

# United States Association for the Study of Pain Monthly Newsletter

December 19, 2023  
Volume 25

## Newsletter Highlights

Trainee Spotlight

USASP  
Leadership  
Academy

2024 USASP  
Meeting: Early  
Registration is  
Open

Journal of Pain:  
December 2023  
Volume 24 Issue  
12

Upcoming  
Education and  
Professional  
Development  
Events

2024 North  
American Pain  
School

The Opioid-  
Overdose  
Reduction  
Continuum of  
Care Approach  
(ORCCA) guide.

Book Corner: An  
Anatomy of Pain

## December Trainee Spotlight



**Namrata GR Raut, PhD**  
Research Fellow, [Jankowski Lab](#)  
Department of Anesthesia  
Cincinnati Children Hospital  
Medical Center (CCHMC)



Dr. Namrata GR Raut is a postdoctoral fellow pursuing her training under the mentorship of Dr. Michael P. Jankowski, in the Department of Anesthesia at Cincinnati Children's Hospital Medical Center. Dr. Raut completed her PhD at Texas Woman's University. Her PhD focused on the prenylation of Rho GTPases and its implication in neurological disorders. This work allowed her to collaborate with Dr. Dayna L. Averitt where she worked on the antinociceptive role of progesterone in orofacial pain. This latter project inspired her to pursue postdoctoral training in the field of pain.

In the *Jankowski Lab*, Dr. Raut investigates the role of non-neuronal cells in the onset of pain due to the tumor predisposition syndrome, Neurofibromatosis 1 (NF1). She is the recipient of the Young Investigator Award (YIA) from the Children's Tumor Foundation (CTF) that supports these studies. She recently presented her work at the Neurofibromatosis Young Investigator Forum (NFYIF), a highly competitive research and professional development forum, where she won first place in the fellow/postdoctoral category. Dr. Raut is also known for volunteering at different social organizations and mentoring the new generation of young minds in STEM.

[Back up to menu](#)

## Call for USASP Leadership Academy Applications Opens January 15



We are pleased to announce the creation of the USASP Leadership Academy (LA), which aims to develop the next generation of leaders in the pain field. The program empowers pain scholars with high potential to accelerate the development of leaders in pain research, practice, policy, and education. LA Fellows attend monthly virtual and yearly in-person sessions to receive mentoring, develop leadership skills, and facilitate implementation of capstone projects. Through participating in this academy, fellows will develop skills and confidence in leadership, which will advance their careers, the mission of USASP, and the study of pain.

### Eligibility:

- Career stage: 5-15 years of completing their terminal degree.

- Current member of USASP.

**Commitment:**

- Attend the pre-conference LA workshop and the annual USASP scientific meeting.
- Participate in the virtual mentorship and learning community.
- Attend monthly meetings throughout the duration of the program.

**Timeline:**

- Applications open January 14, 2024
- Application Deadline February 1, 2024

Join us for an informational Q/A session on January 22nd at 3:00 pm ET. [Register here](#)

[Click to view more information about the program](#)

[Back up to menu](#)

## 2024 USASP Meeting Updates

**2024 Annual Scientific Meeting**  
April 14-17 | The Westin Seattle  
Understanding the Complexity of Pain from Diverse Perspectives

**Early Registration  
is now open!**

**USASP**  
US Association for  
the Study of Pain

[usasp.org](https://usasp.org)

This 2024 USASP Annual Scientific Meeting will occur from April 14-17 at The Westin Seattle. This year's conference theme is *Understanding the Complexity of Pain from Diverse Perspectives*. Information about the hotel room block will be available in January.

[Register Here](#)

[Back up to menu](#)

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## 2024 USASP-MAYDAY Clinical/Translational Research Award

### Overview

Since 1993, The MAYDAY Fund has supported innovative projects to close the gap between knowledge and practice in the treatment of pain, as well projects to build on the current knowledge base. Understanding that creating meaningful change with modest funding is a challenge, MAYDAY tends to provide significant support to a handful of projects annually. Starting in 2023, The MAYDAY Fund has awarded the United States Association for the Study of Pain funding for 3 years to support two meritorious early career investigators who propose innovative clinical/translational research in the field of pain.

### Research Topics

Competitive research proposals address clinical/ translational research related to the management of pain. Applicants should describe the proposed research in pain and describe how it is innovative and cutting-edge. In addition, the applicant should describe their vision for a career in pain research and provide information or any examples of leadership in pain-related activities.

### Key Dates and Deadlines

- The application portal will open on February 1, 2024
- The deadline for completed applications is 11:59 PM (eastern) on March 18, 2024
- Grant awards will begin July 1, 2024

### Eligibility

To be eligible for the USASP-MAYDAY Clinical/Translational Research Award, the applicant:

- Must be a USASP member
- Early career Assistant Professors within four years of the appointment are eligible to apply, except those who have received tenure at the time of the application.
- Must conduct their research and be appointed at an institution in the United States or Canada.
- Should demonstrate a commitment to the field of pain research.

[Click here to learn more](#)

[Back up to menu](#)

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## 2024 Year-End Giving Campaign for USASP

As we approach the culmination of another impactful year, we invite you to join us in our mission to foster knowledge, education, and innovation within the field of pain research. Your generosity has

been instrumental in advancing our cause, and as we move toward the year's end, we seek your continued support:

**2024 Travel Award Fund:** Your contribution will help USASP support ten additional trainees to attend the 2024 USASP Annual Scientific Meeting in Seattle, Washington, from April 14-17 at The Westin Seattle. Your investment in their growth will shape the future landscape of pain research, pain prevention, and pain management.

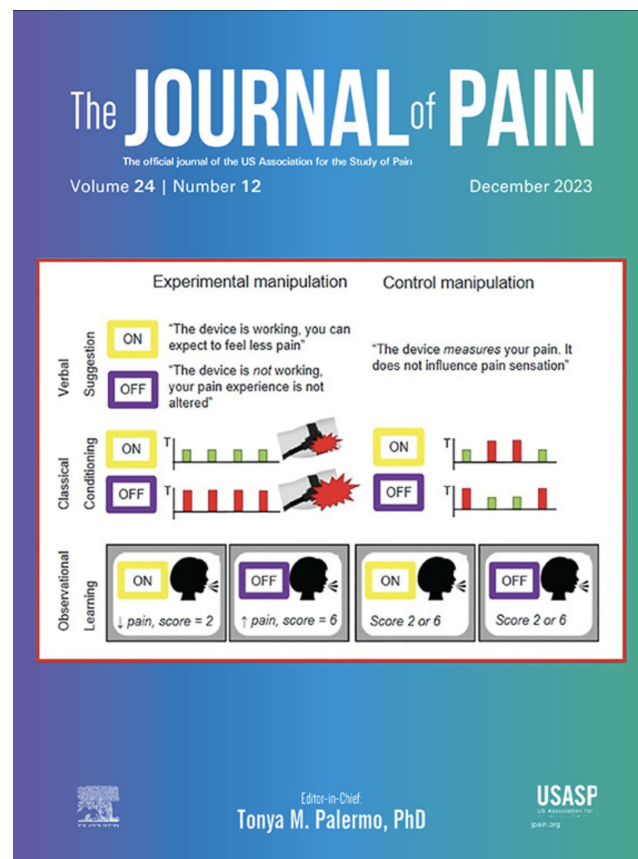
**General Donations:** Your ongoing support is invaluable in sustaining our efforts year-round, educational initiatives, and community engagement in the study and management of pain.

Your generosity not only amplifies our impact but also paves the way for advancements that positively impact countless lives affected by pain.

To contribute to these causes and be part of our year-end giving campaign, please click the button below.

[Click Here to Donate!](#)

## December 2023 Volume 24 Issue 12



### Featured Article

**Trials We Cannot Trust: Investigating Their Impact on Systematic Reviews and Clinical Guidelines in Spinal Pain**

Neil O'Connell,\* R. Andrew Moore,† Gavin Stewart,‡ Emma Fisher,§ Leslie Hearn,¶ Christopher Eccleston,§,||,\*\* Michael Wewege,††,‡‡ and Amanda C. De C Williams§§§

\*Centre for Health and Wellbeing Across the Lifecourse, Department of Health Sciences, Brunel University London, Uxbridge, UK, †Plymouth, UK, ‡School of Natural and Environmental Sciences, University of Newcastle upon Tyne, Newcastle, UK, §Centre for Pain Research, University of Bath, Claverton Down, Bath, UK, ¶Cochrane Pain, Palliative and Supportive Care Review Group, Oxford University Hospitals, Oxford, UK, ||Department of Psychology, University of Helsinki, Finland, \*\*Department of Clinical and Health Psychology, Ghent University, Belgium, Finland, ††School of Health Sciences, Faculty of Medicine and Health, University of New South Wales, Sydney, Australia, ‡‡Centre for Pain IMPACT, Neuroscience Research Australia, Sydney, Australia, §§Research Department of Clinical, Educational & Health Psychology, University College London, London, UK

We previously conducted an exploration of the trustworthiness of a group of clinical trials of cognitive-behavioral therapy and exercise in spinal pain. We identified multiple concerns in 8 trials, judging them untrustworthy. In this study, we systematically explored the impact of these trials (“index trials”) on results, conclusions, and recommendations of systematic reviews and clinical practice guidelines (CPGs). We conducted forward citation tracking using Google Scholar and the citationchaser tool, searched the Guidelines International Network library and National Institute of Health and Care Excellence archive to June 2022 to identify systematic reviews and CPGs. We explored how index trials impacted their findings. Where reviews presented meta-analyses, we extracted or conducted sensitivity analyses for the outcomes of pain and disability, to explore how the exclusion of index trials affected effect estimates. We developed and applied an ‘Impact Index’ to categorize the extent to which index studies impacted their results. We included 32 unique reviews and 10 CPGs. None directly raised concerns regarding the veracity of the trials. Across meta-

analyses (55 comparisons), the removal of index trials reduced effect sizes by a median of 58% (Inter Quartile Range (IQR) 40–74). 85% of comparisons were classified as highly, 3% as moderately, and 11% as minimally impacted. Nine out of 10 reviews conducting narrative synthesis drew positive conclusions regarding the intervention tested. Nine out of 10 CPGs made positive recommendations for the intervention(s) evaluated. This cohort of trials, with concerns regarding trustworthiness, has substantially impacted the results of systematic reviews and guideline recommendations.

Perspective: We found that a group of trials of CBT for spinal pain with concerns relating to their trustworthiness has had substantial impacts on the analyses and conclusions of systematic reviews and clinical practice guidelines. This highlights the need for a greater focus on the trustworthiness of studies in evidence appraisal.

[Click to read more](#)

[Back up to menu](#)

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## Upcoming Education and Professional Development Events



# Publishing in The Journal of Pain: A Brief Overview and Update

VIRTUAL SEMINAR

## Guest Speaker

**Tonya Palermo, PhD**  
Editor-in-Chief  
Journal of Pain

**24 January 2024**  
11 AM - 12 PM ET



Free to USASP Members    \$10 Fee to non-members

During this event, Dr. Tonya Palermo, the Editor-in-Chief of the Journal of Pain, will provide an overview of the latest developments and answer questions about publishing in the journal. The presentation aims to empower researchers with insights and strategies to enhance the likelihood of acceptance of successful publication in the Journal of Pain.

[Click Here to Register](#)

## Inquiry for March USASP Education Event

The Education and Professional Development Committee is planning a webinar for March 2024 to facilitate networking between pain research centers across the US with open/upcoming positions (webinar presenters) and people who are looking/planning to look for their next career position (webinar audience members). There will be a presentation portion followed by a virtual networking session. We are currently seeking presenters for this webinar. The positions can span all career stages, from the graduate student level to established investigator roles, like department chair.

### Webinar description:

- The presenter should cover:
  - What is the position/program?
  - What about the position/program/university is a special feature that would be really appealing to potential candidates? Share a fun fact that makes the program stand out.

- What is the salary/benefits?
- What kind of candidates are a good fit?
- What is the city/area like?
- Will they attend USASP meeting / information on how to get in contact
- The virtual networking portion will allow for presenters to meet with interested audience members and get to know each other/answer interested candidates' specific questions.

Please email Dr. Edna Evington for more information or to sign-up as a presenter for this webinar ([edna.evington@duke.edu](mailto:edna.evington@duke.edu)).

Best,

The USASP Education and Professional Development Webinar Subcommittee

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## Past Event Recordings

Members can view recordings of past events on the USASP website by visiting: <https://usasp.memberclicks.net/past-events>. Or email the office directly at [admin@usasp.org](mailto:admin@usasp.org).

[Back up to menu](#)

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## 2024 North American Pain School Application Deadline is January 15

"I wanted to thank you for this exceptional week that I spent both on a scientific and human level. The program was very enriching and allowed me to develop new knowledge. I firmly believe that NAPS helped me go above and beyond what I thought I was capable of. I will always remember this week as an unforgettable experience."

"This is truly a life-changing experience!"

"This was truly the best professional experience I've had with the pain community."

"I would tell future attendees to expect to have an incredible and exciting week making new connections and friends."

"This was an invaluable experience for the growth of myself as a pain scientist. The amount of knowledge, networking and of course fun was amazing. The best part of my PhD training,"

The North American Pain School (NAPS) is an international program open to graduate students, post-doctoral fellows, and clinician-scientists enrolled on a full-time basis in a pain research training program. Apply by January 15, 2024 <https://northamericanpainschool.com/registration/>

[Back up to menu](#)

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# New Framework Released to Reduce Opioid Overdose: Opioid-Overdose Reduction Continuum of Care Approach Includes 19 Evidence-Based Strategies

The HEALing Communities Initiative, the National Institute on Drug Abuse (NIDA) and the NIH Helping to End Addiction Long-term (HEAL) Initiative® today launched the Opioid-Overdose Reduction Continuum of Care Approach (ORCCA): A Policymakers Guide to Implementing Evidence-Based Strategies that Address Opioid Overdose to aid policymakers, communities and key stakeholders in developing comprehensive, multi-system strategies that address the opioid crisis. The science and evidence behind the framework was published in the [Drug and Alcohol Dependence](#) and outlines 19 essential evidence-based interventions to reduce opioid overdose deaths.

The Centers for Disease Control and Prevention released provisional data showing there were 107,622 overdose deaths in 2021, the highest annual death toll on record from drug overdose fatalities, and 15% increase from the year prior. The ORCCA framework can guide system- and practice-level changes to reduce opioid overdose deaths. The HEALing Communities Study, a multi-site research study, tested the impact of ORCCA, an integrated set of evidence-based practices across healthcare, behavioral health, justice, and other community-based settings. HEALing Communities is funded by the National Institutes of Health (NIH) Helping to End Addiction Long-term (HEAL) Initiative®—a trans-agency effort to speed scientific solutions to stem the national opioid crisis.

The **19 evidence-based interventions recommended** in ORCCA across five domains include: **Prioritize Individuals at heightened risk for opioid overdose death:** To prevent overdose deaths, a primary focus should be on reaching populations with the highest risk, especially those who do not currently engage in treatment or prevention services. Recommendations include:

- Prioritize delivery of services to those who need them most in criminal legal settings and other venues
- Implement field-based population detection methods
- Use data sources to target intervention to those who need services
- Engage individuals with lived experience in decision-making process

**Opioid-Overdose Prevention and Naloxone Distribution (OEND)** programs encompass training on recognizing and responding to overdoses, administering naloxone, and providing rescue kits. Recommendations include:

- Implement active overdose education and naloxone distribution (OEND) programs for people who use opioids and their social networks
- Implement active OEND at venues where overdoses are more likely to occur
- Include passive OEND strategies
- Build OEND capacity among first responders

**Enhance Delivery of Medications to Treat Opioid Use Disorder:** Improved access to evidence-based Medications for Opioid Use Disorder (MOUD) significantly reduces the risk of overdose death. These medications stabilize brain chemistry, reduce opioid effects, and relieve cravings. Recommendations include:

- Expand medications for opioid use disorder (MOUD) capacity in healthcare, criminal legal settings, and through telemedicine

- Initiate on-site MOUD in community-based settings
- Create linkage programs and protocols
- Enhance MOUD engagement and retention

**Remove Barriers to Critical Resources:** Improving outcomes and treatment retention for individuals with OUD involves addressing the availability of external resources that support recovery and enhance treatment retention. Recommendations include:

- Expand peer recovery support and peer services
- Remove barriers to housing services
- Expand transportation initiatives for patients with opioid use disorder (OUD)
- Address barriers to needed resources, including insurance coverage, food security, childcare, and employment
- Remove barriers to supplemental behavioral health services

**Safer Opioid Prescribing, Dispensing, and Disposal Practices:** These strategies aim to reduce excess opioid supply, prevent access by vulnerable individuals, and improve overall opioid prescribing safety. Recommendations include:

- Ensure safer opioid prescribing
- Implement safe and effective opioid disposal

To download the ORCCA Guide for Policymakers, click [here](#). To download the ORCCA Practice Guide from SAMHSA, click [here](#). To download the ORCCA Infographic, click [here](#). To download the ORCCA Fact Sheet, click [here](#).

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## Featured Jobs and Training Opportunities

### Recently Added

#### **Assistant, Associate, Professor**

The Stanford University School of Medicine (Department of Anesthesiology, Perioperative, and Pain Medicine) is seeking applications for an open rank faculty position with a focus on the development of emerging technologies and their clinical application. [Read more here](#).

**Post-doctoral training** opportunity for Fall 2023 TRanslational Research on Aging and Mobility (TRAM). [Read more here](#).

**Johns Hopkins University Postdoctoral Fellowship** in Interdisciplinary Pain Research (NIH/NINDS T32 supported). [Read more here](#).

### Previously Posted

**Postdoctoral Research Associate** in Mindfulness and Psychedelic-Assisted Therapy for Chronic Pain and Addiction (PRN36850B). [Read more here](#).

**Postdoctoral Associate** being recruited to study neuropathic pain in clinical populations using quantitative sensory testing, questionnaire-based inquiry, and other methodologies. Position will be under the direction of Elizabeth Felix, PhD in the department of Physical Medicine and Rehabilitation at the University of Miami Miller School of Medicine. The full position announcement and application portal [can be found here](#).

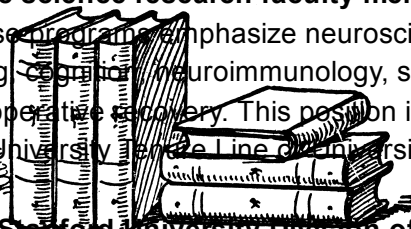
### Basic Pain Scientist Faculty Position at the University of Minnesota

The Department of Anesthesiology at the University of Minnesota, in collaboration with the University of Minnesota Pain Consortium, is seeking an accomplished scientist specializing in the field of pain to join a large, multidisciplinary community focused on pain and analgesia research. [Read more here.](#)

The Department of Physical Medicine and Rehabilitation at Johns Hopkins School of Medicine offers a **Pain Psychology Fellowship** focused on pain psychology research and practice. [Read more here.](#)

The **Department of Anesthesiology, Perioperative and Pain Medicine at Stanford** is seeking a **basic science research faculty member** specializing in basic or translational scholarly research whose program emphasize neuroscience topics which could include pain, sensory systems, aging, cognition, neuroimmunology, substance use disorders, neuromodulation or perioperative recovery. This position is at the rank of Assistant, Associate or Full Professor in the University of the Line of University Medical Line. [Read more here.](#)

The **Stanford University Division of Pain Medicine** invites applications for its **Pain Psychology Postdoctoral Clinical and Research Fellowships**. [Read more here.](#)



## BOOK CORNER EDITED BY JOHN LOESER & DAVID TAUBEN

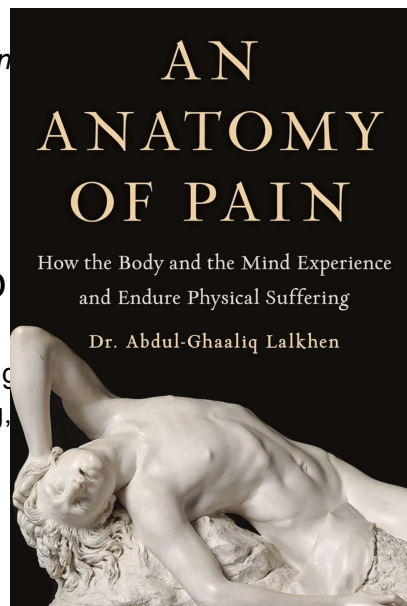
Members can sign in

Additional job postings.

### Special Interest Group

The **Sleep and Pain SIG** is looking for members. If you have questions before nominating, contact Chasity Brimeyer ([cbrimeyer@mcw.edu](mailto:cbrimeyer@mcw.edu)).

April 2024. If you are interested and have questions, contact Chasity Brimeyer ([whib@med.umich.edu](mailto:whib@med.umich.edu)) or Chasity Brimeyer ([cbrimeyer@mcw.edu](mailto:cbrimeyer@mcw.edu)).



New York, Scribner, 2021.

Paperback, 244 pages,

ISBN 978-1-982161-00-2, \$17.99

### A Review of An Anatomy of Pain by Abdul-Ghaaliq Lalkhen

"Very little on anatomy, but a very good book on the issues surrounding chronic pain and its management."

This is a good book on pain diagnoses and the management of chronic pain aimed at the intelligent lay person. It also reveals the intellectual and financial pressures on an anesthesiologist who is part of a pain management team and a practitioner of interventional pain medicine. The book is therefore paradoxical. The introductory chapters review the history of pain concepts and treatments in the Western world in a rather standard format: no new revelations here. Lalkhen moves on to discuss current ideas of pain mechanisms and opioid issues that are so prevalent in our country today. He

introduces the ideas of multidisciplinary pain management and interventional pain management in a reasonable approach. It becomes obvious that he sees the value of considering the entire patient and not just pursuing the symptoms, yet he persists in his spinal cord stimulator implants and injections and recognizes the potential influence of financial factors in his treatment plans.

He gives a very accurate description of how a multidisciplinary clinic functions in a replica of the program that existed at the University of Washington, yet to my knowledge he never participated in or visited our program. It was very rewarding for me to read about this migration to the United Kingdom of what Bill Fordyce and I created in 1982. It must be difficult to both be a member of this multidisciplinary pain clinic team and to see patients privately to perform spinal cord stimulators or nerve blocks. The fundamental issues about the nature of pain loom large in the decision for what type of treatment to offer a patient. I believe that the acute-chronic pain dichotomy is misleading. Pains are either of a peripheral origin or are due to central (brain or spinal cord) errors of information processing. Pains of central origin are a symptom of dysfunction in the central nervous system: there is nothing wrong where it hurts. Peripheral nerve blocks may provide temporary relief but are rarely successful over the long haul. Lalkhen's book leads one to believe that these are alternative strategies with similar outcomes. They are not.

Lalkhen understands the dangers of medicalization of all human complaints. He has a good grasp on how a rational health care plan should be structured. Yet, when he writes about his procedural practice, he seems to put aside his understanding of our culture.

*Dr. Loeser is Professor, emeritus, of Neurological Surgery and Anesthesia and Pain Medicine at the University of Washington.*

[Back up to menu](#)

The logo for the US Association for the Study of Pain (USASP) features the letters 'USASP' in a large, bold, sans-serif font. The 'U' is purple, 'S' is blue, 'A' is teal, and 'S' 'P' are green.

US Association for  
the Study of Pain

If your SIG or committee has updates or events you would like shared with USASP membership please email them using the contact below.

**Contact Info:**

US Association for the Study of Pain  
[admin@usasp.org](mailto:admin@usasp.org)

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