International Association for the Study of Pain
2011 Annual Report
Our Mission........................................2
Message from the President.....3
Membership......................................4
Research.............................................6
Information..........................................8
Advocacy..........................................12
Education and Training.............14
Leadership........................................18
Message from the Treasurer....21
Financial Information...............22
Contributors to IASP...............24
Photo Credits and Notes..........26
**Mission**
IASP brings together scientists, clinicians, health care providers, and policy makers to stimulate and support the study of pain and to translate that knowledge into improved pain relief worldwide.

**Vision**
Working together for pain relief throughout the world
MESSAGE FROM THE PRESIDENT

The Year in Review
Through the Association’s e-newsletter, IASP President Eija Kalso thoughtfully addressed the membership every other month, praising accomplishments and efforts, reporting on news, asking for input, expressing concern, and encouraging involvement. A few highlights from her 2011 “Messages from the President”:

February 2011: “The Task Force on Wait-Times … began its work in January 2009, and its recommendations were recently endorsed by IASP … my sincere thanks to the co-chairs of this task force, Mary Lynch and Barry Sessle, and the rest of the team. The document includes a summary of the existing wait-time benchmarks for pain in five countries: Australia, Canada, Finland, Norway, and United Kingdom. If you lack wait-times for your locale, please be active in your national chapter to do something about it!”

April 2011: “On March 11, the northeastern part of Japan had its worst earthquake in decades, followed by a massive tsunami that killed tens of thousands of people. The situation of the damaged nuclear reactors is getting worse by the day … The IASP Executive Committee first waited to go ahead with the plans [for the 2012 World Congress of Pain in Yokohama], but when the radiation programs continued and the deadline for the submission of proposals for the program was rapidly approaching, a difficult decision had to be considered. It was a sad moment indeed, to speak with Koichi Noguchi, the chair of the local organizing committee, and Hiroshi Ueda, the Japanese member in the IASP Council. However, they both understood the situation and agreed that the best solution for all would be to postpone the Yokohama meeting to 2016.”

June 2011: “It is my strong belief that IASP can have the greatest impact in global pain relief through research and education. This belief has been strengthened during the previous month, when I had the privilege of participating in two educational events sponsored by IASP… IASP Pain Management Camp (is) for health care professionals interested in becoming pioneers in pain management in their respective countries. I am very impressed by the enthusiasm of the students, and by the hard work and dedication of the organizers of the course and the ASEAPS congress. The second event … was the 8th European Pain School organized by professors Anna Maria Aloisi, Giancarlo Carli, Manfred Zimmermann, and Marshall Devor. The 30 students attending the [Siena, Italy] school were selected from more than 60 applications … an impressive group of young scientists including chemists, molecular biologists, physicians, and psychologists… these students will make a difference in pain research!”

August 2011: “The IASP Executive Committee spent the weekend working on the new strategic plan for IASP – I would like to thank those of you who assisted us in this process by giving your time to answer the questionnaires and participate in the focus group interviews. … The Scientific Program Committee (SPC), under the leadership of Professor Irene Tracey, has completed the first part of its major effort in planning the scientific program for the 14th World Congress on Pain, which will take place in Milan, Italy, August 27-31, 2012.”

October 2011: “A New Global Year Against Pain is being launched this month. This global year will focus on headache. The members of the Task Force and its editors represent not only IASP but also IHS, the International Headache Society. … I hope this experience of collaboration with another scientific organization will give us an example for the future. Pain researchers need to understand in more depth what progress is being made in the research and treatment of various diseases. On the other hand, representatives for more disease-centered scientific organizations can also benefit from a profound understanding of the importance of symptoms like pain as part of the disease. It is usually the severity of the symptoms that determines the functional capacity of the patient, not the disease itself.”

December 2011: “This turbulent year is about to end. I would like to take the opportunity to thank all those who have worked hard for IASP and better pain relief worldwide. I would particularly like to thank Kathy Kreiter and her staff at the Seattle office for having met so well the increasing demands of the growing organization. I am very grateful to my fellow members of the Executive Committee and the Council and all hard-working committees for setting their goals high and for working hard to achieve them.”
IASP’s membership continues to grow, and although non-Congress years typically show a slight decrease in membership totals, more new members joined in 2011 than in any other year without a World Congress on Pain. IASP welcomed more than 1,000 new members with a New Member Kit. The kit, which contains a welcome letter, membership certificate, Reference Guide, recent newsletters, and book order forms, is one of the many strategies set forth in IASP’s membership and recruitment strategic plan developed in 2011 by the Membership and Chapters Committee, chaired by C. Celeste Johnston (Canada).

**Chapters**

IASP’s chapters continue to be a vital asset to the IASP, as they help to promote the mission and campaigns of the Association in their respective countries. Among other activities, chapters disseminate the latest information in pain treatment, management, and research to local physicians, researchers and other health care workers; organize events; promote the global year against pain; and publish newsletters and books. IASP nearly doubled the amount of funding for visiting professor grants, which along with chapter grants help provide pain education and training in pain management to developing countries and new chapters.

Along with promoting IASP initiatives, the work of the chapters has been invaluable in creating awareness. Through their creativity, they are a powerful local influence. For example, in 2011:

- The Indian Society for the Study of Pain (ISSP) declared 2011 as “Pain Education” year. As part of this program, 10 city-state divisions organized a one-day course on the basics of pain. Almost 1,162 participants benefited from this course, including young doctors early in their post graduate studies in various specialties such as anesthesiology, physiotherapy, orthopedics, and neurology.

- The British Pain Society collaborated with the Chronic Pain Policy Coalition (CPPC), the Royal College of General Practitioners, and the Faculty of Pain Medicine to organize a one-day Pain Summit to address appropriate management and improved outcomes for chronic
pain patients in the United Kingdom. Attended by more than 150 national health care policy makers, clinicians, researchers, and patient advocates, the Pain Summit resulted in a plan to improve pain services.

The chapter program continues to grow, and in 2011, IASP welcomed Kosovo as its newest chapter-information, bringing the total number to 87 by year’s end.

**Special Interest Groups**
The Special Interest Groups (SIGs) provide a forum for topic-specific discourse on pain treatment and abatement. They are also active in supporting dialogue and continuing education in countries throughout the world.

- One new SIG formed in 2011. The SIG on Neuromodulation seeks to promote interdisciplinary collaboration among scientists, clinicians and other professionals within the health care networks worldwide in research and clinical applications of neuromodulatory treatment strategies. The total number of IASP SIGs is now 19.

- The SIG on Neuropathic Pain, in conjunction with the Pain Society of South Africa (a chapter of IASP), and the African Association for the Study of Pain, hosted the 4th Pan African Pain Congress in Cape Town, South Africa, March 11-13, 2011. The first day of the Congress was dedicated to the assessment and management of neuropathic pain, with attention given to neuropathic pain conditions common to Africa.

**2011 IASP SIGs:**
- Acute Pain
- Cancer Pain
- Clinical-Legal Issues in Pain (CLIP)
- Genetics and Pain
- Musculoskeletal Pain
- Neuromodulation
- Neuropathic Pain (NeuP)
- Orofacial Pain
- Pain and Movement
- Pain and Pain Management in Non-Human Species
- Pain Education
- Pain in Childhood
- Pain in Older Persons
- Pain and Placebo
- Pain and the Sympathetic Nervous System (PSNS)
- Pain of Urogenital Origin (PUGO)
- Pain Related to Torture, Organized Violence, and War
- Sex, Gender, and Pain
- Systematic Reviews in Pain Relief

**Membership by Region**

<table>
<thead>
<tr>
<th>Year</th>
<th>Region</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>Asia/Australasia/Oceania</td>
<td>1,373</td>
</tr>
<tr>
<td></td>
<td>Canada/United States</td>
<td>2,171</td>
</tr>
<tr>
<td></td>
<td>Europe</td>
<td>2,659</td>
</tr>
<tr>
<td></td>
<td>Latin America/Caribbean</td>
<td>525</td>
</tr>
<tr>
<td></td>
<td>Middle East/Africa</td>
<td>378</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>7,106</td>
</tr>
</tbody>
</table>

**Membership by Discipline**

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>2,260</td>
</tr>
<tr>
<td>Dentistry/Oral Medicine</td>
<td>219</td>
</tr>
<tr>
<td>Internal/Family Medicine</td>
<td>188</td>
</tr>
<tr>
<td>Neurology</td>
<td>257</td>
</tr>
<tr>
<td>Neuroscience</td>
<td>1,141</td>
</tr>
<tr>
<td>Nursing</td>
<td>377</td>
</tr>
<tr>
<td>Orthopedics/Rheumatology</td>
<td>128</td>
</tr>
<tr>
<td>Other</td>
<td>752</td>
</tr>
<tr>
<td>Pain Medicine</td>
<td>331</td>
</tr>
<tr>
<td>Pharmacology (Clinical)</td>
<td>90</td>
</tr>
<tr>
<td>Physical Med and Rehabilitation</td>
<td>250</td>
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<tr>
<td>Physical/Occupational Therapy</td>
<td>413</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>103</td>
</tr>
<tr>
<td>Psychology/Social Sciences</td>
<td>597</td>
</tr>
<tr>
<td>Total</td>
<td>7,106</td>
</tr>
</tbody>
</table>
IASP Developed-Developing Countries Collaborative Research Grants

The IASP Council, in recognition of the unique opportunities provided through collaborative efforts, added a new collaborative grant program of up to US$15,000 in 2011— to support international, interdisciplinary collaborations in pain research, specifically between laboratories in a developing country and in a developed country.

The 2011 recipients for this new grant were:
Luis Villanueva (INSERM, France) and Miguel Condés-Lara (National Autonomous University of Mexico, Mexico)
Research: Spinal long-term potentiation and the thalamo-cortical system: electrophysiological and behavioral studies in the rat

Josimari DeSantana (Federal University of Sergipe, Mexico), Kathleen Sluka (University of Iowa, USA), Barbara Rakel (University of Iowa, USA), and Lars Arendt-Nielsen (Aalborg University, Denmark)
Research: Pain duration, pain intensity, and pain inhibition pre- and postoperatively in patients with total knee arthroplasty: a multicentre study

IASP Collaborative Research Grants

These grants of up to US$15,000 each support collaborative, interdisciplinary research between two or more research groups located in different countries.

The 2011 recipients for the IASP Collaborative Research Grants were:
Jonathan Brooks (FMRIB Centre, UK) and Nanna Finnerup (Aarhus University Hospital, Denmark)
Research: Investigating altered function and connectivity in the spinal cord and brainstem of patients with neuropathic pain

Terence Coderre (McGill University, Canada) and Frank Huygen (Erasmus University Medical Centre, Netherlands)
Research: Utility of near-infrared spectroscopy and salivary oxidative analysis for improving the understanding and diagnosis of CRPS-I

Jean-François Perrier (University of Copenhagen, Denmark), Raul E. Russo (Clemente Estable Institute of Biological Research, Uruguay),
and Rodolfo Delgama-Lezama (Center for Research and Advanced Studies, National Polytechnic Institute)
Research: Cellular mechanisms responsible for allodynia

**IASS Research Grants**

*Funded by the Scan | Design Foundation*

**BY INGER & JENS BRUUN**

These grants encourage and support collaborative, multidisciplinary research groups located in five Scandinavian countries (Denmark, Finland, Iceland, Norway, and Sweden) and the United States. Grants of up to US$25,000 each are available for either clinical or basic research. In 2011, two research groups received funding:

**Clas Linnman** (McLean Hospital, USA), **David Borsook** (McLean Hospital, USA), and **Torsten Gordh** (Uppsala University Hospital, Sweden)
Research: Peripheral pain imaging – a Harvard-Uppsala simultaneous PET-MRI collaboration

**Brian F. Degenhardt** (A.T. Still University, USA) and **Thomas Graven-Nielsen** (Aalborg University, Denmark)
Research: Advancing the clinical identification and quantification of musculoskeletal pain

**Early Career Research Grants**

*Funded by IASP and by the Scan | Design Foundation*

**BY INGER & JENS BRUUN**

The IASP Early Career Research Grants support researchers who are in the early career stage of pain investigations. In 2011, the Council added three more IASP-funded grants for a total of 10 Early Career Research Grants of US$20,000; these additional grants will be awarded for the first time in 2012. The recipients for the seven Early Career Research Grants in 2011 were:

**Funded by the Scan | Design Foundation:**

**Siobhan Schabrun** (University of Adelaide, Australia)
Research: Understanding the transition from acute to chronic pain

**Marc Suter** (Lausanne University, Switzerland)
Research: Microglia in pain: from cell to patient

**Funded by IASP:**

**Thiago Cunha** (University of Sao Paulo, Brazil)
Research: Investigation of the role of DAMPs/pattern recognition receptors in the development of chronic pain

**Lorenzo Fabrizi** (University College London, UK)
Research: A multimodal approach to the study of pain in nonverbal individuals

**Clas Linnman** (Harvard Medical School, USA)
Research: Do mechanisms for functional recruitment of the periaqueductal gray differ between men and women with interictal migraine?

**Tine Vervoort** (Ghent University, Belgium)
Research: Parental attentional processing of and behavioral responses to their child’s pain

**Irina Vetter** (University of Queensland, Australia)
Research: Development of a mouse model of ciguatoxin-induced cold allodynia to dissect the underlying mechanisms of cold pain

**John J. Bonica Trainee Fellowship**

Established in 1998 in memory of IASP’s founder, the John J. Bonica Trainee Fellowship supports training in various aspects of pain research and is awarded to a trainee who is in the early stage of his or her career. The award provides the trainee with up to US$50,000 for two years of training.

**The 2011 recipient was:**

**Anne-Sophie Wattiez** (INSERM U766, France)
Mentor: Donna L. Hammond (University of Iowa, Iowa City, USA)
Research: A series of studies investigating the hypothesis that MOPr agonists produce antinociception in the RVM by a mechanism that entails coupling to G proteins

**International Trainee Fellowships**

*Funded by the Scan | Design Foundation*

**BY INGER & JENS BRUUN**

Established in 2006, this fellowship supports training in pain research. An award of up to US$50,000 may be used for salary and travel costs. The trainee selected in 2011 was:

**Massieh Moayedi** (University of Toronto, Canada)
Mentor: Giandomenico Iannetti (University College London, UK)
Research: Work on disentangling pain-specific and non-pain-specific correlates of functional changes in the brain related to pain habituation

**Research Symposium**

This program, established in 1998, sponsors research symposia on topics of interest to basic scientists and clinical researchers. Each symposium may be followed by a state-of-the-art volume covering the topic of the meeting. The 2011 grant was awarded to the following organizers:

**Inna Belfer** (USA), **Luda Diatchenko** (USA), **Michael Costigan** (USA), **William Lariviere** (USA), and **Roy Levitt** (USA)
10th IASP Research Symposium, Miami, USA, 2012
Topic: The Genetics of Pain: Science, Medicine, and Drug Development
Member Communications

IASP Website

New additions dazzled many pages on the IASP website. IASP Press books now features a “Look Inside” book option, “share” button, and a stronger, clearer layout. The “Look Inside” element allows readers to virtually hold the book and open it to view front and back covers, the table of contents, and a few selected pages of the book. Clicking on the “Share” icon gives viewers the opportunity to notify colleagues about favorite books using email or a vast array of social media sites. The layout provides visitors with a more user-friendly method of viewing each IASP Press page.

Faces Pain Scale-Revised serves as a new section of the IASP website, and 12,502 visitors viewed the page from September to December. Added in September 2011, this page allows viewers to better understand self-report measures of pain intensity. IASP offers instructions in over 40 languages so that individuals around the world may communicate their needs more easily and effectively.

The IASP website received a high number of guests, especially for a non-Congress year. Nearly 1.1 million page viewers visited over more than a thousand pages of content. The newly added Free Books page, integrated towards the end of 2010, brought 13,450 views, with a 435.86% increase from 2010. Many visitors came to view the IASP Press Book List, showing a 47.13% rise over 2010. More members paid their dues online as well, resulting in a 28.09% traffic surge to the dues payment system.

The PAIN journal followed close behind in viewing growth, up 25.69% from 2010. Visitors stopped at the Meetings section 21.06% more frequently than in 2010. Pain: Clinical Updates increased the viewership by 20.92% over 2010. Classification of Chronic Pain also joined the most improved pages with a 16.43% growth from 2010.

The IASP Taxonomy page features updated definitions prepared by the Taxonomy Working Group. As researchers and clinicians gain more clarity and comprehension of pain, the terminology changes and
IASP updates this page. The page, formerly titled “Pain Definitions,” increased the number of views by 5,000 from 2010. Lastly, the Milan Congress 2012 page, created in April 2011, brought 35,889 visitors to learn more about each aspect of the congress.

Email Broadcasts
IASP primarily communicates using electronic methods, and the bulk of Association updates were announced by email. Over the course of the year, IASP distributed 137 email broadcasts, including 17 messages about the World Congress on Pain, 14 Special Interest Group e-newsletters, and 39 Special Interest Group messages.

IASP e-Newsletter
Continuing the paperless trend, IASP launched its first fully electronic member newsletter on December 20, 2010. Between 6,500 and 7,000 members received each of the six e-Newsletters. IASP appreciates the open rate of 35.8-36.6%, which is much higher than average, as is the click through or response rate, an extraordinary 9.5-13.2%.

In a survey conducted by IASP in March and April, roughly 90% of members responding said they support the electronic format. Top news areas included The World Congress on Pain, with 90% of responders rating it at 4 or 5, International Meetings, with 84% of responders rating it at 4 or 5, and International News, with 83% of responders rating it at 4 or 5. About half of respondents preferred bimonthly distribution, with about 30% requesting it monthly.

Social Media
IASP launched its Facebook page in April 2011, and reached 500 fans on June 10, 2011, and well over 1,000 by the end of the year. IASP launched a new, general Twitter feed (@IASPpain) in April 2011 as well. With almost 700 followers, the Twitter site gains in popularity each month.

Publications

PAIN
IASP’s prestigious international scholarly journal, PAIN, retains its position as the most cited source in the world for research and study about pain. It was ranked first in 2011 by Thomson Reuter’s Journal Citation Reports among scholarly journals in the anesthesiology category with an Impact Factor of 5.777 and first by Eigenfactor with a score of 0.04739.

Editor-in-Chief Allan Basbaum (University of California, San Francisco) assiduously maintained the high quality of the journal, assisted by subject matter editors for each section: Karen Davis (Toronto Western Hospital) for Pain Measurement and Imaging; Jeff Mogil (McGill University, Montréal) and Rolf-Detlef Treede (Heidelberg University) for Neurobiology; Jørgen Dahl (Rigshospitalet, Copenhagen), Jane Ballantyne (University of Washington, Seattle), and Henry McQuay (Oxford University) for Clinical: Science, Epidemiology and Clinical Notes; Frank Keefe (Duke University) and Chris Eccleston (University of Bath) for Clinical Psychology; Frank Porreca (University of Arizona, Tucson) and Anthony Dickenson (University College, London) for Pharmacology; and Mike Rowbotham (California Pacific Medical Center Research Institute, San Francisco) for Reviews and e-Pain. More than 100 associate editors throughout the world and two support editors at the IASP Secretariat worked with Dr. Basbaum and the section editors to produce the monthly journal. Elsevier continued to publish the journal on behalf of IASP. Submissions remained stable at slightly over 100 a
month, ranging from 90 in January to 111 in February, while the rejection rate increased during the year from 31% to 35%.

For the first time, *PAIN* published a “Biennial Review of Pain” as a March supplement to its regular schedule. The new Review contained the plenary addresses at the 13th World Congress on Pain, held in Montreal in 2010, which included leading scientists and clinicians speaking about their field of interest.

**PAIN: Clinical Updates**

Under the direction of its Editor-in-Chief, Jane Ballantyne (USA), IASP published six issues of *PAIN: Clinical Updates* in 2011, three of which supported the Global Year Against Acute Pain. Jane Ballantyne, an expert in Anesthesiology and Pain Medicine, had the assistance of a prestigious interdisciplinary board from throughout the world, including Michael J. Cousins (Australia), Maria Adele Giamberardino (Italy), Robert N. Jamison (USA), Patricia A. McGrath (Canada), M.R. Rajagopal (India), Maree T. Smith (Australia), Claudia Sommer (Germany), and Harriët M. Wittink (The Netherlands).

*PAIN: Clinical Updates* is mailed to all IASP members and is available on the IASP website for the free use of its members and the general public. It has proved to be an effective way to provide information to medical professionals as well as to introduce clinicians to IASP. To make it easier to use and to broaden its international readership, the reference sections of the articles will be hyperlinked to PubMed, and an online edition will be published in Spanish in 2012.

January 2011 (Volume XIX, Issue 1)

“Chronic Pain after Surgery or Injury”
Authors: Stephan A. Schug and Esther M. Pogatzki-Zahn

January 2011 (Volume XIX, Issue 2)

“Nonspecific Treatment Effects in Pain Medicine”
Author: Robert N. Jamison
IASP Press

IASP’s scholarly publishing arm, IASP Press, emphasized marketing and hiring new staff during the transition year of 2011. For the first time, staff focused extra attention on marketing a new book, *Chronic Pain: An Integrated Biobehavioral Approach* by Herta Flor (Germany) and Dennis Turk (USA). This effort resulted in substantial sales, so much so that the book had to be reprinted less than a year after publication, and a great number of reviews (all favorable) in scholarly journals. One reviewer call it “a unique single resource for clinicians interested in proven psychosocial approaches to chronic pain management.”

Led by Editor-in-Chief Maria Adele Giamberardino (Italy), the IASP Press Advisory Board planned for the future by arranging for new manuscripts to make the 2012 publishing season more successful than ever. Board members Lars Arendt-Nielsen (Denmark), Kathleen Sluka (USA), Jose Castro-Lopes (Portugal), and Catherine Bushnell (USA) assisted Dr. Giamberardino in lining up books of both specific interest on pain comorbidities and pain-related fear and those of general medical interest. Toward the end of the year, Ivar Nelson, a veteran of university press publishing, joined IASP as its first Publications Director, whose job it is to increase the Press’s marketing reach and introduce epublishing to IASP.

Direct sales through IASP’s website remain the largest source of press income, especially in a year in which sales do not receive the large boost from being available at the World Congress. In addition to *Chronic Pain*, the year’s bestseller, other IASP Press books continued to sell well, including *Pain Management for Older Adults* and *Pharmacology of Pain*. Sales also remained strong for *Pain 2010 – An Updated Review: Refresher Course Syllabus*, indicating a substantial interest in a pain survey book even a year after publication.
Global Year Against Pain

2011-2012 Global Year Against Headache
The Global Year Against Headache, led by headache experts Jean Schoenen (Belgium), Peter Goadsby (USA), and Arne May (Germany), launched in 2011 with the goal of bringing worldwide attention to one of the most common, painful, and disabling conditions affecting people throughout their lives: headache. On the October 17 launch date, IASP distributed a press release in Chinese, English, French, German, Indonesian, Japanese, Korean, Spanish, and Thai. For the first time, IASP also offered two versions of the Global Year poster – one version showcasing the Global Year logo, and another version featuring a teddy bear with head bandages. Upon request, the “official” poster was translated into French and Italian, with other languages to come.

IASP worked in cooperation with the International Headache Society (IHS) to develop a series of fact sheets for clinicians and health care professionals that cover specific topics related to headache, including epidemiology of headache, different headache types and classifications, genetic factors leading to headache, headache in childhood and adolescence, hormonal and vascular changes associated with headache, approaches to study and treatment, and more. The fact sheets were initially available in five languages (Arabic, Chinese, English, French, and Spanish); over the course of the campaign, volunteers from IASP chapters translated the fact sheets into an additional three languages: Polish, Portuguese, and Serbian. All are available for download from the IASP website at www.iasp-pain.org/globalyear/headache/factsheets. Many chapters joined IASP in focusing on headache by organizing and hosting press conferences, lectures, and special presentations at annual meetings.

2010-2011 Global Year Against Acute Pain
The Global Year Against Acute Pain, which launched in October 2010, continued to be a focus for IASP chapters and members around the world in 2011. The online discussion forum, moderated by Global Year Task Force co-chairs Tim Brennan (USA), Henrik Kehlet (Denmark), Edmund Neugebauer (Germany), and Stephan Schug (Australia),
sparked many conversations among IASP members about acute pain management. Volunteers from IASP chapters translated the 8 fact sheets, which were initially available in Arabic, Chinese, English, French and Spanish, into German, Lithuanian, Polish, Portuguese, and Serbian. Visit www.iasp-pain.org/globalyear/acute for more information.

**Life Before Death**

LIFE Before Death, a 55-minute documentary and a series of 40 short films funded in part by IASP, focuses on the global crisis of untreated pain and other end-of-life issues. Produced by Moonshine Movies, these award-winning films are available to view at www.iasp-pain.org/advocacy. The Moonshine production team filmed in India, Uganda, Singapore, Canada, China, USA, South Africa, Australia, Georgia, Ireland, and Hong Kong, interviewing health professionals, many of whom are IASP members, who “battle the sweeping epidemic of pain.” Through interviews with doctors, patients, and their families, these films explore a diverse range of cultural perspectives on pain, death, and dying. The full-length DVD is available with subtitles in English, Spanish, French, Russian, Arabic, Chinese, Romanian, Vietnamese, Hungarian, Czech, and German.

**Desirable Characteristics of National Pain Strategies:**

**Recommendations by the International Association for the Study of Pain**

The International Association for the Study of Pain (IASP) supports the development of policies that ensure implementation of advances in both the science and delivery of health care for people in pain. Beginning with information and delegates who met at the International Pain Summit in Montreal in September 2010, IASP continued to work throughout 2011 to develop guidance for members, government, and nongovernmental organizations in both developed and developing nations who seek to improve pain care. IASP developed the Desirable Characteristics of National Pain Strategies to provide core elements for any national pain strategy. The finished document is intended to act as an impetus to clinicians, educators, administrators, and governmental or professional organizations involved in the establishment and maintenance of standards for pain services to take steps to prevent the continued suffering of millions of people and avoid any waste of resources. The process was overseen by a working party drawn from 15 developed and developing nations, chaired by Michael Cousins (Australia). The document addresses barriers to progress based on an analysis of submissions of health policies from 19 member countries and on feedback from IASP chapters, and may be viewed at www.iasp-pain.org/advocacy/desirablecharacteristics. The document should be read in conjunction with the Declaration of Montréal (www.iasp-pain.org/advocacy/declaration) asserting that access to pain management is a fundamental human right.

**IASP recommends that any national strategy should consider four areas:**

**1. Pain Education**

- For both health care professionals and the public
- Basic science of pain
- Assessment of the needs of a person in pain
- Best practice in the management of pain

**2. Patient Access and Care Coordination**

- Biopsychosocial
- Multidisciplinary in focus
- Timely
- Have an emphasis on self-care
- Have provision for special populations
- Involve family and caregivers

**3. Monitoring and Quality Improvement**

- Access times
- Feedback from patient
- Measurement of quality of life
- Measurement of the economic burden of pain

**4. Pain Research**

- Epidemiology
- Implementation science, especially in the area of knowledge transfer

**Key recommendations are:**

- Access to pain education for health professionals and the general population
- Coordination of the care system to ensure timely access to the right support
- A quality improvement program to address access and standards of care
- A reasonable proportion of direct and dedicated funding for pain research

**Critical factors for success are:**

- Gathering of evidence on the burden of pain to the nation
- Gathering of information on access to care
- Development of government policy on pain services
- Formation of a broad coalition of stakeholders
- A clear plan with time scales to achieve strategic actions
Grants, Fellowships, and Collaborations

In 2011, IASP continued its support to pain education through funding of schools that provide interdisciplinary training to young scientists and clinicians in order to motivate pain research and improve pain management. Moreover, IASP plans to further expand its clinical training fellowship concept to South Africa.

The following educational and pain management projects received support in 2011:

- Two awards of US$10,000 each were approved jointly by IASP and the World Federation of Societies of Anesthesiology (WFSA). This represents an increase of US$5,000 to fund two, one-year Clinical Fellowships in Bangkok, Thailand. For 2011-2012, these Clinical Training Fellowships were awarded to: Asish Subedi (Nepal) and Thach Pham Van (Vietnam).

- In 2011, IASP continued its funding of the European Pain School (EPS) by renewing its US$30,000 grant, which helps to fund the annual program held in June in Siena, Italy. The school, which several IASP members organized in 2003, provides interdisciplinary training to younger scientists with the aim of stimulating pain research and ultimately improving prevention and treatment of chronic pain. The focus of EPS 2011 was the brain–mind relationship.

- IASP provided US$40,000 for the first IASP Pain Management Camp in Asia, held May 1-3 at Mahidol University International College, Pattaya, Thailand. IASP Pain Management Camp is a pilot pain education project co-organized by the Association of South East Asian Pain Societies (ASEAPS), the Thai Association for the Study of Pain (TASP), and Mahidol University, Thailand, and was held in conjunction with the 4th ASEAPS Congress 2011 held at Dusit Resort Pattaya, Pattaya.

- The one-year Latin American Fellowship in Bogota, Colombia for US$15,000 received 18 applications, twice as many as in 2010. The
2011 award was presented to trainee Jorge Lainez (Guatemala), who started his training with mentor John Jairo Hernandez. The purpose of this IASP Clinical Training Fellowship in Pain Management, under the IASP Initiative for Improving Pain Education grant, is to provide a year of clinical training in pain management and palliative care for an international Latin American fellow. To expand international collaboration between Latin American countries, preference is given to physicians residing outside Colombia.

- Hospice Africa Uganda (HAU) is now to be known as the HAU of the Institute of Palliative Medicine for Africa (IPMA). In 2011, two students were funded with a grant of US$10,000 for a degree in palliative care and pain management. Their long-distance program is run through the University of Kampala and also has a clinical component. The recipients for the 2011 award were Berna Mandera and John Bosco.

- IASP has continued to support Kybele, an association that works toward the improvement of childbirth and infant survival, and awarded teams in Ghana, Georgia, and Armenia with a grant of US$20,000 to help improve standards of care, including safe labor and deliveries, improved pain management, spinal labor analgesia, and medication availability.

- The Council expressed support for IASP’s direct involvement in child issues, awarding ChildKind International with US$50,000 to be distributed over the course of three years, starting in 2011. ChildKind International, a project of the IASP Special Interest Group Pain in Childhood, presents a model to improve the quality of pediatric pain prevention and management in health care facilities worldwide through the awarding of a special designation and accreditation to institutions that have implemented specific practices known to promote pain reduction.

- World Health Organization (WHO) received another annual installment of US$10,000 from the IASP as a support to the WHO Access to Controlled Medicines Program.

First Southeast Asian Pain Camp
The first IASP Pain Management Camp held at Mahidol University in Thailand enriched the knowledge and experience of 28 clinicians from 13 Southeast Asian countries, many of whom received IASP scholarships to attend. Following the concept of the very successful European Pain School in Siena, Italy, the camp focused on improving participants’ knowledge of pain pathophysiology, diagnosis and management, fostering collaboration among Asian pain practitioners, and raising the level of care for the Asian pain patient. Held in conjunction with the 4th ASEAPS Congress in order to share resources, the camp employed various methodologies, including didactic talks and lectures, case presentations and sharing by course participants, role play, review of articles, daily team assignments, and observation of clinical programs at a nearby pain clinic and a massage school. Organizers plan to hold a second Pain Management Camp in 2013.

“One cannot measure or quantify the amount of goodwill and friendship that this Pain Camp has generated among the participants all over Southeast Asia.”— Restituto De Ocampo (The Philippines)
The IASP Developing Countries Project addresses the need for improved education about pain and its treatment in developing countries by providing educational support grants. These grants are intended to improve the scope and availability of essential education for pain clinicians of all disciplines, taking into account specific local needs. The trend of increase in received applications has continued in 2011: 42 applications were eligible, and 15 outstanding applications were awarded with up to US$10,000 each. The total of these grants awarded was US$136,646.

Gauhar Afshan (Pakistan)
Project: General acute and chronic pain educational courses for safe and effective pain management (particularly in less developed areas): “Pain relief via education”

Codrina Ancuta (Romania)
Project: Development of a pain educational program for a website: “Musculoskeletal Pain Academy”

Khamis Elessi (Palestine)
Project: Prepare tools for teaching about principles of acute and chronic pain management, including treatment algorithms, for hospital-based staff (physicians, nurses, physical - and occupational therapists), patients and their families

Graciela Elizeche Almeida (Paraguay)
Project: A standard basic course on Pain Medicine that will be offered in three locations outside the capital

Joao B. Garcia (Brazil)
Project: Educational course for health professionals working in referral centers for leprosy disease in order to identify, assess and treat neuropathic pain
Li Li (China)
Project: A geriatric pain education program will be provided for primary healthcare providers at ten community hospitals in Guangzhou City, China

Ivan Lisnyy (Ukraine)
Project: An educational course on Acute Pain Treatment with physicians and nurses and production of a CD and website material for the Ukrainian Pain Society

Vivienne Mitchell (Guyana)
Project: Multidisciplinary educational course on pain management and palliative care in Guyana

Thanh Huy (Vietnam), Tuan Anh Nguyen (Vietnam), and Beth Darnall (USA)
Project: Provide free amputee mirror therapy training across Vietnam to medical professionals

Khantey Om (Cambodia)
Project: Launch of an inter-university diploma in pain management and palliative care for post-grad physicians at University of Health Sciences, Cambodia collaborating with University of Medicine and Pharmacy of Besancon and Douleurs sans Frontières

Irmar Posso (Brazil)
Project: Series of lectures to increase awareness among health professionals about pain and its impact on health

Nusara Prasertsri (Thailand)
Project: Course for nurses to advance knowledge in cancer pain management in a community health care settings, secondary and tertiary hospitals in Thailand’s NE region that includes 19 provinces

Thikra Sharif (Kenya)
Project: Educational, multidisciplinary neuroscience based pain management course “Rhino Model”: spreading the theoretical and clinical concept on pain medicine

Theresa Schwalbach (Mozambique) and Romuald Djitte (Mozambique)
Project: Strengthening the doctors’ and nurses’ practices in Gaza Province, Mozambique, for a better service for pain patients

Kolawole Wahab (Nigeria)
Project: Conducting an awareness campaign on the availability of pain and palliative care service at the University of Ilorin Teaching Hospital among doctors and nurses in Ilorin, Kwara state

Map: Countries highlighted in yellow received an IASP education grant in 2011; Countries highlighted in green received a grant in prior years.
Strategic Planning
The IASP Council began a strategic planning process to develop a five-year plan, establishing the following areas to be addressed in the years ahead:

Goal Areas and Objectives

A. Publications, Education and Meetings
Objectives:
1. Acquire CME accreditation
2. Enhance the high position of *PAIN* in the scientific community
3. Develop new educational programs, especially in developing countries
4. Evaluate the development of alternative research publications
5. Execute the IASP Press strategic plan and evaluate results in two years

B. Research, Grants, and Scholarships
Objectives:
1. Develop and document outcomes on grant programs
2. Develop plan to maintain, enhance, and equitably distribute grants to developing countries
3. Develop partnerships with other organizations for fellowships/grants and other opportunities

C. Advocacy and Public Relations
Objectives:
1. Evaluate and enhance partnerships with Pharma, medical device companies, lab suppliers, and other organizations
2. Develop an advocacy/education strategy to promote IASP objectives internationally and among chapters
3. Develop a public relations strategy to improve IASP’s visibility among external constituencies
D. Marketing and Communications
Objectives:
1. Evaluate current and develop a proactive membership communication plan using all available traditional and new media.
2. Investigate and initiate use of additional languages as necessary for IASP programs and services.
3. Develop a programs and services marketing plan encompassing all IASP offerings and diversify the income base in appropriate program and service areas.

E. Member and Chapter Relations
Objectives:
1. Develop a plan with policies and procedures for and with Special Interest Groups to ensure relationships are consistent, fair and equitable (Select Task Force).
2. Develop a plan with Chapter Operations Manual outlining IASP’s relationship with chapters.
3. Develop a recruitment and retention strategy plan including defining the value of benefits and services for members.

F. Governance and Management
Objectives:
1. Improve transparency and effective communication among members, Council, and staff.
2. Review and consider Secretariat future office space needs.
3. Review staffing needs of the Secretariat staff, hire appropriate staff and provide for training in office and communication functions.
4. Develop and implement a comprehensive IT and web strategy to upgrade Secretariat in-house and online capabilities.
5. Review and revise bylaws, policies, and procedures.

Operations Assessment
An Operations Assessment of the IASP Secretariat office in Seattle commissioned by the IASP Executive Committee resulted in recommendations to enhance the operations of the staff management elements of IASP. Concurrent with the assessment by Association Marketing and Management Resources, which included qualitative surveys consisting of focus groups, individual interviews, and questionnaires, IASP conducted its biennial quantitative surveys of members, chapters, and trainees.

Key findings of the assessment included:
- Increased revenue options through maximizing membership recruitment and retention potential and developing other revenue sources, such as education, to supplement revenue from Congress and publications.
- A high level of cash reserves that might be limiting potential growth of the association.
- Below average operating expenses and salaries compared to other associations, and overcrowded conditions in the office.
- Critical need to update the Association’s management software to allow necessary improvements to the website and to better manage membership data.

Key Decisions
The Council also authorized:
- A search to begin for new Editor-in-Chief for PAIN to replace Allan Basbaum (USA), who announced he would be stepping down from the position in 2012.
- Expenditures for an IT Audit, IMIS (membership database) upgrade, and web usability study.
- A budget request from Newsletter Editorial Board Editor-in-Chief Beverly Collett (UK) to produce two issues of a new printed magazine, IASP insight, in 2012.
- A change to the visiting professor/chapter support grant policy to allow chapters from developing countries to apply every two years.
- Two revised classifications, for CRPS and PUGO, submitted by the Taxonomy Working Group.

Council Liaison Reports
Jose Castro-Lopez (Portugal), Latin American countries
- Plans to work with chapters to develop a proposal for a Latin American Pain School.

Troels S. Jensen (Denmark), Southeast Asia
- Visited Laos, Bhutan, and Vietnam with the goal of helping to set up new IASP chapters.
Officers

President
Eija Anneli Kalso, MD, DMed Sci (Finland)

President-Elect
Fernando Cervero, MD, PhD, DSc (Canada)

Immediate-Past President
Gerald F. Gebhart, PhD (USA)

Secretary
Judith A. Paice, PhD, RN, FAAN (USA)

Treasurer
M. Catherine Bushnell, PhD (Canada)

Councilors:
Lars Arendt-Nielsen, PhD, Dr med Sci (Denmark) (2011)
Jane C. Ballantyne, MD, FRCA (USA) (2016)
Ralf Baron, Dr med (Germany) (2016)
Carlos Maurício de Castro Costa, MD, MSc, PhD (Brazil) (2014)
José Castro-Lopes, MD, PhD (Portugal) (2011)
Antoon De Laat, DDS, PhD (Belgium) (2011)
Maged El-Ansary, MD (Egypt) (2014)
Cynthia Goh, PBM, MB BS, PhD, FACHPM, FAMS, FRCPE, FRCP (Singapore) (2014)
Celeste M. Johnston, RN, DeD, FCAHS (Canada) (2014)
Michael Nicholas, PhD (Australia) (2016)
Germán Ochoa, MD (Columbia) (2014)
Paul Pionchon, DDS, PhD (France) (2011)
Philip Siddall, MBBS, MM, PhD, FFPMANZCA (Australia) (2011)
Kathleen M. Foley, MD (USA)

IASP Liaisons

Liaison to the European Federation of IASP Chapters (EFIC)
Rolf-Detlef Treede, Dr med (Germany)

Liaison to Latin American countries
José Castro-Lopes (Portugal)

2011 Chairs of Committees, Boards, and Working Groups

Audit Committee
Fernando Cervero, MD, PhD, DSc (Canada)

Committee on Committees
Fernando Cervero, MD, PhD, DSc (Canada)

Developing Countries Working Group
Michael R. Bond, MD, PhD, DSc, FRCS (UK)

Education Initiatives Working Group
Philip Siddall, MB BS, PhD, FFPMANZCA (Australia)

Fellowships, Grants, and Awards Working Group
Lars Arendt-Nielsen, PhD (Denmark)

Finance Committee
M. Catherine Bushnell, PhD (Canada)

Financial Aid Working Group
Charles E. Inturrisi, PhD (USA)

International Pain Summit Steering Committee
Michael J. Cousins, MD, DSC, AM, FANZCA (Australia)

Local Arrangements Committee (Montréal)
Chair: Manon Choinière, PhD (Canada)

Membership and Chapters Committee
Chair: C. Celeste Johnston, RN, DeD (Canada)

Newsletter Advisory Board
Editor-in-Chief: Beverly Collett, MBBS (UK)

Nominations Committee
Gerald F. Gebhart, PhD (USA)

Scientific Program Committee (Montréal)
Chair: Jeffrey Mogil, PhD (Canada)

Pain Registry Working Group
C. Richard Chapman, PhD (USA), Winfried Meissner, MD (Germany), and Ruth Zaslansky, DSc (Germany)

Taxonomy Working Group
Chair: John D. Loeser, MD (USA)

Editorial Board, PAIN® (Editor-in-Chief)
Allan Basbaum, PhD (USA)

Editorial Board, Pain: Clinical Updates (Editor-in-Chief)
Jane Ballantyne, MD, FRCA (USA)

IASP Press® Advisory Board (Editor-in-Chief)
Maria Adele Giamberardino, MD (Italy)

IASP Staff (2011)
Executive Director: Kathy Kreiter
Accounting Coordinator: Susan Couch
Associate Editor–IASP Press: Elizabeth Endres
Director of Finance and Administration: Elena Bespalova
Editorial Assistant–PAIN: Keith Peterson
Grants Coordinator: Kathy Havers
Marketing and Communications Manager: Karen Smaalders
Meetings and Education Manager: Terry Onustack
Membership Coordinator: Marleda Di Pierrri
Program Coordinator: Kiley Thornton
Program Assistant: Irena Zlatanovic
Publications Director: Ivar Nelson
Support Editor–PAIN: Jane Miliken
Web Coordinator: Sarah Reebs

Contact Information
International Association for the Study of Pain®
Email: iaspdesk@iasp-pain.org
Web: www.iasp-pain.org
Telephone: +1.206.283.0311
Fax: +1.206.283-9403
MESSAGE FROM THE TREASURER

In 2011, IASP was able to maintain its strong financial position due to the prudent financial management and strong internal controls. IASP’s Council was pleased to receive a report that the Association had finished its fiscal year with results that exceeded budgeted expectations and that our auditors Clark Nuber had issued a clean opinion on the accuracy and fairness of our financial statements for the third year in a row.

Continuous loyalty and commitment from our members allowed IASP to increase our program revenue in 2011 to $3,830,454 from $3,476,530 in 2010. The increase is primarily due to an increase in royalties from the journal *PAIN* which was partially offset by lower membership dues and contributions typical for a non-Congress year. Book sales also decreased in 2011 due to a limited number of new titles published in 2011.

On the expense side, IASP continued funding our essential program services. Funding of Awards and Grants increased from $1,216,323 in 2010 to $1,253,148 in 2011 while support of Publication and Education services increased from $1,339,287 in 2010 to $1,390,015 in 2011. Management and General Expenses decreased from $418,299 in 2010 to $404,488 in 2011, which represented 12.5% of program expenses.

Total assets of the Association as of December 31, 2011 were $15,443,909, which represents a 10% increase from $14,076,656 at the end of 2010. These assets were partially offset by short term-liabilities of $2,902,292. Thirty-eight percent of the liabilities ($1,099,044) consist of funds held by the Association on behalf of Special Interest Groups, while another fifty percent ($1,446,220) is represented by deferred Congress revenue which will be recognized in 2012. IASP had no debt or any other long-term liabilities at the end of 2011. The majority of IASP’s assets at the end of 2011 were held in cash deposits, liquid short-term investments, and fixed-income mutual funds.

While we saw some increase in the value of our investments in 2011, we are fully aware that no one is immune to the volatility of financial markets. Diversification of assets is widely regarded as the best protection against market fluctuations. Subsequently, IASP’s Executive Committee, Finance Committee, and Council made a decision to re-allocate a portion of IASP assets from investment in market securities to real estate and to purchase an office space in Washington, D.C. The purchase was completed in May 2012, and the IASP office will be relocating to the U.S. capital by the end of 2012.

Overall, in 2011 IASP continued to build upon its solid financial base and finished the year well-positioned to maintain our commitment to funding the association’s program services. At the same time, with the global economic crisis showing little sign of ending, stock and bond markets remaining volatile and energy prices continuing to rise, we should stay rigorous with regard to our financial controls and cautious in our use and application of funds.

Respectfully submitted,
M. Catherine Bushnell, IASP Treasurer
## Consolidated Statement of Financial Position

December 31, 2011

(With Comparative Totals for 2010)

The accompanying Notes to Consolidated Financial Statements, which provide additional details beyond those summarized in the Financial Statement, are available for viewing in the members’ area of the IASP website at: www.iasp-pain.org

Consolidated Statement of Activities

For the Year Ended December 31, 2011

(With Comparative Totals for 2010)

Please direct any questions about the Financial Statement to the IASP Secretariat Office (see Contact Information on back cover.)

### Assets

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$5,240,438</td>
<td>$6,282,980</td>
</tr>
<tr>
<td>Pledge receivable</td>
<td>40,000</td>
<td>40,000</td>
</tr>
<tr>
<td>Other receivables</td>
<td>11,507</td>
<td>20,923</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>354,139</td>
<td>48,155</td>
</tr>
<tr>
<td>Inventory, net of reserve (Note 1)</td>
<td>108,190</td>
<td>162,545</td>
</tr>
<tr>
<td>Congress receivable</td>
<td>798,570</td>
<td>141,661</td>
</tr>
<tr>
<td>Royalty receivable</td>
<td>972,161</td>
<td>115,151</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>7,525,005</td>
<td>6,811,415</td>
</tr>
<tr>
<td>Investments (Note 2)</td>
<td>7,537,916</td>
<td>6,846,022</td>
</tr>
<tr>
<td>Furniture, equipment and software, net (Note 3)</td>
<td>65,988</td>
<td>91,094</td>
</tr>
<tr>
<td>Intangible asset, net (Note 6)</td>
<td>315,000</td>
<td>328,125</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$15,443,909</strong></td>
<td><strong>$14,076,656</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liabilities and Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>$115,403</td>
<td>$249,018</td>
</tr>
<tr>
<td>Related party payable (Note 8)</td>
<td>1,099,044</td>
<td>911,477</td>
</tr>
<tr>
<td>Accrued liabilities</td>
<td>36,625</td>
<td>79,195</td>
</tr>
<tr>
<td>Grants payable, current portion</td>
<td>195,000</td>
<td>50,000</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>1,446,220</td>
<td>430,270</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>2,892,292</strong></td>
<td><strong>1,719,960</strong></td>
</tr>
<tr>
<td>Grants payable, net of current portion</td>
<td>10,000</td>
<td>48,810</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>2,902,292</strong></td>
<td><strong>1,768,770</strong></td>
</tr>
</tbody>
</table>

|                        |          |          |
| **Net Assets**
| **Unrestricted**
| Undesignated, available for operations | $11,634,889 | $11,372,591 |
| Designated by the Board of Directors for discretionary use (Note 1) | 643,858 | 646,313 |
| **Total Unrestricted** | **12,278,747** | **12,018,904** |
| Temporarily restricted (Note 7) | 262,870 | 288,982 |
| **Total Net Assets** | **12,541,617** | **12,307,886** |

|                        |          |          |
| **Total Liabilities and Net Assets** | **$15,443,909** | **$14,076,656** |

*All financials in US dollars*
### Operating Activities

<table>
<thead>
<tr>
<th>Revenue and Support</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership dues</td>
<td>$806,805</td>
<td>$806,805</td>
</tr>
<tr>
<td>Book sales</td>
<td>107,074</td>
<td>107,074</td>
</tr>
<tr>
<td>Investment income (loss)</td>
<td>195,853</td>
<td>195,853</td>
</tr>
<tr>
<td>Royalties</td>
<td>2,474,571</td>
<td>2,474,571</td>
</tr>
<tr>
<td>Congress (Note 1)</td>
<td>5,986</td>
<td>5,986</td>
</tr>
<tr>
<td>Other income</td>
<td>243,399</td>
<td>243,399</td>
</tr>
<tr>
<td>Contributions</td>
<td>23,320</td>
<td>175,285</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>201,397</td>
<td>(201,397)</td>
</tr>
</tbody>
</table>

**Total Operating Revenue and Support:**

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,058,405</td>
<td>(26,112)</td>
</tr>
</tbody>
</table>

### Expenses:

#### Program Services

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publications and education</td>
<td>1,390,015</td>
</tr>
<tr>
<td>IASP Press</td>
<td>423,986</td>
</tr>
<tr>
<td>Awards and grants</td>
<td>1,253,148</td>
</tr>
<tr>
<td>Congress (Note 1)</td>
<td>141,214</td>
</tr>
<tr>
<td>Total program services</td>
<td>3,208,363</td>
</tr>
<tr>
<td>Supporting services: management and general</td>
<td>404,488</td>
</tr>
</tbody>
</table>

**Total Operating Expenses:**

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,612,851</td>
<td>3,612,851</td>
</tr>
</tbody>
</table>

#### Change in Net Assets from Operating Activities

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>445,554</td>
<td>(26,112)</td>
</tr>
<tr>
<td>Unrealized gains on investments (Note 2)</td>
<td>(185,711)</td>
</tr>
</tbody>
</table>

**Change in Net Assets:**

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>259,843</td>
<td>(26,112)</td>
</tr>
</tbody>
</table>

### Cash Flows from Operating Activities

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets</td>
<td>$233,731</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash provided by operating activities</td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>49,618</td>
</tr>
<tr>
<td>Investment return</td>
<td>(10,142)</td>
</tr>
<tr>
<td>Loss on disposal of equipment</td>
<td>-</td>
</tr>
<tr>
<td>Changes in Assets and Liabilities</td>
<td></td>
</tr>
<tr>
<td>Pledges receivable</td>
<td>-</td>
</tr>
<tr>
<td>Congress receivable</td>
<td>(656,909)</td>
</tr>
<tr>
<td>Royalty receivable</td>
<td>(857,010)</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>(305,984)</td>
</tr>
<tr>
<td>Other receivables</td>
<td>9,416</td>
</tr>
<tr>
<td>Inventory</td>
<td>54,355</td>
</tr>
<tr>
<td>Accounts payable</td>
<td>(133,615)</td>
</tr>
<tr>
<td>Related party payable</td>
<td>187,567</td>
</tr>
<tr>
<td>Accrued party payable</td>
<td>(42,570)</td>
</tr>
<tr>
<td>Grants payable</td>
<td>106,190</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>1,015,950</td>
</tr>
</tbody>
</table>

**Net Cash (Used) Provided by Operating Activities:**

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>(349,403)</td>
<td>2,832,596</td>
</tr>
</tbody>
</table>

### Cash Flows from Investing Activities

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds from sale and maturities of investments</td>
<td>9,403,308</td>
</tr>
<tr>
<td>Purchases of investments</td>
<td>(7,447,222)</td>
</tr>
<tr>
<td>Purchases of equipment</td>
<td>(11,387)</td>
</tr>
</tbody>
</table>

**Net Cash Used by Investing Activities:**

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>(693,139)</td>
<td>(436,942)</td>
</tr>
</tbody>
</table>

### Net Change in Cash and Cash Equivalents

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1,042,542)</td>
<td>2,395,654</td>
</tr>
</tbody>
</table>

**Cash and Cash Equivalents Balance, Beginning of Year:**

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>$12,018,904</td>
<td>6,282,980</td>
</tr>
</tbody>
</table>

**Cash and Cash Equivalents Balance, End of Year:**

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>$12,278,747</td>
<td>$5,240,438</td>
</tr>
</tbody>
</table>

**Net Change in Cash and Cash Equivalents:**

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>6,282,980</td>
<td>3,887,326</td>
</tr>
</tbody>
</table>

**Cash and Cash Equivalents Balance, End of Year:**

<table>
<thead>
<tr>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>$12,278,747</td>
<td>$5,240,438</td>
</tr>
</tbody>
</table>
CONTRIBUTORS TO IASP

IASP is grateful for the support we receive for our grants and fellowships, our Congress, our publications, and other programs we provide to advance the study and treatment of pain worldwide. We extend special thanks to all of the individuals, foundations, institutions, and companies that have made donations over the past year. Names are listed alphabetically within each category.

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Cover

Collage: Left to Right
1st Row: M.R. Rajagopal (India) featured in the film, LIFE Before Death; Attendees at the 9th IASP Research Symposium, focused on chronic pain, in Shanghai, China; Southeast Asia Liaison Troels Jensen (Denmark) visits with Bhutan’s Secretary of Health; 2010 Congress photo.
2nd Row: Sri Lanka training.
3rd and 4th Rows: Cancer patient and grandson from South Africa in the film LIFE After Death; Congress 2010; Henry Ddongu (Uganda) treats a cancer patient, from the film LIFE After Death.
5th Row: Congress 2010; Croatian dancers perform at the Second Croatian Congress on Pain Treatment.

Page 1
Sidebar: Top to Bottom
IASP President Eija Kalso (center) and fellow speakers at the 4th ASEAPS Congress 2011 in Thailand.
Attendees at the first IASP Pain Management Camp, held in May 2011 at Mahidol University International College, Pattaya, Thailand.
Siobhan Schabrun of the University of Adelaide, Australia, received an Early Career Research Grant funded by the Scan|Design Foundation by Inger & Jens Bruun.
Thailand Clinical Training Fellowships were awarded in 2011 to Asish Subedi (Nepal) (far left) and standing next to him, Thach Pham Van (Vietnam).

Page 2
Collage: Left to Right
2nd Row: Henry Ddongu (Uganda) treats a cancer patient in the film LIFE Before Death; 1st Scientific Meeting in Laos; The first Latin American Fellowship awardee, Sandra Rodriguez, and her mentor, John Hernandez in Bogota.
3rd and 4th Rows: M.R. Rajagopal (India) featured from the film, LIFE Before Death. 5th Row: Nigeria Birthing Clinic; Congress 2010.

Page 3
IASP President Eija Kalso (Finland)

Page 4
Collage: Left to Right
2nd Row: Croatian dancers perform at the Second Croatian Congress on Pain Treatment; A patient talks with a doctor at Xuanwu Hospital, China.
3rd and 4th Rows: President-elect Fernando Cervero (Canada) visits Japanese Chapter.

Page 5
Left to Right
A campaign by the Indian Society for the Study of Pain targeting Young Pain Physicians brought pain management training to more than 1,000 doctors in various disciplines all around India.
IASP Secretary and cancer pain expert Judith Paice (USA) participated in the first multidisciplinary conference organized by the Ukrainian Association for the Study of Pain (UASP).

Page 6
Collage: Left to Right
2nd Row: Pain South Africa held the 6th Annual Satellite Pain Symposium at the University of Pretoria in South Africa; Researcher Lucie Low at McGill University (Canada).
3rd Row: Siobhan Schabrun of the University of Adelaide (Australia). 5th Row: 9th Annual IASP Research Symposium (China); Tine Vervoort of Ghent University (Belgium).

Page 8
Collage:
All photos from IASP’s archives; delegates at the 2010 World Congress on Pain.

Page 9
Sidebar: Top to Bottom
IASP’s Facebook page launched in April 2011. IASP’s website now hosts the Faces Pain Scale (Revised).

Page 10
Collage:
All photos from IASP’s archives; delegates at the 2010 World Congress on Pain.

Page 11
Sidebar: Top to Bottom
2011 issues of PAIN
Chronic Pain: An Integrated Biobehavioral Approach by Herta Flor and Dennis Turk.

Page 12
Collage: Left to Right
2nd Row: Global Year Against Headache poster from Brazil; Global Year Against Headache poster from Australia and New Zealand; One of two posters by IASP for the Global Year Against Headache.
3rd Row and 4th Rows: Cancer patient and grandson from South Africa in the film LIFE After Death.
5th Row: LIFE Before Death video; MacKay Base Hospital, Australia staff celebrate the Global Year Against Acute Pain.

Page 14
Collage: Left to Right
2nd Row: Teresa Schwalback briefs doctors and nurses of the Maputo Pain Unit (Mozambique) on pain management; Graduation celebrations at Hospice Africa Uganda’s Institute of Palliative Medicine for Africa.
3rd and 4th Rows: Cutting the ribbon at the 4th ASEAPS Congress in Thailand.

Page 15
Sidebar: Top to Bottom
IASP President Eija Kalso (in white) listens to Professor Manfred Zimmermann lecture at the European Pain School.
Thikra Sharif’s IASP educational grant funded a multidisciplinary pain management “Rhino Model” course in Kenya. President-elect Fernando Cervero (left) and President Eija Kalso (right) with Jorge Lainez (Guatemala), the 2011 Latin American Trainee Fellowship.

Page 16
Collage: Left to Right
2nd Row: YingGe Tong joins doctors and trainees in pain rounds at Sir Run Run Shaw Hospital in Hangzhou, China; Ivan Lisny produced an educational course on acute pain treatment for the Ukrainian Pain Society.
3rd and 4th Rows: Asish Subedi (Nepal) and Thach Pham Van (Vietnam) received the 2011 Thailand Clinical Training Fellowships.
5th Row: Online component to YingGe Tong’s training program in China; Vivienne Mitchell conducted a multidisciplinary educational course on pain management and palliative care in Guyana.

Page 17
Collage: Left to Right
2nd Row: President-elect Fernando Cervero (Canada) visits the IASP chapter in Japan; President Eija Kalso (Finland).

Credits
Photos of IASP members and delegates at the 13th World Congress on Pain in Montreàl in 2010 by Benoit Desjardin.
Photos from the video LIFE Before Death courtesy of Moonshine Movies.
International Association for the Study of Pain 2011 Annual Report