



# NEWSLETTER

THE OFFICIAL PUBLICATION OF THE EASTERN PAIN ASSOCIATION, INC.  
ORGANIZED IN 1974

A REGIONAL SECTION OF THE AMERICAN PAIN SOCIETY

Summer 2004

Volume 5, Issue 1

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## President's Message

Allen Lebovits, PhD  
*President, EPA*

As I write this, I realize that this is my last message as President. I look forward to passing the gavel to President-Elect, Dr. William Schmidt. I am confident that under his leadership EPA will continue to grow in membership, activities, and financial stability. Participation in our annual scientific meetings has steadily increased and the meetings are now financially successful. One of the wonderful aspects of being President of EPA has been working with a group of dedicated, bright and talented individuals, all of whom take time away from their busy schedules to volunteer for EPA. Whether on teleconference calls, Board or Group for Research in Pain Evaluation (GRIPLE) meetings, there is a warm sense of collegiality that permeates the interactions of the EPA Executive Committee and Board of Directors.

The Executive Committee and the Board of Directors have been busy working for EPA. On March 1, we held a Board meeting at the New York Academy of Medicine, 14 of 18 members attended, reflective of the quality and level of enthusiasm of this Board. Among the items discussed were the renewal of our contract with our management company, Ruggles Service Corporation, our hotel contract for the annual meeting, and the exploration of possible relationships between EPA and pain journals. Dr. deLeon-Casasola gave the Treasurer's report, urging continued fiscal prudence, expressing concerns regarding the financial stability of the EPA, but noting improved financial health. Membership has increased but needs to increase more.

The 2004 Scientific Program Committee,

under the inspired leadership of Donald Manning, MD, PhD, has successfully completed its planning for the Annual Scientific Meeting being held on September 10th at the New York Marriott East Side. It is a very exciting program with highly regarded speakers. This year's Bonica Lectureship Award Committee, chaired very ably by Dr. Frank Caruso, nominated Daniel Carr, MD to receive the 26th Annual John J. Bonica Award. Dr. Carr is an internationally recognized pain specialist and lecturer.

Two GRIPLE meetings were held at the New York Academy of Medicine this year. On March 1st, Dr. Robert Dworkin, spoke on "Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials (IMMPACT): From Outcome Assessment to Ethics of Placebo Groups". On June 10th, Dr. Steven Aung spoke on "Acupuncture and Pain Control" Both meetings were well attended and generated much stimulating discussion. GRIPLE meetings are dinner meetings held in a relaxed atmosphere and are great opportunities to network and meet your friends and colleagues. There is no charge, all we require is your presence. I urge you to try it.

I recently attended a Regional Society Task Force at the American Pain Society meeting in Vancouver. While the goal of the Task Force is to evaluate the relationship between the national organization and its regional affiliates, it became clear that EPA, as the oldest regional section of the American Pain Society, is also the largest in membership and probably the strongest financially. Nevertheless, we need to draw upon our large population base and urge nonmembers to join to make the EPA more powerful and visible. I want to urge all members of the EPA to become more closely involved—join committees, volunteer for work! When you give, you receive in return.

## Editor's Column

For the first time since taking on editorship of the Newsletter, I do not feel compelled to write an extensive editorial. EPA has been running well. Outgoing President, Dr. Allen Lebovits, has provided an excellent president's message that details the last year's accomplishments. I was surprised to learn from his remarks that we are the largest and most fiscally sound of the regional associations. Good for us! However, as Dr. Lebovits cautions, we must not be complacent. We still need more members and greater involvement by all of the specialties involved in pain management. Congratulations to Dr. Lebovits on a job well done. I am sure that incoming president, Dr. Bill Schmidt, will continue the solid course that EPA has enjoyed over the last few years.



Roy C. Grzesiak, PhD

I would like to call the reader's attention to the wonderful synopsis and invitation to attend the next annual scientific meeting to be held in New York on September 10, 2004. The theme of the meeting is "Decision Making in Clinical Pain Medicine." As has been the hallmark of EPA meetings, the diversity of the membership is mirrored in the diversity of pain-related topics. Congratulations to Donald Manning, MD, PhD, and his committee on organizing a superb program.

As always, I use the GRIPE meetings as a major selling point for increasing membership. The GRIPE meetings are mentioned in the President's Message and, for the first time, in this newsletter, we are providing an abstract of each talk. I do realize that Dr. Heir's talk was mentioned in the last newsletter but not abstracted. At that time, we decided to abstract the presentations and the deadline had passed.

As I have mentioned before, I invite the membership to contribute to the Newsletter. We are interested in announcements, unique clinical anecdotes, brief summaries of important pain-related findings, membership activities, honors, and the like. It is your newsletter, please use it.

See you at the Annual Meeting!

Roy C. Grzesiak, PhD  
Newsletter Editor

## Summaries of GRIPE Meetings

Since the last Newsletter there have been four GRIPE meetings with the most recent on June 10, 2004. For those of you who are new members, or unfamiliar with GRIPE it is an acronym for Group for Research in Pain Evaluation. The format for GRIPE is an informal gathering of pain management professionals (not necessarily EPA members) reflecting the diverse composition of multidisciplinary pain management centers, institutes and individual pain practitioners. Several meetings are held each year and they are drug-company supported. The GRIPE meetings alone are sufficient reason to belong to EPA. In future issues of the Newsletter, we will attempt to abstract each of the presentations for your information.

### June 4, 2003

On June 4, 2003, our speaker was **Gary M. Heir, DMD**, an internationally known expert on TMD and orofacial pain. Dr. Heir is an Associate Clinical Professor in the Department of Diagnostic Sciences at the University of Medicine and Dentistry of New Jersey – New Jersey Dental School. For many years, he has been one of the cornerstones of their fellowship program in orofacial pain management. Dr. Heir's presentation was "Problem Solving in Orofacial Pain: Difficult Cases." Dr. Heir clarified the orofacial pain field as involving the assessment, diagnosis and treatment of complex chronic orofacial pain and dysfunction disorders, oromotor and jaw behavior disorders, chronic head, neck and facial pain; as well as research to advance knowledge of the underlying pathophysiology and related mechanisms involved in these disorders.

Dr. Heir's presentation was case-based and discussed a complicated patient who had both musculoskeletal and neuropathic pains. This presentation not only illustrated the need for a detailed history, but also demonstrated the often difficult diagnostic process which, in this case, included everything from MRI to EMG. Additionally, pharmacotherapies from antiepileptic drugs to Botox were discussed as well as both conservative and surgical treatments. The main message in Dr. Heir's talk was the need for an accurate diagnosis prior to embarking on invasive procedures.

### December 3, 2003

The speaker **Albert Ray, MD**, a psychiatrist and pain management specialist, is Medical Director of the Miami Pain and Integrative Medicine Center in Florida. Dr. Ray's fascinating and somewhat controversial talk was entitled, "Yesterday's Memories: Today's Pain". Dr. Ray's presentation reviewed concepts of central sensitization, memory, learning and perception. These concepts were reviewed with specific attention to how they interrelate to each other and, taken in the aggregate, lead to chronic pain syndromes that do not respond to conventional treatments. Advances from neuroscience, particularly those related to memory and trauma, were reviewed and expanded upon with the underlying message being that, because so much of trauma memory is encoded without linguistic references, in other words, body memories, feelings, sensations, etc., it is necessary to provide interventions that do not rely exclusively on verbal interchange. For this, he recommended one of the newer psychotherapies, Eye Movement Desensitization Reprocessing (EMDR) as well as the body-oriented therapies as avenues to "unlock" the trauma and release the pain from somatic structures.

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## New Members

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Aisha B. Bajwa, MD  
Chapel Hill, NC

Rosa Cipollone  
New York, NY

Thomas Ragukonis, MD  
Paramus, NJ

Warren Stern, MD  
Hackensack, NJ

Ralph Stolz  
Emmaus, PA

## March 1, 2004

A GRIPE meeting was held on March 1, 2004. The speaker, **Robert H. Dworkin, PhD**, spoke on the Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials (IMMPACT). Dr. Dworkin is Professor of Anesthesiology, Neurology, Oncology and Psychiatry and Director of the Anesthesiology Clinical Research Center at the University of Rochester Medical Center. Along with the other co-initiator of IMMPACT, Dr. Dennis C. Turk, they have provided us with their own overview of the presentation

### The Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials (IMMPACT)

Robert H. Dworkin, PhD  
University of Rochester

Dennis C. Turk, PhD  
University of Washington

Advances in research on the neurobiology of pain have resulted in a dramatic increase in the number of potential treatments that are becoming available. The safety, efficacy, and effectiveness of new treatments need to be evaluated and then compared with existing treatments. Efforts to perform such comparisons in systematic reviews and meta-analyses of the literature have become common. Clinical trials, however, have typically included idiosyncratic methodological features and outcome criteria and measures. These inconsistencies make it difficult to synthesize the data on treatment efficacy and have impeded valid comparisons of the effects of different treatments.

In order to address the problems created by this variability in clinical trials, the Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials (IMMPACT) was established in 2002. IMMPACT is a consortium of participants from academia, the Food and Drug Administration, the National Institutes of Health, the Department of Veterans Affairs, the pharmaceutical industry, and a patient self-help organization. Its overall mission is to develop consensus recommendations for improving the design, execution, and interpretation of clinical trials of treatments for pain. To date, IMMPACT has had three consensus meetings, which have focused on identifying core outcome domains and measures for chronic pain clinical trials. Use of a standard set of outcome assessments for chronic pain clinical trials would (1) facilitate the process of developing research protocols for clinical trials, (2) encourage development of multi-center projects in which all centers use a core set of procedures, (3) provide a basis for determining the treatment outcomes that constitute clinically important differences, (4) permit pooling of data from different studies, and (5) provide a basis for meaningful comparisons among treatments of the clinical importance of their outcomes, particularly through systematic reviews of the evidence available.

The complexity of chronic pain suggests that multiple domains are relevant when evaluating the effects of treatment. A number of considerations are important in deciding what domains should be considered in clinical trials. The domains should match the purpose of the study, measure positive and negative outcomes of treatment, and be appropriate for the chronic pain disorder and population of interest. A central goal is identification of a set of domains that are clinically meaningful and that would be expected to change as a result of treatment.

Based on discussion of the issues, the first IMMPACT meeting recommended that six core outcome domains should be *considered*

when designing chronic pain clinical trials: (1) pain, (2) physical functioning, (3) emotional functioning, (4) participant ratings of improvement and satisfaction with treatment, (5) symptoms and adverse events, and (6) participant disposition (Turk et al., 2003). At the second IMMPACT meeting, the literature on specific measures of each of these core outcome domains was reviewed, and consensus recommendations for the best measures of each domain were proposed.

The use of standard outcome measures has the potential to greatly enhance the validity, comparability, and clinical applicability of clinical trials of chronic pain treatments. In recommending specific outcome measures, however, the participants at the second IMMPACT meeting acknowledged the limitations of existing measures and the need to develop improved methods for assessing chronic pain outcomes. The third IMMPACT meeting, therefore, focused on consensus recommendations identifying the strategies that should be used to develop improved measures of chronic pain outcomes. Future IMMPACT meetings will focus on the clinical importance of changes in chronic pain outcome measures, approaches for combining multiple outcome measures in evaluating treatment efficacy, and ethical issues in the use of placebo groups in pain clinical trials.

Investigators who conduct clinical trials, the organizations that provide funding for such studies, and the regulatory agencies that review and ultimately approve new therapies for the public all share a commitment to identifying treatments for chronic pain sufferers that are more effective and have fewer adverse effects than those currently available. The IMMPACT process and the consensus recommendations that are developed provide an example of the value of collaborative efforts among academia, government, and industry. The ultimate goal of such efforts should be to advance the science of chronic pain clinical trials and thereby provide improved treatments for patients suffering from chronic pain.

#### Reference note.

Additional details about IMMPACT can be found at the IMMPACT website ([www.immpact.org](http://www.immpact.org)) and in the following publication:

Turk DC, Dworkin RH, Allen RR, Bellamy N, Brandenburg N, Carr DB, Cleeland C, Dionne R, Farrar JT, Galer BS, Hewitt DJ, Jadad A, Katz NP, Kramer LD, Manning DC, McCormick CG, McDermott M, McGrath P, Quessy S, Rappaport BA, Robinson JP, Royal MA, Simon L, Stauffer JW, Stein W, Tollett J, Witter J. Core outcome domains for chronic pain clinical trials: IMMPACT recommendations. *Pain*, 2003;106:337-345.

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## The Work of Edith Kepes, MD

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A founding member of EPA just celebrated her 90th birthday. When I contacted Dr. Kepes, following a symposium in her honor (The Edith Kepes Symposium) sponsored by the New York Academy of Medicine Section on Anesthesiology on February 26, 2004, I made the mistake of congratulating her on her 80th birthday to which she replied: “Ninety! Anyone can live to 80!” She was most gracious and immediately mailed me a vitae as well as copy of the talk she gave at the symposium, and a reminiscence on the development of her pain clinic at Montefiore, which will appear in the next newsletter.

Dr. Kepes’ curriculum vitae is most impressive. Her career has illustrated the best of balance with activities involving practice, research, administration, and professional activities as well as the roles of wife, mother, and in her widowhood, head of household. Throughout her career she has published almost 50 publications in all, not to mention a number of important exhibits.

Although I had planned to put together a brief biography on Dr. Edith Kepes, I found her 90th birthday presentation at the symposium so remarkable that I am going to present it in full.

Roy C. Grzesiak, PhD  
Newsletter Editor

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## In Memoriam

### Thomas G. Kantor, MD

The EPA has lost one of its distinguished founding members. **Thomas G. Kantor, MD**, died in early February of this year. The following is abstracted from a notice released by NYU School of Medicine. A distinguished clinician, researcher, and teacher, Dr. Kantor was a member of the faculty at NYU for more than 50 years and a leading authority in the field of rheumatology. Dr. Kantor’s career reflected the most enduring values of the medical profession, and his many contributions as a rheumatologist will be remembered with respect and admiration. We extend our sincere sympathies to his wife, Deirdre, and the entire Kantor family. We plan to publish a much more extensive profile of Dr. Kantor’s contributions in the next Newsletter.

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# Founding Member

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“Thank you so much for coming to celebrate my 90th birthday. I am so proud and honored that my colleagues and pupils want to see me after so many years. My special thanks to Ingrid Hollenger and Ron Kaplan who arranged this symposium and the speakers Deryck, Russ, Ron and Mark for their interesting and informative speech.

At the PGA I met one of the residents who graduated about 35 years ago, who said, “Dr. Kepes, so nice to see you—you are still alive?” I responded, “Yes I am very much alive and surprised by my longevity.”

Please bear with me while I tell you in nine minutes the highlights of my 90 years, and interest in pain...

**First Decade, 0-10:** I was born on this very date 90 years ago a few months before the outbreak of World War I in a little town in Hungary with the unpronounceable name of Gyongyos.

**Second Decade, 10-20:** There I received my education through high school (gymnasium). I was unable to be admitted to medical school in Hungary because Hungary had a closed number for Jews. I left my home and studied in Vienna.

**Third Decade, 20-30:** I graduated just as Hitler invaded Austria in 1938 to the roaring cheers of the anti-semitic population. I had to move again. I was able to get a temporary visa for England thanks to a kind Jewish family in Leeds, England who sponsored me as their housekeeper. They had a son, a doctor, of whom they were very proud, so when they found out that I had an MD Degree, I was allowed only to polish the silver. But they didn’t have enough silver to keep me busy, so I had to find something else to do.

Since the British government unlike other countries was decent enough not to send us back to Hitler’s hell and permitted German, Austrian, and Czech Jewish “visitors” to stay as domestics, factory workers, servants or to train as nurses or midwives, I chose midwifery because it demanded a shorter training time.

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*“Anesthesia consisted  
of open drop chloroform  
as ether was too  
explosive in homes heated  
by open fireplaces.”*

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In the first year when World War II broke out, I learned to make beds, make thin cucumber sandwiches (the latter lauded by Oscar Wilde in “The Importance of Being Ernest”), and I learned to deliver and empty bedpans. In the second year I was allowed to deliver babies. We delivered many babies in their homes, bicycling to them with a midwife bag, a tin helmet, and a gas mask. As most babies are born at night, this meant cycling in the street during air raids and the noise of the anti-aircraft guns. If we needed an obstetrician, we had to call the police because doctors sat in air raid shelters without telephones. Anesthesia consisted of open drop chloroform as ether was too explosive in homes heated by open fireplaces.

# Celebrates Her 90th Birthday

I received my diploma as a midwife of Great Britain and Ireland, a certificate of which I am more proud than any other because it was so difficult to earn.

By then, physicians were needed. I trained in Anesthesia. At the end of the war I found out that my mother and two siblings had miraculously survived the occupation of Hungary. The decision was made that she should go to the U.S.A. because there she had two siblings who had emigrated there before the war and they and I would take care of her.

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*“Medicine was exciting as it changed from an art to a science. There was money for research, and little interference.”*

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**Fourth Decade, 30-40:** I was lucky to be able to come to this country. In New York I never felt prejudice as a woman, a Jew, a foreigner, and an enemy alien. I married and finally, finally could settle down. With the help of my friend Shirley Grossman (and Boy O Boy did she have influence with the president Martin Cherkasky) I was appointed as Director of Anesthesiology which was a department of surgery. This decade was the happiest in my life. Medicine was exciting as it changed from an art to a science. There was money for research, and little interference. Anesthesia was a challenge to keep patients alive for open heart surgery, organ transplant, pediatric and geriatric surgery. Getting to Montefiore was a triumph! My enthusiasm for my work was rewarded by promotion to the highest rank at the hospital and the medical school.

**Fifth Decade, 40-50:** My private life was not so lucky: My husband died of a heart attack in his office at the age of 45. I lost all interest in life, especially since we were not blessed to have children. I was rescued from depression by Dr. Dave Zakin who found a beautiful baby for me to adopt. It was the best thing I ever did in my life. My daughter provided me with a family including a son-in-law who makes her happy. I look forward to his annual visit from Minnesota because he can fix everything in my home including the frustrating computer. They have two children, Sasha and Alana, who excel in school and as gymnasts. Not long ago they spent all their savings to buy me a gold pin for my birthday. You can admire them and their pin—they are with us here.

**Sixth Decade, 50-60:** Because of my responsibility as a single Mum and because Montefiore’s growth from a chronic disease hospital to an important teaching hospital of a medical school, I felt the department needed a chief with more time than I was able or willing to give. I was stressed and tendered my resignation as director. Dr. Cherkasky suggested that I find someone with whom I

could work, hence remain on. So I persuaded a fellow Hungarian, Francis Foldes to come to Montefiore. He became my boss, his family became my friends and neighbors, and last but not least my bridge partners.

During this decade, Montefiore was generous enough to give eight physicians paid leave of absence to go as volunteers to Israel during the Yom Kippur War.

**Seventh Decade, 60-70:** When I noted that Ingrid Hollenger was faster and better than me, I got out of the operating room and with Dr. Norman Marcus created one of the first multidisciplinary pain clinics in the tri-state area. Dr. Deryck Duncalf, by then the chairman of the Anesthesia Department, was helpful in underwriting the expenses. The director, Dr. Is Levine, was also gracious to provide us with nice examination rooms. This was an exciting time; we appeared in newspapers, magazines, on radio and television, lectured to professional and lay audiences. With the help of Kathy Smith who was a whiz at wheedling grants, we were included by N.I.H. in a multi-institutional research to manage cancer pain. By now my daughter was in college and I married again. I changed to part-time employment in order to have more time to share my husband’s interest in music, theater, museums, literature and travel.

**Eighth Decade, 70-80:** I retired when my husband became critically ill. I missed the hospital, my second home, my colleagues and students who were my second family. Dr. Nagashima always called me Mammy. I returned to Montefiore as a volunteer after my husband died.

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*“I was lucky to be able to come to this country. In New York I never felt prejudice as a woman, a Jew, a foreigner, and an enemy alien.”*

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**Ninth Decade, 80-90:** I sold my house in Scarborough and moved to Manhattan, into the same apartment where my sister lives, who takes good care of me. I found retirement difficult, but New York City compensated because it is so exciting. I still keep active as much as my deteriorating body permits. People ask what is it like to be 90?

Tonight, I found an important reason for continuing on – I can be here with you in this symposium and hear all the nice things you have said about me. Take good care of yourselves, stay well...and promise me you will be back to celebrate my 100th birthday. Thank you for coming.

# An Invitation to Attend the 2004 Annual Scientific Meeting Decision Making in Clinical Pain Medicine



address these and other questions in his presentation “Herbal Medicine-What is the Evidence and Risk?” For many of us biofeedback is known as a potentially helpful therapy, but if challenged could we describe where is it best applied and how the field has evolved over the years? Dr. John Arena (Med Col Georgia), will present “Biofeedback for Chronic Pain Disorders-Evidence and State of the Art” to help address these concerns. Procedures in pain management are useful – or are they? If you needed to justify your referral for, or performance of, a procedure would you be equipped with the evidence required? Dr.

Aside from the availability of data, physicians and patients make decisions based upon other influences. We will have presentations analyzing how patients and physicians make decisions regarding pain therapy – giving a perspective we often do not consider. Continuing from the successful session at last year’s meeting we will again have a Pharmaceutical Industry Roundtable addressing the issues and challenges involved in publishing and presenting industry-sponsored clinical trials. The roundtable will have representatives from medical publishing, academic medicine and pharmaceutical industry clinical research. As it was last year, this session promises to be informative and controversial. Please make plans to round-out the already full day with the Presidents reception and the Dinner symposium. This year the dinner speaker will be Dr. Robert Spengler addressing the emerging role of TNF during neuropathic pain. Neuroimmune interactions are emerging as important mechanisms for both neuropathic and inflammatory pain states as well as the associated symptoms such as insomnia and mood alteration. Dr. Spengler will present data from his laboratory concerning the biology of tumor necrosis factor (TNF) and interactions with tricyclic antidepressants at therapeutic doses.

Pain medicine is constantly facing challenges. Each day clinicians and patients make decisions regarding pain management but where does one find the evidence to make these decisions? Many new options have been developed for managing chronic pain and access to the evidence to support their use is not often easy to find. The 2004 Annual Scientific Meeting has been designed to educate and take a critical look at the existing and emerging approaches to our everyday clinical problems.

Plenary sessions presented by leaders in the field will present the current state of evidence for herbal medicine, biofeedback, interventional procedures and dental and orofacial pain to help us answer the questions we should be asking. What can you say when a patient wants to discuss the options for herbal medicine for pain management? Do you know which agents are effective and more importantly what are the potential dangers associated with adding herbal medicines to the typical polypharmacy our patients are taking? Dr. Woodsen Merrell (Columbia P&S) will

Douglas Merrill from Virginia Mason will help us answer these questions in his presentation “Procedural Pain Management—Where is the Evidence?” Pain from dental or orofacial sources is an all-to-common problem but how many of us are equipped to deal with the issues involved or know to whom to make a referral. Dr. Raymond Dionne from the National Institutes of Dental and Craniofacial Research will address this topic, too often ignored in meetings of this type. Dr. Dionne will be presenting “Dental and Orofacial Pain Management – An Evidence-based Review.”

Dr. Daniel Carr, the 2004 Bonica Award recipient, will address how to apply evidence based data to clinical practice in his presentation “Translating Clinical Research to Clinical Practice; A Never Ending Challenge.” The conference continues with concurrent workshops in the afternoon covering a wide range of topics concerned with the introduction of evidence-supported therapies into clinical practice. We will have presentations on the perspectives of pharmaco-economics, the insurance industry, palliative care and acupuncture.

Rarely does one get an opportunity to hear world-class presentations on such a broad range of related topics in a single-day meeting. Up to 8.25 hours of Continuing Education Credits will be available for physicians, psychologists and nurses. As you can readily see the interests of physicians, psychologists, nurses, pharmacists, dentists, patients, complimentary and alternative medicine providers, pharmaceutical industry clinical researchers and basic scientists are well represented. Please plan to attend and help us celebrate EPA’s 30th Anniversary in style AND substance.

Donald Manning, MD, PhD  
Program Chair



## EASTERN PAIN ASSOCIATION 2004 ANNUAL MEETING

# *Decision Making In Clinical Pain Medicine*

September 10, 2004 • New York Marriott East Side • New York City, NY

### SCIENTIFIC PROGRAM

#### Welcome and Introduction

Allen H. Lebovits, PhD, President of EPA  
Moderator: Donald C. Manning, MD, PhD

#### *Herbal Medicine – What is the Evidence and Risk?*

Woodson Merrell, MD

#### *Biofeedback for Chronic Pain Disorders – Evidence and State of the Art*

John G. Arena, PhD

#### *Questions & Answers*

#### *Procedural Pain Management – Where is the Evidence?*

Douglas G. Merrill, MD

#### *Dental and Orofacial Pain Management – An Evidence-based Review*

Raymond A. Dionne, DDS, PhD

#### *Questions & Answers*

#### Business Meeting - EPA Members

#### Lunch / Bonica Lecture

#### *Translating Clinical Research to Clinical Practice: A Never Ending Challenge*

Daniel B. Carr, MD

**REGISTER NOW!!**

**More detailed program  
information and online  
registration available at  
[www.easternpain.org](http://www.easternpain.org)**

**Meeting registration fees  
increase on August 21, 2004.**

**Hotel rates subject to availability  
after August 19, 2004.**

### SESSION A: WORKSHOPS

#### **A1 - Introduction of Evidence Supported Therapies into Clinical Practice**

Moderator: Nancy Mooney, RN

#### *Pharmacological Therapy - Pharmaco Economics*

Christopher R. McBurney, PharmD

#### *The View of the Insurance Industry*

Naomi Aronson, PhD

#### **A2 - Decision Making in Clinical Care**

Moderator: Michael Weinberger, MD

#### *How Do Patients Make Decisions Regarding Pain Therapy?*

Nancy Derby, RN, BSN, MSED

#### *How Do Physicians Make Decisions Regarding Pain Therapy?*

Carol S. Weisse, PhD

### SESSION B: WORKSHOPS

#### **B1 - Introduction of Evidence Supported Therapies into Clinical Practice**

Moderator: Roy Grzesiak, PhD

#### *Palliative Care*

Dania Chastain, PhD

#### *Acupuncture - Evidence Supported Clinical Practice*

James N. Dillard, MD, DC, CAC, FAAP, M&R

#### **B2 - Pharmaceutical Industry Roundtable – Publish- ing and Presenting Industry-Sponsored Clinical Trials**

Moderator: William K. Schmidt, PhD

Edward W. Campion, MD; Robert H. Dworkin, MD; John T. Farrar, MD; Donald C. Manning, MD, PhD; Joseph V. Pergolizzi, Jr., MD; R. Michael Poole, MD

#### President's Reception

#### Dinner Symposium

*Understanding Neuromodulatory Actions of  
Brain-derived TNF during Neuropathic Pain*  
Robert Spengler, PhD



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Summer 2004

Volume 5, Issue 1

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## EXHIBITORS TO DATE

### 2004 Annual Scientific Meeting

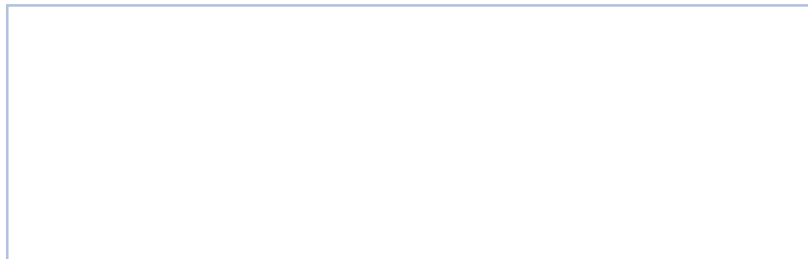
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