated, and critical. Patients with poor or inconsistent adherence and response to treatment. Patients who are remembered even by the clerical staff. Their previous jobs helped them avoid feeling NOT ENOUGH "if you are what you do, who are you when you can't." Through relaxation and visualization CDs, a book entitled Road Maps to Pain Solutions, DVDs covering pain issues, workshops and individual consultations, they learn to manage pain, emotions, and negative thinking. They learn they are and can be enough and enjoy life again.
102	GENSCO LABORATORIES www.genscolabs.com/	Please visit our booth for more information.
141	GLOBO-SA, INC www.iqmassager.com/	Please visit our booth for more information.

BOOTH	ORGANIZATION	DESCRIPTION
147	HORIZON PHARMA, INC. www.horizonpharma.com	Horizon Pharma, Inc., is a specialty pharmaceutical company that has developed and is commercializing products to primary care, orthopedic surgeons, and rheumatologists. The company markets DUEXIS®, RAYOS®/LODOTRA®, and VIMOVO®, which target unmet therapeutic needs in arthritis, pain, and inflammatory diseases.
340	IMMUNALYSIS CORPORATION www.immunalysis.com	Immunalysis develops and manufactures immunoassay reagents for drug testing in a variety of biological matrices. With an expansive line of ELISA and homogeneous enzyme (HEIA TM) assays coupled with Quantisal TM , our proprietary oral fluid collection device, automation tools and confirmation support, we provide forensic toxicologists powerful, comprehensive drug testing solutions. We are Toxicology.
323	INFINITE THERAPEUTICS www.infinitymassagechairs.com	The Infinity IT-8800, comparable to the Inada™ for 1/2 the price, offers state-of-the-art roller foot reflexology, thigh and hip massage, an amazing spinal decompression stretch, sensors for customized targeted massage, lumbar heat and music, endless luxury, for the ULTIMATE MASSAGE!
120	INSOURCE DIAGNOSTICS www.insourcedx.com/	Please visit our booth for more information.
213	INSYS THERAPEUTICS www.insysrx.com	INSYS Therapeutics is a specialty pharmaceutical company developing and commercializing supportive care products. We focus our research efforts on product candidates that utilize innovative formulations to address the clinical shortcoming of existing pharmaceutical products. Our currently marketed product is a treatment option for the management of breakthrough cancer pain.
228	IOVERA HEALTH www.iovera.com	Please visit our booth for more information.
346	IROKO MEDICAL AFFAIRS	Please visit our booth for more information.
106	IROKO PHARMACEUTICALS www.iroko.com	Iroko is a global specialty pharmaceutical company, based in Philadelphia, dedicated to advancing the science of analgesia. The company develops and globally commercializes pharmaceutical products. In addition to the Iroko products that are marketed worldwide, the company has a robust pipeline of investigational low dose NSAID products being developed using iCeutica Inc.'s proprietary SoluMatrix Fine Particle Technology TM .
409	KALÉO www.kaleopharma.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 wi the goal of achieving superiority, cost effectiveness, and patient preference. kaléo just recently launched EVZIO (naloxone HCl injection) auto-injector.
331	LABCORP-MEDTOX www.labcorp.com	LabCorp MedWatch® is one of the nation's premier medical drug monitoring programs and is offered through LabCorp and its specialty testing laboratory, MedTox Laboratories. The LabCorp MedWatch® program offers a full menu o medical drug monitoring tests that provides unparalleled choice, flexibility, and clinical value for your specific monitoring needs.
442	LAB USA, INC. www.labusainc.net	Clinical laboratories specializing in urine drug testing.
149	LAS VEGAS RECOVERY CENTER www.lasvegasrecoverycenter.com	Las Vegas Recovery Center is a private, free-standing chemical dependency and pain treatment facility. We are licensed by the state of Nevada and accredited by the Joint Commission (JCAHO). Las Vegas Recovery provides a complete continuu of care, including inpatient medical detox, inpatient treatment, residential and partial hospitalization, and outpatient services. Our Pain Recovery Program has long been considered the best in the country.

ВООТН	ORGANIZATION	DESCRIPTION
137	LEGACY PHARMACY www.summitrx.com	Legacy Pharmacy is a full-service retail pharmacy specializing in custom compounding. Legacy serves both private insurance and New Jersey workers' compensation patients.
428	LINDEN CARE www.lindencare.com	Linden Care, headquartered in Woodbury, New York, is a leading provider of specialty pharmacy services to the pain management industry. The company is licensed in 48 states and services the needs of patients and physicians in the highly regulated pain industry. Linden Care works closely with leading pain pharmaceutical manufacturers and pain management physicians to formulate patient management programs to facilitate prior authorization and best-in-class compliance to optimize treatment outcomes for patients.
450	LOCHNESS MEDICAL INC. www.lochnessmedical.com www.btnx.com	Lochness Medical Inc. is a premier distribution company carrying rapid response point of care diagnostics and rapid drug testing kits in the United States. We specialize in consulting offices clinically, procedurally, and financially to help you provide the best patient care while effectively managing your finances. Lochness Medical Inc. is able to drive the most competitive pricing to our customers due to building strategic alliances with the most advanced and innovative manufacturing facilities. Being able to not only compete, but revolutionize both quality and cost with our products, has helped provide our clients with a foundation for a long and supportive business relationship. We look forward to working with you.
348	LUMINEX www.luminexcorp.com	Luminex is committed to applying its passion for innovation toward creating breakthrough solutions to improve health and advance science. The company is transforming global healthcare and life-science research through the development, manufacturing, and marketing of proprietary instruments and assays utilizing xMAP® open-architecture multi-analyte platform, MultiCode® real-time polymerase chain reaction (PCR), and multiplex PCR-based technologies that deliver cost-effective rapid results to clinicians and researchers. Luminex is meeting the needs of customers in markets as diverse as clinical diagnostics, pharmaceutical drug discovery, biomedical research including genomic and proteomic research, personalized medicine, biodefense research, and food safety. For further information on Luminex Corporation please visit www.luminexcorp.com.
436	MAGNOLIA SPECIALTY PHARMACY	Magnolia Specialty Pharmacy was founded with a goal to deliver specially formulated therapies that allow the physician to work with our accredited PharmD team to most effectively treat his or her patient—creating the triad of care that has been the hallmark of high level care for decades. All of our operations are deeply rooted in actions that are patient centric and doing all that we can do to ensure access of treatment to the patient.
219	MALLINCKRODT PHARMACEUTICALS www.mallinckrodt.com	Mallinckrodt is a global specialty pharmaceutical and medical imaging business that develops, manufactures, markets, and distributes specialty pharmaceutical products and medical imaging agents. The company's Specialty Pharmaceuticals segment includes branded and generic drugs and active pharmaceutical ingredients (API), and the Global Medical Imaging segment includes contrast media and nuclear imaging agents.
345	MARIJUANA DOCTORS www.marijuanadoctors.com	Please visit our booth for more information.

BOOTH	ORGANIZATION	DESCRIPTION
240	MARINER ADVANCED PHARMACY www.marinerpharmacy.com	Integrity, quality compounding, and patient centered, located in the Bay Area of Northern California in San Mateo, Mariner Advanced Pharmacy Corp (MAP) provides complete pharmacy services including compounded prescription, pharmaceutical-grade vitamin/nutritional supplements, and much more. MAP's highly trained pharmacists utilize state-of-the-art technology with FDA approved chemicals and employ the strictest standards in order to safely compound the exact specifications of a prescription. Backed by a team of consulting pharmacists and chemists, we have the ability to personalize practically any medication, from suppository and lozenges, to veterinary medications to a variety of pain preparations.
444	MASTERPHARM COMPOUNDING PHARMACY www.masterpharm.com	MasterPharm is a full service PCAB accredited compounding pharmacy. MasterPharm's SOPs exceeds all federal USP/NF 797 standards as well as fully complies with all standards of the New York State Board of Pharmacy. All intrathecal solutions are tested not only for potency but endotoxins, fungal growth, and sterility. We operate two high tech ISO 5 clean rooms. We have an internal Compliance Officer as well as an independent Compliance Consultant who consistently performs GAP analysis of our staff, as well as our facilities. We encourage site visits and welcome you to do so in the near future.
339	MCGILL UNIVERSITY—SCHOOL OF PHYSICAL AND OCCUPATIONAL THERAPY www.mcgill.ca/spot/programs/online- graduate-certificates/chronic-pain- management	Offered by McGill University's Faculty of Medicine, School of Physical and Occupational Therapy, the Online Graduate Certificate in Chronic Pain Management is ideal for healthcare professionals from many disciplines. Students acquire the most recent, evidence-based clinical practices on chronic pain management; understand biopsychosocial treatment approaches; learn important medication interactions including safe and appropriate prescription of opioids; and develop a network of like-minded professionals and leaders in the field. Next application and registration deadline: October 15, 2014.
430	MCNEIL CONSUMER HEALTHCARE www.TylenolProfessional.com	McNeil Consumer Healthcare, the makers of TYLENOL®, has been dedicated to helping clinicians practice the art of medicine with important analgesic products and patient education for over 50 years. Visit the TYLENOL booth during PAINWeek to learn more.
242	MEDCOMP SCIENCES www.MedCompSciences.com	MedComp Sciences offers a personalized and robust portfolio of laboratory services for clinicians. We offer numerous options for therapeutic medication monitoring, pharmacogenetics, and compound medications. Our focus is to meet the needs of our clients and ensure clinical, patient, and financial value and satisfaction.
351	MEDCROSS BILLING & CONSULTING SERVICES www.medcrossbilling.com	MedCross provides medical billing and consulting services to physicians, group medical practices, and laboratory facilities.
341	MEDORIZON, INC www.medorizon.com	Medorizon's offering is that of coding, billing, and collections for clinic physicians and ambulatory surgical centers with over 20 years serving pain management providers. With our web based PM/EMR software we understand Medicare, and commercial insurance with a unique focus on workers compensation and personal injury. Bottom line: our goal is to maximize your collections.

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126	MEMORIAL HERMANN PREVENTION & RECOVERY CENTER (PARC) www.parc.memorialhermann.org	Memorial Hermann Prevention and Recovery Center (PaRC), a nationally recognized, TJC accredited, DSHS licensed program offers alcohol, substance abuse, and dual diagnosis treatment for adults and adolescents. Located in Houston, Texas, and open 24 hours a day, 7 days a week, the PaRC offers all levels of care. PaRC's team of physicians and specialists evaluate, treat, educate, and guide the patient through the process of pain and addiction recovery. We utilize traditional and nontraditional approaches. Our goal is to help the patient achieve relief from pain and continue to build long-term pain and addiction recovery.
113	MILLENNIUM LABORATORIES www.millenniumlabs.com	Millennium Laboratories, a leader in the science of toxicology and pharma-cogenetics, is transforming the way healthcare providers improve clinical outcomes. Millennium helps practitioners provide personalized care to patients in need through its patient-centered research and education initiatives and its ability to respond to evolving healthcare challenges with advanced technologies.
143	MSPARTS www.ms-parts.com	Leading supplier of clinical laboratory consumables, accessories, and mass spectrometry instruments. Turn-key solutions!
125	MSPEC GROUP www.mspecgroup.com	Leading service provider specializing in mass spectrometers and LCMS pain management support services.
349	MTL SOLUTIONS	Medical Toxicology Laboratory Solutions, LLC, offers physician office and independent clinical laboratories unparalleled support and resources. With a focus on business and clinical compliance, we bring expertise in the design, planning, restructuring, auditing, billing, coding, and overall compliance and management of clinical laboratories focused on therapeutic drug monitoring. For a partner with expertise and solutions suited to the changing landscape of clinical laboratory, contact MTLS.
т9	NALFON www.nalfoninfo.com	Please visit our booth for more information.
145	NATIONAL ASSOCIATON OF DRUG DIVERSION INVESTIGATORS www.naddi.org	The National Association of Drug Diversion Investigators, or NADDI, is a nonprofit membership organization that works to develop and implement solutions to the problem of prescription drug diversion. NADDI advocates for the responsible use of prescription drugs by people who need them and, at the same time, aggressively works with law enforcement and regulators to pursue those involved in related criminal activity.
238	NOBLE MEDICAL, INC. www.noblemedical.com	Noble Medical, Inc., is a worldwide provider of on-site drug testing products. As the leader in the point of care drug testing industry, our products deliver the most reliable and secure results available.
т6	NORTH AMERICAN NEUROMODULATION SOCIETY www.neuromodulation.org	The North American Neuromodulation Society (NANS) is 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.

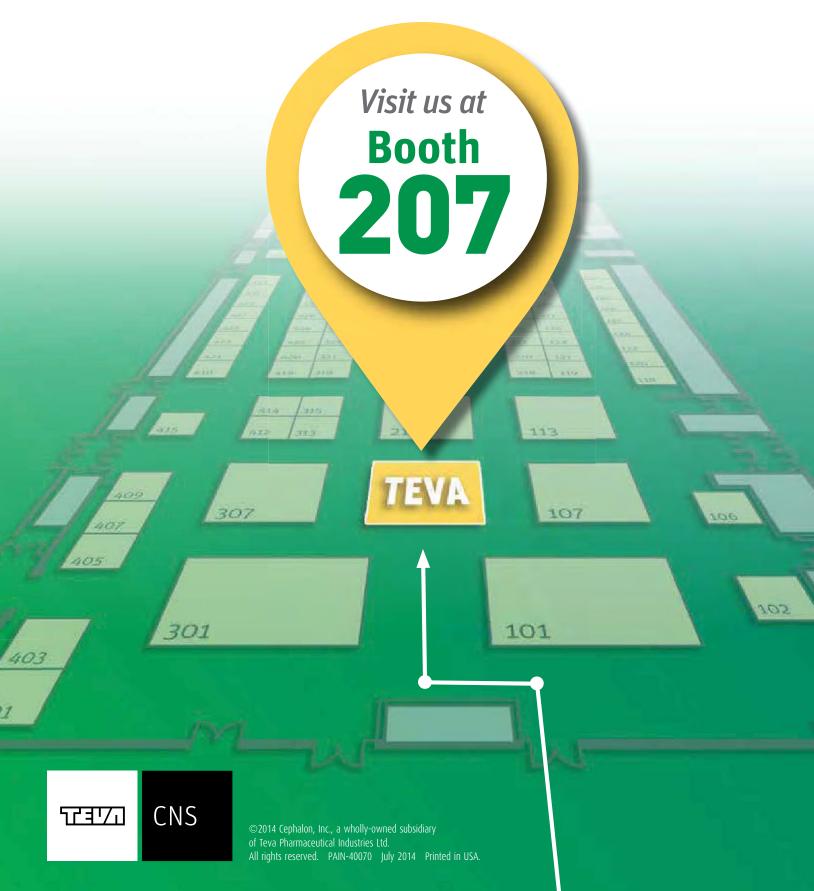
BOOTH	ORGANIZATION	DESCRIPTION
230	ORCHARD SOFTWARE CORP. www.orchardsoft.com	Orchard Software is a leader in the laboratory information system industry and offers a variety of informatics solutions. Orchard's products are installed in all sizes of physician groups, clinics, hospitals, reference labs, and pain management centers. Decision support rules based on medications prescribed and detected analytes enhance productivity, ensure quality results, and improve consistent reporting. Business intelligence enables compliance monitoring and reporting of inconsistent findings to document compliance and corrective action. In addition, analytics support risk stratification for identifying abuse potential. Orchard serves more than 1300 laboratories across the country helping them to improve efficiency, reduce errors, and enhance integration.
т14	OXYRUB PAIN CREAM	Please visit our booth for more information.
244	PAINEDU.ORG www.painedu.org	PainEDU is an educational website for healthcare providers looking to learn more about treating chronic pain patients. New this year is the PainEDU REMS Education Program, a free online CME program offering 3.0 AMA PRA Category 1 credits. The program focuses on the safe and effective use of extended-release/long-acting (ER/LA) opioid analgesics. Register now at rems.painedu.org.
343	PAIN MEDICINE NEWS (PMN) www.PainMedicineNews.com	Pain Medicine News (PMN), the best-read pain publication in the United States according to Kantar Media, is mailed 10 times annually to 44,721 pain treating physicians. This newspaper offers extensive coverage of pain-related presentations at major clinical meetings and features articles on topics relevant to practicing clinicians. PMN also presents in-depth clinical reviews written by thought leaders, cutting-edge practice management articles, and medical education.
т8	PAINPATHWAYS MAGAZINE	PainPathways Magazine is
	www.painpathways.org	 The only nationwide magazine dedicated to the needs and interests of chronic, acute, and cancer pain patients, caregivers, and physicians Filled with expert pain management advice and resources, also available in an E-edition Helping millions of people find their path to wellness, with information also on integrative therapies Published quarterly, and features high-profile personalities, including Dr. Oz, Jeff Gordon, Dorothy Hamill, Naomi Judd, Dick Vitale, TODAY's Hoda Kotb, CNN's Dr. Sanjay Gupta, and the late Maya Angelou. The official magazine of the World Institute of Pain (WIP) Received by state professional pain societies and pain organizations Partners with the American Chronic Pain Association, Power of Pain Foundation, U.S. Pain Foundation, and other pain organizations
122	PCCA www.pccarx.com	PCCA helps pharmacists and prescribers create personalized medicine that makes a difference in patients' lives. We are the complete resource for the independent compounding pharmacist, providing the highest-quality products, education, and support. Our success comes from the success of each member pharmacy. "Lives depend on a job well done." For PCCA, it's not just a saying, but the way we approach quality. While our members have access to over 4,560 active and nonactive chemicals—more than any other compounding pharmacy supplier—the competitive advantage we bring our members is the industry's most comprehensive quality control program. See more at pccarx.com.

BOOTH	ORGANIZATION	DESCRIPTION
350	PHAMATECH, INC. www.phamatech.com	Phamatech, Inc., is uniquely qualified to provide physicians with a complete Pain Management Monitoring Program. Phamatech is the only manufacturer of American-made in-vitro diagnostic kits that are both FDA cleared and CLIA waived. Phamatech's laboratories are both SAMHSA and CLIA certified, and we provide 24-hour turnaround time for drug test results. Physicians are also offered a wide variety of reporting methods and formats, and we can provide comprehensive billing services if needed.
418	PINNACLE LABORATORY SERVICES www.pinnaclelabservices.com	At Pinnacle Laboratory Services, we specialize in pharmacogenetic testing as well as urine and saliva toxicology. Our innovative work and personable atmosphere make us the perfect option for physicians seeking the latest platforms for next generation technology. Pinnacle Labs is located in Ocala, Florida. For more information please visit us at www.pinnaclelabservices.com.
т13	POSTGRADUATE MEDICINE www.postgradmed.com	Established in 1916 by Charles Mayo, MD, Postgraduate Medicine is a rapid peer-reviewed medical journal published for physicians, communicating the latest research to aid the primary care physician with treatment decisions. Our mission is to provide relevant, useful, and authoritative medical information to help physicians solve clinical problems and improve patient care. With contributions from leading physicians and researchers from around the world, Postgraduate Medicine provides a cutting-edge perspective on the most recent developments across many medical specialties. Each issue contains original research and academic review articles to assist physicians in decision-making by including the latest techniques and treatment options.
тз	POWER OF PAIN FOUNDATION www.powerofpain.org	Power of Pain Foundation (POPF) promotes pain research, awareness, education, and serves the needs of people with neuropathy pain conditions and their families in the United States. The POPF will be featuring the International RSD Awareness Quilt project at PAINWeek 2014. POPF transforms shame into understanding, statistics into people, and raises awareness into action. Founded by the Ingle-Taylor family, the mission of the Power of Pain Foundation is to raise awareness, educate patients and caregivers, and empower neuropathy patients to become their own best advocate. Through our motivation for a cure, we are turning pain to POWER!
т7	PRACTICAL PAIN MANAGEMENT www.practicalpainmanagement.com	The Nation's Premier Teaching Journal for Pain Practitioners. Additional articles, news, and enhanced features for our professional audience as well as information for patients are all available online.
425	PROOVE BIOSCIENCES, INC. www.ProoveBio.com	Proove Biosciences is the personalized pain medicine company. Our mission is to change the future of medicine. Based in Southern California, Proove provides physicians with information to improve the selection, dosing, and evaluation of medications.
222	PURDUE MEDICAL INFORMATION	Please visit our booth for more information.
218	PURDUE PHARMA L.P. www.PurdueHCP.com	Purdue Pharma L.P. is well known for its pioneering work on persistent 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	H ORGANIZATION	DESCRIPTION
245	QUANTUM ANALYTICS www.lQA.com	Rent, lease, or purchase from our inventory of new and reconditioned instruments. Instruments include: GC, GC/MS, GC/TOF, HPLC, LC/MS, Molecular and Atomic Spectroscopy, Pyrolysis Systems, Thermal Desorption Systems, Purge and Trap, GC/MS-FTIR (IRD), AED, MSD Direct Inlet Probe, Post-Column Systems, SimDis Software, Gas Generators, Sample Preparation and Handling, Data Systems and Software. Manufacturers include: Agilent Technologies, ASAP, Diablo, Frontier Laboratories, GeSiM, LEAP Technologies, Markes, Metrohm, Owlstone, Peak Scientific, Pickering Laboratories, Syft, Teledyne Tekmar, and more.
431	QUEST DIAGNOSTICS www.questdiagnostics.com	Quest Diagnostics, the world's leading provider of diagnostics testing, information, and services, offers a comprehensive test menu including genetics, women's health, oncology, toxicology, immunology, and endocrinology. Beyond our comprehensive menu of laboratory testing services, we offer a variety of resources to help you manage your patients, run your office, and stay current with the latest medical advances. Visit QuestDiagnostics.com.
139	RANDOX TOXICOLOGY www.randoxtoxicology.com	Randox Toxicology delivers innovative solutions for fast and accurate drug detection, ensuring you get the most out of your laboratory resources. We are the primary manufacturer of Biochip Array Analysers, homogeneous ElA's, ELISA's, automated systems, quality control material, and antibodies for forensic and clinical toxicology. Our aim is to strengthen the practice of twenty-first century drug testing through innovation and consolidation. With thirty years' experience in the development of high quality products, we have acquired a wide range of customer-orientated screening solutions to suit all workloads.
107	SALIX PHARMACEUTICALS, INC. www.salix.com	For over 20 years, Salix Pharmaceuticals, Inc., has been committed to providing effective solutions for the management of many chronic and debilitating conditions. Salix currently markets its product line to US healthcare providers in the areas of gastroenterology, hepatology, colorectal surgery, endocrinology, internal medicine, primary care, and pediatric urology.
329	SELECT LABORATORY PARTNERS, INC www.slplabs.com	Select Laboratory Partners (SLP) specializes in products and services for the physician office laboratory. SLP currently manages over 80 laboratories for physicians in the pain management specialty. The SLP program has enabled pain management practices to improve the quality of drug screening by using the IR-500 analyzer and the Shimadzu LC-MS/MS for confirmation.
247	SI-BONE, INC. www.si-bone.com	SI-BONE, Inc., is the leading sacroiliac (SI) joint medical device company dedicated to the development of tools for diagnosing and treating patients with low back issues related to SI joint disorders. The company is manufacturing and marketing a minimally invasive surgical (MIS) technique for the treatment of SI joint pathology.
130	SORE NO MORE! www.SoreNoMore.com	Erase pain the natural way! Natural, healthy, safe, and effective Sore No More! is a unique blend of plant extracts that naturally provides effective relief for so many ailments. Sore No More! has a topical anesthetic effect which depresses cutaneous sensory receptors. The formula absorbs quickly and deeply producing a synergistic effect that detoxifies tissues, relieves tight and tender joints, soothes muscle soreness, and reduces inflammation. Sore No More! relieves pain effectively for: rheumatoid arthritis, fibromyalgia, migraines, muscle aches and pains, muscle spasms, overexertion, fatigue, tendonitis, diabetic neuropathy, and more! Please stop by booth #130 for your free sample.

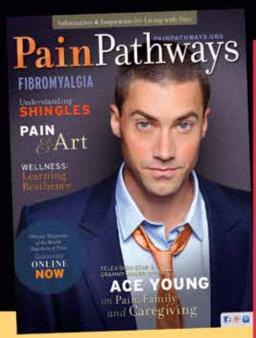
BOOTH	ORGANIZATION	DESCRIPTION
225	STERLING HEALTHCARE SERVICES www.sterlinghealthcaresvcs.com	Five laboratories have come together to leverage the strengths of each and create an information-focused, national healthcare company: Sterling Healthcare Services. We offer a consolidated approach to toxicology by providing information through urine, oral fluid, blood, and hair analyses as well as pharmacogenetic testing. We combine that with connectivity solutions and office protocols to be more than just another toxicology laboratory. We want our clients to have access to the right test, at the right time, for the right information, and the tools to understand that. Sterling Healthcare Services is an industry-leading, CAP-, CAP FDT-, CLIA-, and SAMHSA-certified toxicology laboratory.
T2	TAKE COURAGE COACHING www.takecouragecoaching.com	An essential tool is missing in the current pain management strategy: a key to unlocking a patient's true potential. The solution is active patient engagement, and Pain Management Coaching is the key. We offer that solution.
313	TAKEDA PHARMACEUTICALS U.S.A., INC. www.tpna.com	Based in Deerfield, Illinois, Takeda Pharmaceuticals U.S.A., Inc., and Takeda Global Research & Development Center, Inc., are subsidiaries of Takeda Pharmaceutical Company Limited, the largest pharmaceutical company in Japan. The companies currently market oral diabetes, insomnia, rheumatology, and gastroenterology treatments and seek to bring innovative products to patients through a pipeline that includes compounds in development for diabetes, cardiovascular disease, gastroenterology, neurology, and other conditions.
123	TECHNEAL INC. www.techneal.com	TechNeal Inc. has been supplying the needs of the clinical laboratory for over 25 years. From consultation and management to product support, TNI has been instrumental in the buildup and operation of many specialty labs. Oftentimes it is not enough to just be an innovator; proper support is required as well. At TNI our mission is to be that support so you can focus on innovating. In laboratory medicine, just as in other areas of health care, a sound infrastructure is key to success. Our expertise in management, technical support, and regulatory compliance positions us to be your ideal partner.
207	TEVA PHARMACEUTICALS www.tevausa.com	Teva Pharmaceutical Industries Ltd. is a leading global pharmaceutical company, committed to increasing access to high-quality health care by developing, producing, and marketing affordable generic drugs as well as innovative and specialty pharmaceuticals and active pharmaceutical ingredients. Teva's branded businesses focus on CNS, oncology, pain, respiratory, and women's health therapeutic areas as well as biologics.
236	THERMO SCIENTIFIC www.thermoscientific.com/lcms-ivd	Achieve greater productivity and confidence when providing laboratory-developed test results to the healthcare professionals you serve. Introducing Thermo Scientific™ high-performance medical devices for in vitro diagnostic use—Thermo Scientific™ Prelude MD™ HPLC, Thermo Scientific™ Endura MD™ mass spectrometer, and Thermo Scientific™ ClinQuan MD™ software—help you deliver LC-MS results easily, quickly, and with more confidence. Visit us in our booth to see our 3 new medical devices our customers will use to give physicians more accurate, confident results and help them to make diagnostic decisions for the patients under their care.
TII	TUFTS publichealth.tufts.edu	Please visit our booth for more information.
т5	u.s. PAIN FOUNDATION, INC. www.uspainfoundation.org	U.S. Pain Foundation was created by people with pain for people with pain. Our mission is to inform, empower, and advocate for people with pain, their caregivers, and the pain community. The purpose of our Invisible Project is displaying a photojournalistic showcase of the daily experiences of real people with chronic pain. It highlights personal strength, character, courage, and determination. U.S. Pain wants people with pain to know they are not alone and we will walk this pain journey of empowerment with them.

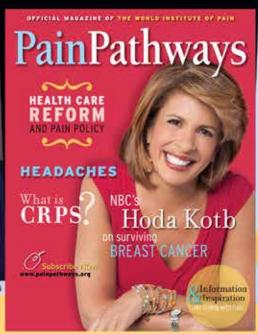
Find your way to your trusted partner in pain management



BOOTH	ORGANIZATION	DESCRIPTION
342	VERTICAL PHARMACEUTICALS, LLC www.verticalpharma.com	Vertical Pharmaceuticals provides novel products such as Conzip® for all day chronic pain relief and Lorzone® for acute musculoskeletal pain relief. We are dedicated to partnering with physicians and healthcare professionals to improve the lives of patients through the management and treatment of pain.
151	WATERS CORPORATION www.waters.com	Waters Corporation creates business advantages for laboratory-dependent organizations by delivering scientific innovation to enable customers to make significant advancements. Waters helps customers optimize laboratory operations, detect relevant analytes, deliver product performance, and ensure regulatory compliance with a connected portfolio of separations and analytical science, laboratory informatics, and both sensitive and specific mass spectrometry products. Talk to us to learn more about our experience with clinical and medical laboratories.
131	YOUSCRIPT BY GENELEX www.youscript.com	Genelex is a recognized leader in pharmacogenetic (PGx) testing and personalized medication management systems and software. The company's high-complexity, CLIA laboratory has more than 25 years of DNA testing experience and in 2000 became one of the first laboratories in the US to provide PGx testing. The company's YouScript® Personalized Prescribing System is the only medication management system that assesses the cumulative effect of a patient's genetics and entire drug regimen to determine adverse drug event risk and recommends safer alternatives. When used while prescribing, YouScript can help providers prevent adverse drug events, improve treatment, and reduce healthcare costs.
243	ZOGENIX www.zogenix.com	Featuring Zohydro™ ER. Please visit our booth for more information.

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