The New York State Pain Society

Annual Meeting & Scientific Sessions

April 4-6, 2014 | The Renaissance Westchester Hotel, West Harrison, New York

www.nypainsociety.org

NYPTA
New York Physical Theraphy Association

Jointly Sponsored by The New York State Pain Society and The Westchester Academy of Medicine

REMS Certification Sunday Jointly Sponsored by pmiCME

Physical Therapy CEU's Jointly Sponsored by The New York Physical Therapy Association

New York State's Comprehensive Continuing Education Program on Pharmacologic, Interventional, and Complimentary Therapies For Pain Management

SILVER HILL HOSPITAL

RESTORING MENTAL HEALTH SINCE 1931

Chronic Pain and Recovery Center

Outpatient Evaluation, Inpatient and Residential Programs

208 Valley Road, New Canaan, CT, 06840
Referral Line: 203.801.2216
www.silverhillhospital.org

Welcome to the Scientific Sessions

We want to welcome you to this educational program that highlights treatment options for pain and also provides a forum for the non-specialist to learn about pain management. You will be introduced to the rapidly expanding field of diagnosis, treatment, and cures. Our faculty consists of highly qualified pain management specialists selected for their excellent teaching skills, approachability and insight to help you build your core knowledge, performance and comprehensive practice in pain management. The Annual Meeting and Scientific Sessions are carefully designed for both practicing physicians and healthcare professionals. We have joint sessions and parallel tracks designed to address specific issues facing the team of experts in your medical practice.

We wish to highlight our society's commitment to our future colleagues. This year, Gold Corporate Member, Insys Therapeutics, provided funding for the Trainee Scholars program. We welcome residents, fellows, and trainees to the Annual Meeting.

Charged with keeping our membership and colleagues informed of the changes in New York law as well as anticipating changes to Federal laws, we have added a Safe Opioid Prescribing Risk Evaluation Mitigation Strategies Certification Course to our program this year. On Sunday, you can obtain not only CME and CEU credits, but also a certificate of completion of the course designed in response to the FDA's announcement of REMS for all extended-release/long–acting opioid analgesic drugs.

Welcome physicians, physician assistants, therapists, pharmacists, nurses, physical therapists, complementary medicine specialists and trainees to West Harrison, New York!

Alex Weingarten, MD
President

Richard Gasalberti, MD
President-Elect

Board Of Directors - *2012-2014*

Alexander Weingarten MD
President
Comprehensive Pain
Management Associates
Syosset, New York

Richard Gasalberti MD
President-Elect
NYU Langone Medical Center
Sports Medicine and Rehabilitation
Forest Hills, New York

Phillip Fyman MD
Treasurer
Comprehensive Pain
Management Associates
Syosset, New York

Grace Forde MD
Secretary
North Shore LIJ Health System
North American Partners in Anesthesia
Valley Stream, New York

Charles E. Argoff MD
Director
Albany Medical Center
Albany, New York

Bradley Cash MD
Director
SpineOptions
White Plains, New York

Robert Duarte MD
Director
North Shore LIJ Health System
Great Neck, New York

Todd Schlifstein DO
Director
Fountain Medical Group
New York, New York

Ali Guy MD
Chairman, Advocacy Committee
Ali E. Guy MD
New York, New York

Isaac Kreizman MD
Chairman, Education Committee
Brooklyn, New York

Todd Turner
Chairman, Industry Advisory Committee
Millennium Laboratories

Mission Statement

To advance the art and science of pain medicine by promoting and maintaining the highest standards of professional practice through post graduate clinical education and research; by aiding and encouraging the education of medical students, residents, fellows, practicing physicians, and other health care practitioners.

Maximize your practice

OEC can help.

Your patients trust you to relieve their pain - OEC can help. From basic to robust, you now can choose from a variety of high quality OEC C-arms that can help you maximize your cases with minimal impact on your budget. Trust that whichever OEC C-arm is right for you, that C-arm is designed to be reliable and easy-to-use to give you the quality images that you need.

OEC 9900 Elite+Venue 40
Integrated premium fluoroscopy and GE Ultrasound

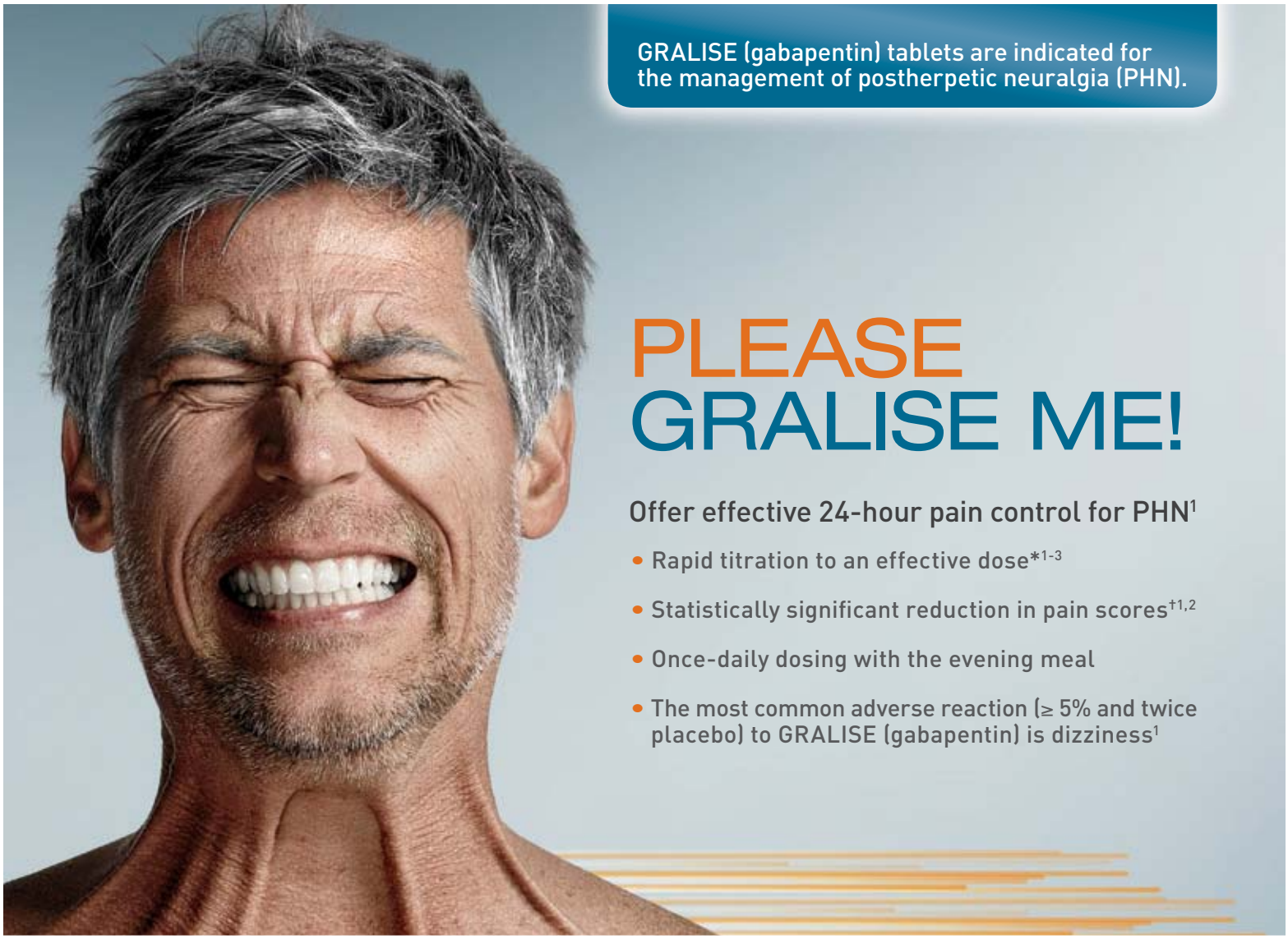
OEC 9900 Elite
Superb IQ in dense anatomy, Digital Subtraction, 55˚overscan

Certified Pre-Owned Genuine OEC 9800 & 9900 C-arms
Advanced features in a refurbished C-arm, validated by GE OEC

OEC Brivo Plus
Basic imaging at an affordable price. It's simple.

Advancing Pain Management...Together.
Learn more at www.gehealthcare.com/surgery

Distributed by: Surgical Imaging Associates
Call 631-754-1702 or visit www.surgicalimagingassociates.com



*2-week titration to 1800 mg/day.

† In a 10-week clinical trial, approximately one-third of GRALISE (gabapentin) patients achieved a 50% reduction in pain from baseline and approximately one-half achieved a 30% reduction in pain with an 1800 mg once-daily dose (mean baseline pain score was 6.6 for GRALISE-treated patients).[1,3]

Indication and Usage

GRALISE (gabapentin) tablets are indicated for the management of postherpetic neuralgia (PHN). GRALISE is not interchangeable with other gabapentin products because of differing pharmacokinetic profiles that affect the frequency of administration.

Important Safety Information

GRALISE is contraindicated in patients who have demonstrated hypersensitivity to the drug or its ingredients.

Antiepileptic drugs (AEDs) including gabapentin, the active ingredient in GRALISE, increase the risk of suicidal thoughts or behavior in patients taking these drugs for any indication. Patients treated with any AED for any indication should be monitored for the emergence or worsening of depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior.

Across all GRALISE clinical trials, the other most common adverse reactions (≥ 2%) are somnolence, headache, peripheral edema, diarrhea, dry mouth, and nasopharyngitis.

Dosage adjustment of GRALISE is necessary in patients with impaired renal function. GRALISE should not be administered in patients with a creatinine clearance rate < 30 mL/min or in patients undergoing hemodialysis.

Gralise® once-daily (gabapentin) tablets

Because every moment counts in PHN

Please see adjacent page for Brief Summary of Prescribing Information. Full Prescribing Information and Medication Guide are available at GRALISE.com.

References:
1. GRALISE [prescribing information]. Newark, CA: Depomed Inc.; December 2012. **2**. Sang CN, et al. Gastroretentive gabapentin (G-GR) formulation reduces intensity of pain associated with postherpetic neuralgia (PHN). *Clin J Pain.* 2013;29:281-288. **3**. Data on file, Depomed Inc.

Depomed®

January 2014, Depomed Inc. All rights reserved. GRA-409-P.2

GRALISE® (gabapentin) tablets

BRIEF SUMMARY: For full prescribing information, see package insert.

INDICATIONS AND USAGE

GRALISE is indicated for the management of Postherpetic Neuralgia (PHN). **GRALISE is not interchangeable with other gabapentin products because of differing pharmacokinetic profiles that affect the frequency of administration.**

DOSAGE AND ADMINISTRATION

Postherpetic neuralgia

- GRALISE should be titrated to an 1800 mg dose taken orally once daily with the evening meal. GRALISE tablets should be swallowed whole. Do not split, crush, or chew the tablets.
- If GRALISE dose is reduced, discontinued, or substituted with an alternative medication, this should be done gradually over a minimum of one week or longer (at the discretion of the prescriber).
- Renal impairment: Dose should be adjusted in patients with reduced renal function. GRALISE should not be used in patients with CrCl less than 30 or in patients on hemodialysis.
- In adults with postherpetic neuralgia, GRALISE therapy should be initiated and titrated as follows:

Table 1 GRALISE Recommended Titration Schedule

	Day 1	Day 2	Days 3-6	Days 7-10	Days 11-14	Day 15
Daily dose	300 mg	600 mg	900 mg	1200 mg	1500 mg	1800 mg

CONTRAINDICATIONS

GRALISE is contraindicated in patients with demonstrated hypersensitivity to the drug or its ingredients.

Table 2 GRALISE Dosage Based on Renal Function

	Once-daily dosing
Creatinine clearance (mL/min)	GRALISE dose (once daily with evening meal)
≥ 60	1800 mg
30-60	600 mg to 1800 mg
< 30	GRALISE should not be administered
Patients receiving hemodialysis	GRALISE should not be administered

WARNINGS AND PRECAUTIONS

GRALISE is not interchangeable with other gabapentin products because of differing pharmacokinetic profiles that affect the frequency of administration. The safety and effectiveness of GRALISE in patients with epilepsy has not been studied. **Suicidal Behavior and Ideation** Antiepileptic drugs (AEDs), including gabapentin, the active ingredient in GRALISE, increase the risk of suicidal thoughts or behavior in patients taking these drugs for any indication. Patients treated with any AED for any indication should be monitored for the emergence or worsening of depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior.

Table 3 Risk by Indication for Antiepileptic Drugs (including gabapentin, the active ingredient in Gralise) in the Pooled Analysis

Indication	Epilepsy	Psychiatric	Other	Total
Placebo patients with events per 1000 patients	1.0	5.7	1.0	2.4
Drug patients with events per 1000 patients	3.4	8.5	1.8	4.3
Relative risk: incidence of events in drug patients/incidence in placebo patients	3.5	1.5	1.9	1.8
Risk difference: additional drug patients with events per 1000 patients	2.4	2.9	0.9	1.9

The relative risk for suicidal thoughts or behavior was higher in clinical trials for epilepsy than in clinical trials for psychiatric or other conditions, but the absolute risk differences were similar for the epilepsy and psychiatric indications. Anyone considering prescribing GRALISE must balance the risk of suicidal thoughts or behavior with the risk of untreated illness. Epilepsy and many other illnesses for which products containing active components that are AEDs (such as gabapentin, the active component in GRALISE) are prescribed are themselves associated with morbidity and mortality and an increased risk of suicidal thoughts and behavior. Should suicidal thoughts and behavior emerge during treatment, the prescriber needs to consider whether the emergence of these symptoms in any given patient may be related to the illness being treated. Patients, their caregivers, and families should be informed that GRALISE contains gabapentin which is also used to treat epilepsy and that AEDs increase the risk of suicidal thoughts and behavior and should be advised of the need to be alert for the emergence or worsening of the signs and symptoms of depression, any unusual changes in mood or behavior, or the emergence of suicidal thoughts, behavior, or thoughts about self-harm. Behaviors of concern should be reported immediately to healthcare providers. **Withdrawal of Gabapentin** Gabapentin should be withdrawn gradually. If GRALISE is discontinued, this should be done gradually over a minimum of 1 week or longer (at the discretion of the prescriber). **Tumorigenic Potential** In standard preclinical *in vivo* lifetime carcinogenicity studies, an unexpectedly high incidence of pancreatic acinar adenocarcinomas was identified in male, but not female, rats. The clinical significance of this finding is unknown. In clinical trials of gabapentin therapy in epilepsy comprising 2,085 patient-years of exposure in patients over 12 years of age, new tumors were reported in 10 patients, and preexisting tumors worsened in 11 patients, during or within 2 years after discontinuing the drug. However, no similar patient population untreated with gabapentin was available to provide background tumor incidence and recurrence information for comparison. Therefore, the effect of gabapentin therapy on the incidence of new tumors in humans or on the worsening or recurrence of previously diagnosed tumors is unknown. **Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS)/Multiorgan Hypersensitivity** Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS), also known as Multiorgan Hypersensitivity, has been reported in patients taking antiepileptic drugs, including GRALISE. Some of these events have been fatal or life-threatening. DRESS typically, although not exclusively, presents with fever, rash, and/or lymphadenopathy in association with other organ system involvement, such as hepatitis, nephritis, hematological abnormalities, myocarditis, or myositis, sometimes resembling an acute viral infection. Eosinophilia is often present. Because this disorder is variable in its expression, other organ systems not noted here may be involved. It is important to note that early manifestations of hypersensitivity, such as fever or lymphadenopathy, may be present even though rash is not evident. If such signs or symptoms are present, the patient should be evaluated immediately. GRALISE should be discontinued if an alternative etiology for the signs or symptoms cannot be established. **Laboratory Tests** Clinical trial data do not indicate that routine monitoring of clinical laboratory procedures is necessary for the safe use of GRALISE. The value of monitoring gabapentin blood concentrations has not been established.

ADVERSE REACTIONS

Clinical Trials Experience Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. A total of 359 patients with neuropathic pain associated with postherpetic neuralgia have received GRALISE at doses up to 1800 mg daily during placebo-controlled clinical studies. In clinical trials in patients with postherpetic neuralgia, 9.7% of the 359 patients treated with GRALISE and 6.9% of 364 patients treated with placebo discontinued prematurely due to adverse reactions. In the GRALISE treatment group, the most common reason for discontinuation due to adverse reactions was dizziness. Of GRALISE-treated patients who experienced adverse reactions in clinical studies, the majority of those adverse reactions were either "mild" or "moderate". Table 4 lists all adverse reactions, regardless of causality, occurring in at least 1% of patients with neuropathic pain associated with postherpetic neuralgia in the GRALISE group for which the incidence was greater than in the placebo group.

Table 4 Treatment-Emergent Adverse Reaction Incidence in Controlled Trials in Neuropathic Pain Associated with Postherpetic Neuralgia (Events in at Least 1% of all GRALISE-Treated Patients and More Frequent Than in the Placebo Group)

Body system—preferred term	GRALISE N = 359, %	Placebo N = 364, %
Ear and Labyrinth Disorders		
Vertigo	1.4	0.5
Gastrointestinal Disorders		
Diarrhea	3.3	2.7
Dry mouth	2.8	1.4
Constipation	1.4	0.3
Dyspepsia	1.4	0.8
General Disorders		
Peripheral edema	3.9	0.3
Pain	1.1	0.5
Infections and Infestations		
Nasopharyngitis	2.5	2.2
Urinary tract infection	1.7	0.5
Investigations		
Weight increased	1.9	0.5
Musculoskeletal and Connective Tissue Disorders		
Pain in extremity	1.9	0.5
Back pain	1.7	1.1
Nervous System Disorders		
Dizziness	10.9	2.2
Somnolence	4.5	2.7
Headache	4.2	4.1
Lethargy	1.1	0.3

In addition to the adverse reactions reported in Table 4 above, the following adverse reactions with an uncertain relationship to GRALISE were reported during the clinical development for the treatment of postherpetic neuralgia. Events in more than 1% of patients but equally or more frequently in the GRALISE-treated patients than in the placebo group included blood pressure increase, confusional state, gastroenteritis viral, herpes zoster, hypertension, joint swelling, memory impairment, nausea, pneumonia, pyrexia, rash, seasonal allergy, and upper respiratory infection. **Postmarketing and Other Experience with other Formulations of Gabapentin** In addition to the adverse experiences reported during clinical testing of gabapentin, the following adverse experiences have been reported in patients receiving other formulations of marketed gabapentin. These adverse experiences have not been listed above and data are insufficient to support an estimate of their incidence or to establish causation. The listing is alphabetized: angioedema, blood glucose fluctuation, breast hypertrophy, erythema multiforme, elevated liver function tests, fever, hyponatremia, jaundice, movement disorder, Stevens-Johnson syndrome. Adverse events following the abrupt discontinuation of gabapentin immediate release have also been reported. The most frequently reported events were anxiety, insomnia, nausea, pain and sweating.

DRUG INTERACTIONS

Coadministration of gabapentin immediate release (125 mg and 500 mg) and hydrocodone (10 mg) reduced hydrocodone C_{max} by 3% and 21%, respectively, and AUC by 4% and 22%, respectively. The mechanism of this interaction is unknown. Gabapentin AUC values were increased by 14%; the magnitude of this interaction at other doses is not known. When a single dose (60 mg) of controlled-release morphine capsule was administered 2 hours prior to a single dose (600 mg) of gabapentin immediate release in 12 volunteers, mean gabapentin AUC values increased by 44% compared to gabapentin immediate release administered without morphine. The pharmacokinetics of morphine were not affected by administration of gabapentin immediate release 2 hours after morphine. The magnitude of this interaction at other doses is not known. An antacid containing aluminum hydroxide and magnesium hydroxide reduced the bioavailability of gabapentin immediate release by about approximately 20%, but by only 5% when gabapentin was taken 2 hours after antacids. It is recommended that GRALISE be taken at least 2 hours following antacid administration. There are no pharmacokinetic interactions between gabapentin and the following antiepileptic drugs: phenytoin, carbamazepine, valproic acid, phenobarbital, and naproxen. Cimetidine 300 mg decreased the apparent oral clearance of gabapentin by 14% and creatinine clearance by 10%. The effect of gabapentin immediate release on cimetidine was not evaluated. This decrease is not expected to be clinically significant. Gabapentin immediate release (400 mg three times daily) had no effect on the pharmacokinetics of norethindrone (2.5 mg) or ethinyl estradiol (50 mcg) administered as a single tablet, except that the C_{max} of norethindrone was increased by 13%. This interaction is not considered to be clinically significant. Gabapentin immediate release pharmacokinetic parameters were comparable with and without probenecid, indicating that gabapentin does not undergo renal tubular secretion by the pathway that is blocked by probenecid.

USE IN SPECIFIC POPULATIONS

Pregnancy Pregnancy Category C: Gabapentin has been shown to be fetotoxic in rodents, causing delayed ossification of several bones in the skull, vertebrae, forelimbs, and hindlimbs. There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. To provide information regarding the effects of *in utero* exposure to GRALISE, physicians are advised to recommend that pregnant patients taking GRALISE enroll in the North American Antiepileptic Drug (NAAED) Pregnancy Registry. This can be done by calling the toll free number 1-888-233-2334, and must be done by patients themselves. Information on the registry can also be found at the website http://www.aedpregnancyregistry.org/. **Nursing Mothers** Gabapentin is secreted into human milk following oral administration. A nursed infant could be exposed to a maximum dose of approximately 1 mg/kg/day of gabapentin. Because the effect on the nursing infant is unknown, GRALISE should be used in women who are nursing only if the benefits clearly outweigh the risks. **Pediatric Use** The safety and effectiveness of GRALISE in the management of postherpetic neuralgia in patients less than 18 years of age has not been studied. **Geriatric Use** The total number of patients treated with GRALISE in controlled clinical trials in patients with postherpetic neuralgia was 359, of which 63% were 65 years of age or older. The types and incidence of adverse events were similar across age groups except for peripheral edema, which tended to increase in incidence with age. GRALISE is known to be substantially excreted by the kidney. Reductions in GRALISE dose should be made in patients with age-related compromised renal function. [see Dosage and Administration]. **Hepatic Impairment** Because gabapentin is not metabolized, studies have not been conducted in patients with hepatic impairment. **Renal Impairment** GRALISE is known to be substantially excreted by the kidney. Dosage adjustment is necessary in patients with impaired renal function. GRALISE should not be administered in patients with CrCL between 15 and 30 or in patients undergoing hemodialysis [see Dosage and Administration].

DRUG ABUSE AND DEPENDENCE

The abuse and dependence potential of GRALISE has not been evaluated in human studies.

OVERDOSAGE

A lethal dose of gabapentin was not identified in mice and rats receiving single oral doses as high as 8000 mg/kg. Signs of acute toxicity in animals included ataxia, labored breathing, ptosis, sedation, hypoactivity, or excitation. Acute oral overdoses of gabapentin immediate release in humans up to 49 grams have been reported. In these cases, double vision, slurred speech, drowsiness, lethargy and diarrhea were observed. All patients recovered with supportive care. Gabapentin can be removed by hemodialysis. Although hemodialysis has not been performed in the few overdose cases reported, it may be indicated by the patient's clinical state or in patients with significant renal impairment.

CLINICAL PHARMACOLOGY

Pharmacokinetics *Absorption and Bioavailability* Gabapentin is absorbed from the proximal small bowel by a saturable L-amino transport system. Gabapentin bioavailability is not dose proportional; as the dose is increased, bioavailability decreases. When GRALISE (1800 mg once daily) and gabapentin immediate release (600 mg three times a day) were administered with high fat meals (50% of calories from fat), GRALISE has a higher C_{max} and lower AUC at steady state compared to gabapentin immediate release. Time to reach maximum plasma concentration (T_{max}) for GRALISE is 8 hours, which is about 4-6 hours longer compared to gabapentin immediate release.

NONCLINICAL TOXICOLOGY

Carcinogenesis, Mutagenesis, Impairment of Fertility Gabapentin was given in the diet to mice at 200, 600, and 2000 mg/kg/day and to rats at 250, 1000, and 2000 mg/kg/day for 2 years. A statistically significant increase in the incidence of pancreatic acinar cell adenoma and carcinomas was found in male rats receiving the high dose; the no-effect dose for the occurrence of carcinomas was 1000 mg/kg/day. Peak plasma concentrations of gabapentin in rats receiving the high dose of 2000 mg/kg/day were more than 10 times higher than plasma concentrations in humans receiving 1800 mg per day and in rats receiving 1000 mg/kg/day peak plasma concentrations were more than 6.5 times higher than in humans receiving 1800 mg/day. The pancreatic acinar cell carcinomas did not affect survival, did not metastasize and were not locally invasive. The relevance of this finding to carcinogenic risk in humans is unclear. Studies designed to investigate the mechanism of gabapentin-induced pancreatic carcinogenesis in rats indicate that gabapentin stimulates DNA synthesis in rat pancreatic acinar cells *in vitro* and, thus, may be acting as a tumor promoter by enhancing mitogenic activity. It is not known whether gabapentin has the ability to increase cell proliferation in other cell types or in other species, including humans. Gabapentin did not demonstrate mutagenic or genotoxic potential in 3 *in vitro* and 4 *in vivo* assays. No adverse effects on fertility or reproduction were observed in rats at doses up to 2000 mg/kg (approximately 11 times the maximum recommended human dose on an mg/m² basis).

Depomed®

© December 2012, Depomed, Inc. All rights reserved. GRA-410-P.1

Gralise® once-daily (gabapentin) tablets

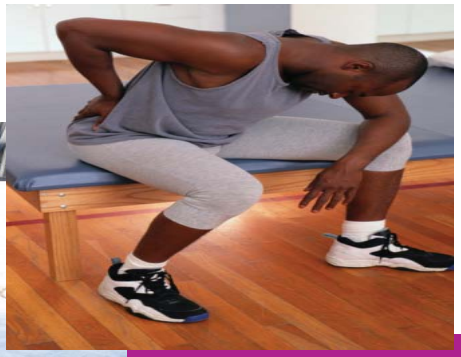
INTRODUCING

Lorzone™

(chlorzoxazone tablets USP) 375mg & 750mg

Relax. Get back to being you...

A safe, effective, and fast-acting muscle relaxant



VERTICAL PHARMACEUTICALS, INC.

www.verticalpharma.com

Quest Diagnostics®

Impacting more than 150 million healthcare decisions a year.

Clinical lab testing from the leaders in diagnostic information and testing services.

Visit us at **QuestDiagnostics.com/PrescriptionDrugMonitoring**

© 2014 Quest Diagnostics Incorporated. All rights reserved. 03/2014

A Special Thank-You to our Gold Corporate Member, Insys Therapeutics, for supporting our 2014 Trainee Scholar attendees and Trainee Poster Competition and Dinner on Friday evening, April 4. This is our first year so please say hello to the Scholars, Identified on their badges. Please also view the posters presented and listen to oral presentations on Friday at 5:30 p.m.

Poster Presentations:

Poster 1

CRPS NOS Following Sciatic Nerve Schwannoma Resection – Medically Challenging Case
Presenter: Soon Jung MD, Department of Anesthesia, Westchester Medical Center – New York Medical College, Valhalla, New York.
Program Director: Kathryn McGoldrick MD

Poster 2

Calcitonin as an Adjuvant Treatment in Pain Associated with Recent Compression Fracture of the Spine in an Elderly Female - Medically Challenging Case
Presenter: Mohammed Emam MD, Department of Physical Medicine and Rehabilitative Medicine, Montefiore Medical Center at Albert Einstein College of Medicine, Bronx, New York.
Program Director: Mark Thomas MD

Poster 3

Lumbosacral Radiculoplexopathy and Complex Regional Pain Syndrome Secondary to Gluteal Compartment Syndrome – Medically Challenging Case
Presenter: Andrew Lederman MD, Department of Physical Medicine and Rehabilitative Medicine, Montefiore Medical Center at Albert Einstein College of Medicine, Bronx, New York.
Program Director: Mark Thomas MD

Poster 4

Single Needle Approach for Bilateral Superior Hypogastric Plexus Blocks – Medically Challenging Case
Presenter: Thomas Reilly MD, Department of Physical Medicine and Rehabilitative Medicine, Montefiore Medical Center at Albert Einstein College of Medicine, Bronx, New York.
Program Director: Mark Thomas MD

Poster 5

Management of Left Lower Limb Complex Regional Pain Syndrome in a Young Female with Spinal Cord Stimulator Complicated by Recurrent Lead Migration – Medically Challenging Case
Presenter: Matthew Perkowski, DO – University of Rochester Medical Center, Rochester, New York
Program Director: Joel Kent MD

Faculty

(Subject to Change – in Alphabetical Order)

Society Special Guest Lecturers

***Roger Cady MD**
The Headache Center
Springfield, Missouri

*** Jeffrey Gudin MD**
Englewood Hospital
Englewood, New Jersey

*** Mark Ware MD**
McGill University Healthcare
Montreal, Quebec, Canada

Faculty

Lila Abbate PT DPT
New Dimensions Physical Therapy
Manhasset, New York

Sunil Aggarwal MD PhD
NYU Langone Medical Center
New York, New York

Charles Argoff MD
Albany Medical Center
Albany, New York

Sushil Basra MD
Long Island Spine Specialists
Commack, New York

Joseph Bax DO
Korunda Pain Management Center
Naples, Florida

Patricia Bruckenthal PhD
State University of New York
Stony Brook, New York

Dawn Buse PhD
Albert Einstein College of Medicine
Bronx, New York

Bradley Cash MD
Spine Options
White Plains, New York

Douglas Cline MD
Douglas Cline MD
Queensbury, New York

Jeffrey Cohen MD
Rusk Rehabilitation
NYU Langone Medical Center
New York, New York

Bill Connington PTO
The Alexander Technique
New York, New York

Beth Covelli LCSW
Outreach Project of New York
Richmond Hill, New York

Robert Duarte MD
North Shore LIJ Hospital
Great Neck, New York

Grace Forde MD
North Shore LIJ Hospital
Valley Stream, New York

Richard Gasalberti MD
NYU Langone Medical Center
Sports Medicine & Rehabilitation
Forest Hills, New York

Phillip Fyman MD
Comprehensive Pain Management
Syosset, New York

Alex Moroz MD
NYU Langone Medical Center
New York, NY

Ralph Ortiz DO
Medical Pain Consultants
Freeville, New York

Neil Patel MD
Northeast Pain Management
Nyack, New York

Noah Rosen MD
North Shore LIJ Hospital
Great Neck, New York

Joseph Sacco MD
Bronx Lebanon Hospital Center
Bronx, New York

Adam Scavone JD
Director New York Cannabis Alliance
Albany, New York

Tracey Vincel PT MPhty
Kima Center for Physiotherapy & Wellness
New York, New York

Romanth Waghmarae MD
Advanced Pain and Wellness Institute
Williamsville, New York

Alexander Weingarten MD
Comprehensive Pain Management
Syosset, New York

Andrea Wolkenberg PT MA
Spine Solvers Inc.
New York, New York

Liming Zhao LAC
Garden City Acupuncture
Garden City, New York

Accreditation Statement: Friday April 4 and Saturday April 5

This activity has been planned and implemented in accordance with the Essential Areas and Polices of the Medical Society of the State of New York (MSSNY) through the joint sponsorship of the Westchester Academy of Medicine and The New York State Pain Society. The Westchester Academy of Medicine is accredited by the Medical Society of New York (MSSNY) to provide Continuing Medical Education for physicians.

The Westchester Academy of Medicine designates this live activity for a maximum of **12.5** AMA PRA Category I Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure Statement

The Westchester Academy of Medicine and the Medical Society of the State of New York rely upon planners and faculty participants in its CME activities to provide educational information that is objective and free of bias. In this spirit and in accordance with the guidelines of MSSNY and the ACCME, all speakers and planners for CME activities must disclose any relevant financial relationships with commercial interests whose products, devices or services may be discussed in the content of a CME activity, that might be perceived as a real or apparent conflict of interest. Any discussion of investigational or unlabeled uses of a product will be identified.

Learning Objectives

After attending the New York State Pain Society Annual Meeting and Scientific Sessions, Learners should be able to:

Key: C=Competency P=Patient Outcomes and K = Knowledge

1. Identify risk factors associated with the initiation or maintenance of chronic opioid therapy (C)
2. Provide decision-making strategies that consider non-opioid pharmacologic and non-pharmacologic strategies for management of chronic pain (P)
3. Apply evidence-based strategies to clinical practice for managing complex patients with chronic pain (K)
4. Formulate patient opioid treatment agreements. (P)
5. Identify addiction-risk patients on opioid therapy and implement a termination of opioid therapy regimen where appropriate. (K)
6. Employ key diagnostic and treatment techniques for the management of pain. (P)
7. Address common clinical challenges in the management of acute and chronic pain (P)
8. Promote appropriate and safe opioid usage in patients. (P)
9. Evaluate and debate new trends, techniques, therapies, and diagnostic procedures. (C)
10. Increase collaboration between pain specialists and primary care clinicians. (P)
11. Improve quality of life for patients suffering from acute or chronic pain. (P)
12. Assemble a valuable network of colleagues active in the field of pain medicine. (P)

Accreditation Statement: Physical Therapists

This Program is Jointly Sponsored by the New York Physical Therapy Association. NYPTA and The New York State Pain Society designates this live activity for **19.8** Continuing Education Credits.

Purpose

The purpose of this program is to educate physicians and healthcare practitioners in evolving advanced acute and chronic pain management and provide a forum for participants to gain valuable understanding in evidenced based techniques, treatments, and solutions for patients suffering from acute and/or chronic pain.

Intended Audience

Anesthesiologists, Physiatrists, Surgeons, Neurologists, Orthopedics, Internal Medicine, General Practitioners, Primary Care Physicians, Emergency Room, Psychiatrists, Pharmacists, Physician Assistants, Nurses, Therapists, Physical Therapists ,Complementary Medicine Specialists.

Location

Nestled on 30 acres in West Harrison, Westchester County, New York, ***The Renaissance Westchester Hotel*** is located in close proximity to New York City yet easily accessible from all points in New York State. To encourage optimum interaction, the Exhibit Hall will be located in close proximity to sessions and within the guidelines of ACCME rules. The exhibit area will serve as the venue for all refreshment breaks as well as the Friday Evening Networking Reception.

Your Host

The New York State Pain Society was founded in 2011 to advance the art and science of pain medicine by promoting and maintaining the highest standards of professional practice through education and research; by aiding and encouraging the education of medical students, residents, fellows, practicing physicians, and other health care providers in pain management and by obtaining and publishing scientific information in pain medicine and management.

Non-members who register for the full 2014 Annual Meeting and Scientific Sessions will also receive a 2014 membership in the Society.

Educational Grants Provided by:

Depomed PURDUE Medtronic

This program was made possible by a grant from Jazz Pharmaceuticals

Accreditation Statement: Sunday, April 6 REMS Certification Course

pmiCME is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Designation Statement: pmiCME designates this live activity for a maximum of **3.5** AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

AANP Accreditation pmiCME is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP provider number 040308. This program has been approved for 3.5 contact hours of continuing education.

Learning Objectives

SAFE Opioid Prescribing | Strategies. Assessment. Fundamentals. Education

Pri-Med, in collaboration with American College of Physicians, has received commercial support for this community resource center provided by an educational grant from the REMS Program Companies. This educational activity is supported by an independent educational 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 fully-compliant with the ER/LA Opioid Analgesics REMS education requirements issued by the U.S. Food & Drug Administration (FDA).

Session Titles

1. Evaluation is Essential for Safe and Effective Pain Management Using ER/LA Opioids
2. Best Practices for How to Start Therapy with ER/LA Opioids, How to Stop, and What to Do in Between
3. Evidence-Based Tools for Screening for Patients at Risk and Monitoring for Adherence to Prescribed ER/LA Opioids
4. Talk to Me: Proven Methods to Counsel Your Patients on ER/LA Opioids and Achieve Positive Outcomes
5. Everything You Always Wanted to Know About ER/LA-Opioids as a Drug Class
6. Getting the Most Clinical Insights from Specific ER/LA Product Information Sources

Learning Objectives (per activity)

Activity 1

1. Identify risk factors for opioid-related aberrant behavior
2. Differentiate between tolerance, physical dependence and addiction

Activity 2

1. Convert patients from immediate-release to ER/LA opioids as well as from one ER/LA opioid to another
2. Identify predisposing risk factors for significant respiratory depression

Activity 3

1. Evaluate and manage adverse effects of ER/LA-opioids
2. Differentiate strategies for monitoring patient adherence

Activity 4

1. Implement counseling strategies to ensure patients know to take ER/LA opioids exactly as prescribed
2. Use counseling strategies to explain signs of ER/LA opioid overdose to patients and caregivers

Activity 5

1. Assess the differences in opioid metabolism and how these impact appropriate ER/LA prescribing
2. Identify how opioid-drug interactions influence ER/LA opioid prescribing

Activity 6

1. Differentiate the prescribing information among available ER/LA opioids
2. Identify ER/LA opioids and dosages indicated for opioid-tolerant patients only

Overall Program Learning Objectives (Blueprint)

1. Implement patient assessment strategies including tools to assess the risk of abuse, misuse or addiction when prescribing ER/LA opioids
2. Employ approaches to safely initiate therapy, modify dose, and discontinue use of ER/LA opioids
3. Monitor patients by evaluating treatment goals and implementing periodic UDTs
4. Participate in Prescription Drug Monitoring Programs in their state, if available
5. Employ patient education strategies about the safe use of ER/LA opioids
6. Identify similarities and differences among ER/LA opioids

Final Program

Friday, April 4, 2014

8:00 - 5:30 PM	Ongoing Registration AND Exhibitor Setup (8:00 - 10:00 AM)
8:00 - 9:00 AM	Continental Breakfast
9:00 - Noon	***OPIOIDS AND PHARMACOLOGICAL TREATMENT OF CHRONIC PAIN:*** Moderators: Alexander Weingarten MD and Charles Argoff MD
9:00 - 9:10 AM	Welcome and Opening Remarks Alexander Weingarten MD, *President The New York State Pain Society*
9:10 - 9:45 AM	To Prescribe or Not to Prescribe, That is the Question - Charles Argoff MD
9:45 - 10:15 AM	Use, Misuse, and Abuse - Beth Covelli LCSW, Director, New York Outreach Project
10:15 - 10:45 AM	Break in Exhibit Hall
10:45 - 11:15 AM	The Safe Use of Methadone - Alexander Weingarten MD
11:15 - Noon	Palliative Care - Joseph Sacco MD
Noon - 1:00 PM	Gold Corporate Member Showcase Presented By Insys Therapeutics with Special Guest Lecturer: Ted Stanley MD *The History of Fentanyl, Presented by the Man Who Lived It* *(Lunch Provided, No CME Provided)*
1:00 - 5:30 PM	**INTERVENTIONAL TECHNIQUES TO MANAGE PAIN** Moderator: Phillip Fyman MD
1:00 - 1:45 PM	Indications Outcomes and Risks of Epidural Steroid Injections Phillip Fyman MD
1:45 - 2:30 PM	Neuromodulation Best Practices - Romanth Waghmarae MD
2:30 - 3:15 PM	Vertbroplasty and Kyphoplasty - Sushil Basra MD
3:00 - 3:30 PM	Break in Exhibit Hall
3:45 - 4:30 PM	Radiofrequency Ablation - Neil Patel MD
4:30 - 5:15 PM	Use of Ultrasound for Injections - Joseph Bax DO
5:15 - 5:30 PM	Discussion
1:00 - 5:30 PM	**HEALTH CARE PRACTITIONER PARALLEL SESSION** Moderator: Andrea Wolkenberg PT, MA, CKTI, MCMT
1:00 - 2:30 PM	An Introduction to Pain Management Medications and Interventional Techniques for the HCP - Classes of Drugs and How to Prescribe Them: Indications and Contraindications. Douglas Cline MD and Ralph Ortiz DO
2:30 - 3:15 PM	Motivating Patients with Persistent Pain to Action: Self-Management Strategies Patricia Bruckenthal PhD, APRN-BC, ANP
3:15 - 3:45 PM	BREAK WITH EXHBITORS
3:45 - 5:15 PM	A Step-By-Step Approach to Implementing Therapeutic Neuroscience Education into Clinical Practice - Tracey Vincel PT MPhty
5:00 - 5:30 PM	Discussion
5:30 - 6:30 PM	NYSPS Insys Therapeutics Trainee Scholars Poster Competition
5:30 - 7:00 PM	NETWORKING RECEPTION with Exhibitors
7:00 - 9:00 PM	Trainee Scholars Dinner with Lecture By Invitation Only. *(No CME Provided)*

RED = START OF COINCIDING PROGRAMS

Saturday, April 5, 2014

8:00 - 9:00 AM	Silver Founding Corporate Member Showcase Presented by Millennium Laboratories With Special Guest Lecturers Christopher Cardillo Esq. and Dr. Adam Rzetelny *Prescribing Schedule II, III, and IV Controlled Substances in New York:* *Protecting your Patients, Practice, and Community (Breakfast Provided. no CME provided)*
9:00 - Noon	***HEADACHE: AN ARMCHAIR DISCUSSION - CASE STUDIES:*** Moderator: Grace Forde MD and Robert Duarte MD with Special Guest Lecturer Roger Cady MD , Dawn Buse PhD, and Noah Rosen MD
10:15 - 10:45 AM	Break in Exhibit Hall
10:45 - Noon	Headache an Armchair Discussion Continued.
Noon - 12:30 PM	Annual Business Meeting of the Membership In the Red Oak Terrace with Installation of Richard Gasalberti MD as 2014-2016 President
12:30 - 1:30 PM	Gold Corporate Member Showcase presented by Depomed in the Red Oak Terrace with Special Lecturer Charles Argoff MD *First Line Management of Chronic and Acute Pain: Unmet Needs and Options for Early Onset of Relief (Lunch Provided - No CME provided)*
1:30 - 3:30 PM	**EVIDENCED BASED ALTERNATIVE THERAPIES FOR PAIN MANAGEMENT** Moderator: Bradley Cash MD
1:30 - 2:00 PM	Acupuncture and Arthritis Pain - Alex Moroz MD
2:00 - 2:30 PM	Physical Therapy for Pelvic Pain - Lila Abbate PT, DPT, MS, OCS, WCS
2:30 - 3:00 PM	Complex Regional Pain Syndrome - Jeffrey Cohen MD
3:00 - 3: 30 PM	Using Research Based Natural Dietary Supplements to Treat Inflammation and Pain - Liming Zhao LAC
3:30 - 4:00 PM	Break in Exhibit Hall
1:30 - 5:00 PM	**HEALTH CARE PRACTITIONER PARALLEL SESSION** Moderator: Andrea Wolkenberg PT, MA, CKTI, MCMT
1:30 - 3:00 PM	Posture and Pain: The Alexander Technique - Bill Connington PTO
3:00 - 3:30 PM	Break in Exhibit Hall
3:30 - 5:00 PM	Aches, Pains & Secondary Gains: When Your Patient Does Not Want to Get Better - Dawn Buse PhD
4:00 - 5:30 PM	***HOT TOPIC SESSION:*** Medical Marijuana - Legal and Medical Perspectives Moderator: Grace Forde MD With Special Guest Lecturer, Mark Ware MD, Sunil Aggarwal MD PhD, and Adam Scavone JD

We've Gone Social!

Download our APP

Join our LinkedIn Group

Follow Us on Twitter @nypainsociety

Visit our Website for More Info

www.nypainsociety.org

RED = START OF COINCIDING PROGRAMS

Sunday, April 6, 2014

8:00 - 8:45 AM	Breakfast and REMS Certification Registration *Please arrive early for session to obtain your Audience Response System (ARS) Device.*
8:45 - 12:45 PM	***RISK EVALUATION MITIGATION STRATEGIES*** With Special Lecturers Jeff Gudin MD and Charles Argoff MD Safe Opioid Prescribing / Strategies. Assessment. Fundamentals. Education, Accreditation information and the FDA Information is all being utilized
8:45 - 9:30 AM	Evaluation is Essential for Safe and Effective Pain Management Using ER/LA Opioids
9:30 - 10:00 AM	Best Practices for How to Start Therapy with ER/LA Opioids, How to Stop, and What to Do in Between
10:00 - 10:30 AM	Break in Exhibit Hall
10:30 - 11:00 AM	Evidence-Based Tools for Screening for Patients at Risk and Monitoring for Adherence to Prescribed ER/LA Opioids
11:00 - 11:30 AM	Talk to Me: Proven Methods to Counsel Your Patients on ER/LA Opioids and Achieve Positive Outcomes
11:30 - Noon	Everything You Always Wanted to Know About ER/LA-Opioids as a Drug Class
Noon - 12:45 PM	Getting the Most Clinical Insights from Specific ER/LA Product Information Sources including Q&A
12:45 PM	***Closing Remarks and Thank You from Alexander Weingarten MD with introduction to 2014-2016 President, Richard Gasalberti MD***

Please remember to return your Evaluatons and your ARS systems!
Thank you and see you at next year's annual meeting!

Educational Grants Provided By:

Depomed®

Medtronic

PURDUE

This program was made possible by a grant from Jazz Pharmaceuticals

Thank You To Our 2014 Exhibitors

For over 20+ years, Aegis® has remained one of the most trusted drug testing laboratories for pain management, forensics and sports organizations throughout the U.S. With Aegis® you have access to: testing in oral fluid, urine and/or blood; consultation with 16 PhD/5 PharmD experts; and the highest quality client service in the industry. Visit: www.aegislabs.com

Akrimax Pharmaceuticals is a privately-held, innovative specialty pharmaceutical company that acquires, develops and markets advanced ethical prescription medications. The current company portfolio of products includes Primlev™ (oxycodone/acetaminophen), Suprenza™ (phentermine HCl), Tirosint ® (levothyroxine sodium), NitroMist® (nitroglycerin lingual aerosol), InnoPran XL® (propranolol HCI) extended release capsules, and Inderal® LA (propranolol HCI) Long acting. More information on Akrimax and its products can be obtained at www.akrimax.com

ACLS is a provider of diagnostic laboratory testing, information andservices that enable physicians and other health-care professionals tomake decisions to improve health. Clinical laboratory testing is anessential element in the delivery of health care services. Physiciansuse laboratory tests to assist in the detection, diagnosis,evaluation, monitoring and treatment of diseases and other medicalconditions. We have combined the best available science, methods andtechnology to provide the next generation in clinical drug testing.

From our beginnings as an eye care company to our focus today on several medical specialties, including eye care, neurosciences, medical aesthetics, medical dermatology, breast aesthetics, obesity intervention and urologics, Allergan is proud to celebrate more than 60 years of medical advances and proud to support the patients and physicians who rely on our products and the employees and communities in which we live and work. For more information regarding Allergan, go to: www.allergan.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. Visit: www.advancedinfusionsolutions.com

Alpha Medical Equipment of New York provides Sales and Service of C-Arm imaging equipment and tables. We have various different packages with flexible payment plans. Visit: www.alphamedicalequipment.com

Thank You To Our 2014 Exhibitors

NY-based ARX Specialty Pharmacy blends classic compounding science with the latest formulation technologies. ARX compounds promote targeted patient relief in several major pathologies, including the treatment of inflammation, diabetic neuropathy, and surgical recovery through highly efficacious, non-addictive transdermal creams. ARX provides exceptional service and knowledge to patients and prescribers alike. Visit: www.arxpharmacy.com

Carolina Liquid Chemistries makes starting your lab easy by assisting with certification, validation, staffing and training. Our analyzers are easy to operate and offer the largest Urine Drug Test and General Chemistry menus. CLC makes in-office drug testing an easy choice that can improve patient care and sustain your practice. 877-722-8910. Visit: www.carolinachemistries.com

Boston Scientific's Precision Plus™ SCS System powered by SmoothWave™ Technology blends sophistication and simplicity to deliver life-changing therapy for chronic pain patients. Investing in innovative products, clinical initiatives, and world-class service, Boston Scientific is committed to *Making life smoother™* for physicians, patients, and the Neuromodulation community. Visit: www.bsci.com

Chronic Migraine Awareness –A forum to become your own advocate. The mission of Chronic Migraine Awareness, Inc. is twofold: First, we strive to spread awareness of this debilitating disease which affects all aspects of our lives. Second, we seek to impart education and support to both the medical community and members in order to enrich their ability to successfully manage life as individuals with migraine. Visit: www.chronicpainawareness.com

Cadwell has developed useful and innovative devices for physiatrists, neurologists, neurophysiologists and technologists who want the best devices to provide superior patient care since 1979. Products include the Cascade family for IONM, the Easy family for all types of EEG and PSG and the Sierra family for EMG, NCV and clinical EP. Visit: www.cadwell.com

Clint Pharmaceuticals is an industry-leading provider of injectable pharmaceuticals, and interventional pain management procedural trays and needles. All Clint's products are FDA-approved. We ARE NOT a compounding pharmacy. We do not compromise on quality, while still delivering a cost effective solution. We're a friendly, speedy and reliable supplier of all physicians' injectable and medical supply needs. Visit: www.clintpharmaceuticals.com

Thank You To Our 2014 Exhibitors

Depomed, Inc. is a specialty pharmaceutical company focused on enhancing pharmaceutical products. The company currently markets GRALISE® (gabapentin) tablets, a once-daily treatment approved for the management of postherpetic neuralgia (PHN) and ZIPSOR™ (diclofenac potassium) liquid filled capsules, approved for the relief of mild to moderate acute pain in adults. Visit: www.depomed.com

EmCyte specializes in the development of biologic devices that support improved outcome of regenerative cellular therapies. Our devices are designed to produce the purest concentration of regenerative cells and growth factors from a small sample of blood or bone marrow aspirate. Our devices are geared towards maximizing the benefits of autologous treatment. Visit: www.emcyte.com

Disc Disease Solutions is a revolutionary approach in the treatment of lower back and neck pain due to spinal diseases and injuries. A unique and patented air traction design sets it apart from all other ambulatory supports. DDS is thin, lightweight and easy to use; it offers a high degree of mobility, alleviating as well as preventing back and neck pain. The process is simple: by increasing the intervertebral disc space, pressure applied on the nerve root is relieved, thereby, eliminating pain while assisting active-rehabilitation. Disc Disease Solutions will speed up your recovery and help you enjoy the daily activities that were once too difficult. Visit: www.discdiseasesolutions.com

Healthy Catalyst

Transforming healthcare is our passion. Health Catalyst was formed by a group of healthcare veterans with vast data warehousing and quality improvement experience. Our founders and executives collaborated for nearly a decade with Dr. David A. Burton, known for revolutionizing clinical process models using analytics. During development, they faced numerous hurdles in the quest to develop a data warehouse that could handle the complexities unique to healthcare data. Visit www.healthcatalyst.com

DRUGSCAN® is Fast, Professional, Accurate, & Responsive. One of only a few nationally certified SAMHSA toxicology laboratories; DRUGSCAN® is a leader in clinical and forensic toxicology, medication monitoring, and drug detection laboratory services. At DRUGSCAN®,our mission is to keep everyone in the patient care continuum safe and compliant with all regulations; providing clients with advanced technology,accurate results, and superior customer service. Visit: www.drugscan.com

Free Medical Apps…Patients are rapidly adopting mobile technology for better information and quick access to care. Loyal Programs can help drive prospective patients to your practice by connecting with them at their time of medical need. We are pleased to support the New York State Pain Society with its society App…download at the meeting or online! For more information about your free Medical App, visit: www.loyalprograms.com

Thank You To Our 2014 Exhibitors

Galena Biopharma is a biopharmaceutical company with a broad pipeline in all stages of development including novel cancer immunotherapies to prevent the recurrence of breast, ovarian and endometrial cancers. Galena's commercial product featured at this conference is a transmucosal, rapid acting, sublingual fentanyl tablet indicated for the management of breakthrough cancer pain. Visit: www.galenabiopharma.com

We are a biopharmaceutical company that is developing and commercializing innovative medicines to target unmet therapeutic needs in arthritis, pain and inflammatory diseases. We received FDA approval for DUEXIS, a novel tablet formulation containing a fixed-dose combination of ibuprofen and famotidine in a single pill and RAYOS, a proprietary delayed-release formulation of low-dose prednisone. Visit: www.horizonpharma.com

gloStream partners with independent medical practices to provide highly personalized strategic and performance management services designed exclusively for today's independent practice. Presenting a unique mixture of expertise, platform and personalization, gloStream assists in the transformation in becoming a true, pacesetting practice. For more information visit: www.glostream.com

INSYS Therapeutics is a specialty pharmaceutical company that develops and commercializes innovative supportive care products. Our product includes a fentanyl sublingual spray for the treatment of breakthrough cancer pain. We focus our research efforts on product candidates that utilize innovative formulations to address the clinical shortcomings of existing pharmaceutical products. Visit: www.insysrx.com

New York City-based HALDEY Pharmaceutical Compounding, as its name implies, specializes in pharmaceutical compounding. The enterprise focuses solely on tailoring prescriptions to meet the specific needs of each individual patient, including those dealing with unique medical circumstances. HALDEY Pharmaceutical Compounding's innovative scientific solutions embrace a host of medical and quality-of-life issues, such as pain management, anti-aging, holistic health; dermatology, and health and wellness, to name just a few. Visit: www.hcompound.com

At Janssen, we are dedicated to addressing and solving some of the most important unmet medical needs of our time in oncology, immunology, neuroscience, infectious diseases and vaccines, and cardiovascular and metabolic diseases. Driven by our commitment to patients, we bring innovative products, services and solutions to people throughout the world.Janssen Pharmaceuticals, Inc.is one of the Janssen Pharmaceutical Companies of Johnson & Johnson. Visit: www.janssen.com

Thank You To Our 2014 Exhibitors

Kimberly-Clark
Trusted Clinical Solutions*

KIMBERLY-CLARK* Pain Management's clinical solutions for chronic spinal pain include an easy-to-use radiofrequency system featuring standard, pulsed, and multi-level RF lesioning. Our revolutionary cooled-RF technology provides targeted treatment for discogenic, sacroiliac, thoracic, and lumbar z-joint pain. Our high quality needles, trays and kits are designed and manufactured to exacting standards. Visit: www.kcc.com

ML MILLENNIUM LABORATORIES
because pain matters

Millennium Laboratories is the leading research~based clinical diagnostic company dedicated to improving the lives of people suffering from pain. We provide healthcare professionals with the medication monitoring and drug detection services, clinical tools, scientific data and education helping to personalize treatment plans to improve clinical outcomes and patient safety. Visit: www.becausepainmatters.com

LINDEN CARE
Comprehensive Pharmaceutical Services

Linden Care, headquartered in Syosset, NY, is a leading provider of specialty pharmacy services to the pain management industry. The Company offers comprehensive and highly personalized specialty pharmacy services targeting multiple growth markets through a unique "concierge pharmacy" business model. Since inception, the company has distinguished itself by providing robust and differentiated compliance practices as well as a full suite of "specialty" services to meet the needs of patients, physicians and pharmaceutical manufacturers. Linden Care is rapidly growing to become the country's center of excellence for pain control. Visit: www.lindencare.com

NEUROGENX
INNOVATIVE NEUROGENIC SOLUTIONS

NEUROGENX® is a nationwide enterprise with consortium offering innovative treatment Technologies & Protocols for various neurogenic conditions most especially Peripheral Neuropathy with dramatically restorative results substantiated with peer-reviewed studies. This exclusive treatment combines a local anesthetic with a patented FDA cleared Electronic Signal™ Technology and offers a tremendous niche opportunity with substantial results and revenues!

Medtronic

At Medtronic, we're committed to Innovating for Life by pushing the boundaries of medical technology and changing the way the world treats chronic disease. Medtronic Neuromodulation provides innovative implantable neurostimulation and drug delivery devices to therapeutically treat intractable pain, as well as other chronic diseases and neurological disorders. . We offer the largest range of Neuromodulation products with exceptional technical services and patient support. Visit: www.professional.medtronic.com

NEUROVA
MICRO CURRENT THERAPY

Neurova™ Neurostimulator Device is an FDA cleared, microchip controlled, micro stimulation device for the treatment of chronic and acute pain. The device delivers auricular micro current low frequency pulse treatment over several days, which is transmitted to the peripheral nerve endings via semi-permanent needles. Neurova™ doesn't limit patient activity and is reimbursed by insurance. Visit: www.neurova.com

Thank You To Our 2014 Exhibitors

PerkinElmer is a global leader focused on improving human and environmental health, for the better. We provide our customers with critical knowledge, expertise and innovative detection, imaging, software, and services solutions so that they can make better decisions for better outcomes. PerkinElmer products helps scientists, clinicians and governments to improve the health and safety of people and the environment. Visit: www.perkinelmer.com

Police Surgeons Group of the New York State Troopersworks to establish the highest quality care for our network of nearly 20,000 covered lives. We extend an invitation to eligible medical professionals to join our organization where programs and interactions are provided that offer unique benefits. Visit: www.pbadoc.com

At Pfizer, we apply science and our global resources to improve health and well-being at every stage of life. Every day, Pfizer colleagues work across developed and emerging markets to advance wellness, prevention, treatments and cures that challenge the most feared diseases of our time. Visit: www.pfizer.com

Purdue Pharma L.P. is known for its pioneering work on persistent pain and for providing healthcare professionals, patients and caregivers with safe and effective therapies. Purdue provides educational resources that support the therapies' proper use. Additionally, Purdue is entering therapeutic areas, such as sleep and gastrointestinal disorders. Visit: www.pharma.com

Pine Pharmacy is a *Compounding-Only* Pharmacy in Williamsville New York. For nearly 30 years, they have been committed to bringing patients the very best professional quality and service in compounded medications. Their pharmacists are highly trained problem solvers, who practice the art of formulating medications to meet individual needs. They work together with both prescribers and their patients in order to develop the most appropriate therapy for each person. Pine Pharmacy is the only PCAB accredited pharmacy in Western New York. Visit: www.pinepharmacy.com

Quest Diagnostics, the world's leading provider of diagnostic testing, information and services, offers a comprehensive test menu including toxicology, immunology, endocrinology, oncology, rheumatology and genetics. As an industry leader in drug testing, we conduct more than 9.0 million drug tests annually, helping physicians meet today's prescription monitoring requirements. Visit: www.questdiagnostics.com

Thank You To Our 2014 Exhibitors

Reckitt Benckiser Pharmaceuticals Inc. in partnership with healthcare professionals, is committed to helping the millions of Americans dependent on opioid prescription painkillers or heroin. SUBOXONE Film was developed to evolve treatment with features designed to address some key concerns in the treatment of opioid dependence. Visit: www.rb.com or www.suboxone.com

SpineSearch provides recruitment and ongoing educational opportunities for pain management practices. SpineSearch is led by experts in the industry who are knowledgeable about every dimension of the field. We invoke a commitment to those employed in the industry and can assist with all of your clinical and administrative recruitment needs. Visit: www.spine-search.com

Robin S. Weingast & Associates is a full-service, employee benefits consulting firm — has been creating innovative programs that match the specific objectives of companies and their employees for more than 30 years.We understand. And we can help. When you work with us, you benefit from a cross-disciplinary team of dedicated professionals who thoroughly understand their respective fields—insurance, financial, and more—and their impact on employer-offered benefits.

St. Jude Medical develops medical technology designed to put more control into the hands of those who treat neurological, cardiac and chronic pain patients worldwide. SJM has provided leading neurostimulation therapy innovations for 30 years. The company is dedicated to advancing the practice of medicine by reducing risk wherever possible and contributing to successful patient outcomes. Visit: www.sjm.com

Silver Hill Hospital, a non-profit psychiatric hospital located in Connecticut, offers inpatient and residential programs for adolescents and adults, including a Chronic Pain and Recovery Program. Silver Hill Hospital is an academic affiliate of the Yale University School of Medicine, Department of Psychiatry. Visit www.silverhillhospital.org or call 800 899-4455 for more information.

Surgical Imaging Associates is the exclusive provider of new & certified pre-owned GE OEC Mobile C-Arm's. We also represent a full range of imaging tables and offer site planning and financing options. Visit: www.surgicalimagingassocates.com. GE Healthcare provides transformational technologies and services, shaping a new age of patient care. Our broad expertise in imaging and information technologies, medical diagnostics, patient monitoring systems, drug discovery, biopharmaceutical manufacturing technologies and performance solutions help our global customers to deliver better care to more people at a lower cost. For more information about GE Healthcare, visit our website at: www.gehealthcare.com

Thank You To Our 2014 Exhibitors

TEVA PHARMACEUTICALS

At Teva, we're passionate about improving quality of life and healthcare globally. This is our ongoing mission as we touch the lives of millions of patients every day, and billions of patients every year. Visit: www.tevapharm.com

VERTICAL PHARMACEUTICALS, INC.

Vertical Pharmaceuticals, Inc. was founded in 2003 with a clear focus in mind. The Company strives to develop, market and acquire products offering therapeutic benefits for patients and healthcare providers. The Company specializes in Women's Health and Pain Management. Vertical has launched two new quality products for the management and treatment of Pain, *ConZip*™ and *Lorzone*™. Our novel pain medications are gaining increased acceptance and use over the past few months improving and addressing many of the challenges in Pain management. Visit: www.verticalpharma.com

TRIARQ
TRIARQ. INSPIRING TRUST.

We are passionate about serving your patients better. Our Network includes leading multidisciplinary physicians, physical & occupational therapists, healthcare & movement professionals.We create & encourage adoption of evidence base standards in clinical & service excellence through international continuing education, research, & cross discipline collaboration

Let's talk. Visit: www.triarq.com

XenoPort

XenoPort, Inc. is a biopharmaceutical company focused on developing and commercializing a portfolio of internally discovered product candidates for the potential treatment of neurological disorders. XenoPort's technology utilizes the biology of nutrient transport mechanisms to enhance absorption, provide more predictable drug exposure, reduce inter-patient variability, and decrease dosing frequency. Visit: www.xenoport-us.com

UNIVERSAL IMAGING
SEE THE DIFFERENCE

Musculoskeletal Ultrasound/Xray Solutions
Universal Imaging introduced musculoskeletal sonography 30 years ago and has been a leader in the field ever since, selling over 2,000 ultrasound, DR and CR systems. Universal offers affordable, high-quality Musculoskeletal systems, featuring all-digital technology, portability, color Doppler, digital archiving. Our technology partners include Toshiba, Sonoscape, ECM, Siui, CR/DR, Fire CR, Canon and Fuji. Visit: www.universalimaginginc.com
Call: 1-800-842-0607

ZogenIX®

We are developing and commercializing products for the treatment of central nervous system disorders and pain by leveraging technology to provide innovative solutions for unmet medical needs. We focus on meeting the needs of patients and physicians we serve by providing comprehensive education materials about the therapeutic products we develop.

Thank You To Our 2014 Corporate Members

Platinum

Gold

Thank You To Our 2014 Corporate Members

Silver

Corporate

MILLENNIUM LABORATORIES SM

Treating chronic pain is challenging...

PERSONALIZED CARE CAN HELP

The leader in ***UDT*** now offers a next-generation tool to further support ***personalized care.***

MILLENNIUM **PGT**

PHARMACOGENETIC TESTING

Results | Insights | Personalization

Millennium PGT is innovative, saliva-based pharmacogenetic testing that identifies a patient-specific medication metabolism profile, which helps clinicians in the safe and effective prescribing of opioids (including methadone), benzodiazepines, TCAs, SSRIs and SNRIs.

MILLENNIUM **UDT**

URINE DRUG TESTING

Accuracy | Choice | Service

Millennium UDT is the leading urine drug testing platform backed by state-of-the-art technology, research, and toxicology guidance. We deliver accurate, comprehensive results, generally within one business day from receipt at our lab...all with world class service.

millenniumlabs.com

The Millennium Laboratories logo is a service mark or registered service mark of Millennium Laboratories, Inc., or its subsidiaries in the United States and other countries.
MLI-MKT39001

© 2012 Millennium Laboratories, Inc. 07/2012

Medtronic

Medtronic Makes Safe Access to MRI Scans Possible*†

- Only Medtronic pain neurostimulation systems provide safe access to 1.5-Tesla MRI scans on any part of the body.*
- Medtronic SynchroMed® infusion systems provide safe full-body access to 1.5- and 3.0-Tesla MRI scans and resume programmed therapy after scan.†

professional.medtronic.com
mrisurescan.com

*Under specific conditions; requires SureScan® implantable neurostimulator and Vectris® leads. Refer to approved labeling for full list of conditions.

†Under specific conditions; requires interrogation to confirm pump status. Refer to approved labeling for full list of conditions.

NEUROSTIMULATION SYSTEMS FOR PAIN THERAPY

Brief Summary: Product Technical Manuals and Programming Guides must be reviewed prior to use for detailed disclosure.

Indication for Use: Chronic, intractable pain of the trunk and/or limbs-including unilateral or bilateral pain. **Contraindications:** Diathermy. **Warnings:** Defibrillation, diathermy, electrocautery, MRI, RF ablation, and therapeutic ultrasound can result in unexpected changes in stimulation, serious patient injury or death. Rupture/piercing of neurostimulator can result in severe burns. Electrical pulses from the neurostimulator may result in an inappropriate response of the cardiac device. **Precautions:** The safety and effectiveness of this therapy has not been established for: pediatric use, pregnancy, unborn fetus, or delivery. Follow programming guidelines and precautions in product manuals. Avoid activities that stress the implanted neurostimulation system. EMI, postural changes, and other activities may cause shocking/jolting. Patients using a rechargeable neurostimulator should check for skin irritation or redness near the neurostimulator during or after recharging. **Adverse Events:** Undesirable change in stimulation; hematoma, epidural hemorrhage, paralysis, seroma, CSF leakage, infection, erosion, allergic response, hardware malfunction or migration, pain at implant site, loss of pain relief, chest wall stimulation, and surgical risks. For full prescribing information, please call Medtronic at 1-800-328-0810 and/or consult Medtronic's website at www.medtronic.com.

USA Rx Only Rev 0313

SynchroMed® II Drug Infusion System Brief Summary:

Product technical manuals and the appropriate drug labeling must be reviewed prior to use for detailed disclosure.

Indications: US: Chronic intraspinal (epidural and intrathecal) infusion of preservative-free morphine sulfate sterile solution in the treatment of chronic intractable pain, chronic intrathecal infusion of preservative-free ziconotide sterile solution for the management of severe chronic pain, and chronic intrathecal infusion of Lioresal® Intrathecal (baclofen injection) for the management of severe spasticity; chronic intravascular infusion of floxuridine (FUDR) or methotrexate for the treatment of primary or metastatic cancer. Outside of US: Chronic infusion of drugs or fluids tested as compatible and listed in the product labeling. **Contraindications:** Infection; implant depth greater than 2.5 cm below skin; insufficient body size; spinal anomalies; drugs with preservatives, drug contraindications, drug formulations with pH ≤3, use of catheter access port (CAP) kit for refills or of refill kit for catheter access, blood sampling through CAP in vascular applications, use of Personal Therapy Manager to administer opioid to opioid-naïve patients or to administer ziconotide. **Warnings: Non-indicated formulations may contain neurotoxic preservatives, antimicrobials, or antioxidants, or may be incompatible with and damage the system. Failure to comply with all product instructions, including use of drugs or fluids not indicated for use with system, or of questionable sterility or quality, or use of non-Medtronic components or inappropriate kits, can result in improper use, technical errors, increased risks to patient, tissue damage, damage to the system requiring revision or replacement, and/or change in therapy, and may result in additional surgical procedures, a return of underlying symptoms, and/or a clinically significant or fatal drug under- or overdose.** Refer to appropriate drug labeling for indications, contraindications, warnings, precautions, dosage and administration information, screening procedures and underdose and overdose symptoms and methods of management. Physicians must be familiar with the drug stability information in the product technical manuals and must understand the dose relationship to drug concentration and pump flow rate before prescribing pump infusion. Implantation and ongoing system management must be performed by individuals trained in the operation and handling of the infusion system. An inflammatory mass that can result in serious neurological impairment, including paralysis, may occur at the tip of the implanted catheter. Clinicians should monitor patients on intraspinal therapy carefully for any new neurological signs or symptoms, change in underlying symptoms, or need for rapid dose escalation. Inform patients of the signs and symptoms of drug under- or overdose, appropriate drug warnings and precautions regarding drug interactions, potential side effects, and signs and symptoms that require medical attention, including prodromal signs and symptoms of inflammatory mass. Failure to recognize signs and symptoms and seek appropriate medical intervention can result in serious injury or death. Instruct patients to notify their healthcare professionals of the implanted pump before medical tests/procedures, to return for refills at prescribed times, to carry their Medtronic device identification card, to avoid manipulating the pump through the skin, to consult with their clinician if the pump alarms and before traveling or engaging in activities that can stress the infusion system or involve pressure or temperature changes. Strong sources of electromagnetic interference (EMI), such as short wave (RF) diathermy and MRI, can negatively interact with the pump and cause heating of the implanted pump, system damage, or changes in pump operation or flow rate, that can result in patient injury from tissue heating, additional surgical procedures, a return of underlying symptoms, and/or a clinically significant or fatal drug underdose or overdose. Avoid using shortwave (RF) diathermy within 30 cm of the pump or catheter. Effects of other types of diathermy (microwave, ultrasonic, etc.) on the pump are unknown. Drug infusion is suspended during MRI; for patients who can not safely tolerate suspension, use alternative drug delivery method during MRI. Patients receiving intrathecal baclofen therapy are at higher risk for adverse events, as baclofen withdrawal can lead to a life threatening condition if not treated promptly and effectively. Confirm pump status before and after MRI. Reference product labeling for information on sources of EMI, effects on patient and system, and steps to reduce risks from EMI. **Precautions:** Monitor patients after device or catheter replacement for signs of underdose/overdose. Infuse preservative-free (intraspinal) saline or, for vascular applications, infuse heparinized solutions therapy at minimum flow rate if therapy is discontinued for an extended period of time to avoid system damage. EMI may interfere with programmer telemetry during pump programming sessions. EMI from the SynchroMed programmer may interfere with other active implanted devices (e.g., pacemaker, defibrillator, neurostimulator). **Adverse Events:** Include, but are not limited to, spinal/vascular procedure risks; infection; bleeding; tissue damage, damage to the system or loss of, or change in, therapy that may result in additional surgical procedures, a return of underlying symptoms, and/or a clinically significant or fatal drug underdose or overdose, due to end of device service life, failure of the catheter, pump or other system component, pump inversion, technical/programming errors, or improper use, including use of non-indicated formulations and/or not using drugs or system in accordance with labeling; pocket seroma, hematoma, erosion, infection; post-lumbar puncture (spinal headache); CSF leak and rare central nervous system pressure-related problems; hygroma; radiculitis; arachnoiditis; spinal cord bleeding/damage; meningitis; neurological impairment (including paralysis) due to inflammatory mass; potential serious adverse effects from catheter fragments in intrathecal space, including potential to compromise antibiotic effectiveness for CSF infection; anesthesia complications; body rejection phenomena; local and systemic drug toxicity and related side effects; potential serious adverse effects from catheter placement in intravascular applications.

Lioresal® is a registered trademark of Medtronic, Inc. USA Rx Only Rev 0911

Innovating for life.

UC201403758a EN

Insys Therapeutics Invites All Physicians

And Healthcare Practitioners

To Lunch

With

Ted Stanley MD

The History of Fentanyl, Presented by the Man Who Lived It

Friday, April 4

Noon - 1:00 pm

The Red Oak Terrace

The New York State Pain Society

APPLICATION FOR MEMBERSHIP HEALTHCARE PROFESSIONAL

(Please print or type)

Cannot make the Annual Meeting this Year?

JOIN TODAY

☐ **Active Member** **$150.00**
Open to individuals with a doctorate degree who reside in New York. i.e. MD's, PhD's, PharmD's.

☐ **Associate Member** **$150.00**
Open to individual pain management practitioners who reside outside the State of New York.

☐ **Healthcare Practitioner** **$100.00**
Open to pain management practitioners and member-sponsored associates who reside in New York i.e. nurses, physician assistants, counselors, complimentary medicine specialists and other allied health personnel.

☐ **Trainee*** **$ 20.00**
Open to Residents, Technologists-in-training, Nurses-in-training and other Para-professionals in-training. You must attach a letter from your Program Director endorsing your membership and listing the start and finish date of your training program.

TOTAL ENCLOSED: _____

Last Name *First Name* *MI* *Title/Degree(s)*

Position *Institution*

☐ **Professional Address**

Street Address

City *State* *Country* *Zip Code*

Telephone *Extension* *Fax*

E-mail Address (Required)

☐ **Home Address** ***Please check preferred mailing address***

Street Address

City *State* *Country* *Zip Code*

Telephone *Extension* *Fax*

E-mail Address (Required)

EDUCATION *(you may attach a CV)*

INSTITUTION/PROGRAM • CITY/STATE • DEGREE • DATES

Premedical *Medical*

Residency (if applicable) *Fellowship (if applicable)*

In-Training: When do you expect to graduate?_____

Practice Website: *(Required)*_____

By submitting an application for membership to The New York State Pain Society, I agree to abide by the By-Laws, and contribute to the society by submitting papers, entering into discussions, and participating in Society endorsed and planned activities.

Signature *Printed Name* *Date*

PLEASE MAIL COMPLETED APPLICATION AND PAYMENT TO:

***The** New York State Pain Society (Tax Id No: 45-2802963) Attn: Membership*

12126 Capri Circle South, Treasure Island, FL 33706