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.
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THE YEAR IN REVIEW: LAYING THE FOUNDATION TO ADVANCE THE MISSION

In 2012, IASP took critical steps forward to advance our mission. We have ambitious goals for growth, and the leadership has made decisions that will forever change the trajectory of the organization, propelling it forward with greater urgency and laying the foundation for sustained progress.

IASP continued to advance its efforts in support of pain research and management worldwide by administering its core projects in research grants, fellowships, publications, partnerships, education, and training as well as in our Global Year Against Pain and the World Congress.

The 2012 IASP Annual Report documents the outcomes of our efforts in each of these areas. None of these initiatives would have been possible without the commitment, talent, and expertise of our international, culturally diverse, and multidisciplinary membership.

The report provides a snapshot not only of what we have done but who we are as members, demographically, geographically, and professionally.

Here are a few noteworthy highlights in 2012 that were critical to laying the foundation to advance our mission:

**IASP Secretariat Moves from Seattle to Washington, D.C.** IASP leadership made the decision to relocate the headquarters office to Washington, D.C. This marked the final step in a process to position our international organization for continued growth in the areas of membership, educational programs and products, publications, and advocacy efforts.

**World Congress Breaks Records.** The 2012 World Congress on Pain was the largest to date, with more than 7,700 delegates from 115 countries – 1,410 of whom were from developing nations – in attendance at the Milano Convention Center in Milan, Italy. Attendees participated in workshops, lectures, symposia, and refresher courses on cutting-edge scientific topics. The scientific sessions at the World Congress continue to receive excellent marks from attendees.

**New Editor-in-Chief of PAIN.** IASP welcomed Francis J. Keefe as the new editor-in-chief of our prestigious scholarly journal. Frank is professor of psychiatry and behavioral sciences at Duke University in Durham, North Carolina, USA. He received his doctorate at Ohio University before doing postdoctoral work at Harvard Medical School. Frank is a former section editor of *PAIN* and past-president of the American Psychological Association Health Psychology Division.

**International Classification of Diseases Task Force.** Marking a significant milestone for the field of pain, IASP established a task force to develop a chapter on pain for inclusion in the 2015 World Health Organization (WHO) classification update. Based on the need to revise the criteria for pain diagnosis and to include pain syndromes as diseases in their own right, we have partnered with WHO to update existing classifications of pain diseases for worldwide use. IASP also will produce a set of diagnostic criteria for pain diseases that will add a new chapter to the International Classification of Diseases (ICD-11) that health agencies and insurance companies will use for reimbursement purposes as well as for the design and interpretation of clinical trials worldwide.
**Inter-Professional Pain Curriculum.** Advancing IASP’s core values that support a multidisciplinary approach to pain management and treatment, IASP produced an inter-professional pain curriculum based on four components of the Pain Core Curriculum. This curriculum helps health science students from multiple professions who are in their first professional program take advantage of opportunities to learn together. It is available online at www.iasp-pain.org/Curricula/Interprofessional.

**PAIN OUT.** In August 2012, IASP endorsed PAIN OUT, a project that members of IASP’s Pain Registry Working Group have been developing for several years. Initially funded through a European Union research grant, this international project has established an acute pain registry. The registry collects patients’ reported outcomes and process data on surgery, anesthesia, and postoperative pain-management procedures. Participants use this information to benchmark results against regional or international data and make outcome assessments. The registry has more than 30,000 data sets and 230,000 records as well as an electronic knowledge library. The project also created a clinical decision support system that allows a clinician who faces a complex patient to query the registry for similar cases. The clinician would receive point-of-care, real-time, and patient-specific advice about appropriate management to improve the treatment plan and quality of care for the patient.

**MORPHINE MANIFESTO.** In February 2012, IASP signed the “Morphine Manifesto,” a project supported by Pallium India, the International Association for Hospice and Palliative Care, and the Pain & Policy Studies Group/WHO Collaborating Center at the University of Wisconsin. The “Morphine Manifesto” calls for an end to the unethical practice of promoting access to expensive opioid analgesics without also making available low-cost, immediate-release oral morphine. It calls upon governments, health-care institutions, and the pharmaceutical industry to ensure the accessibility of immediate-release of morphine to patients who require this kind of analgesic treatment.

**INSIGHT MAGAZINE.** Based on a need to provide an additional platform for communication to members, IASP launched Insight magazine in June 2012 to provide an opportunity to share perspectives on global pain-relief activities. Published twice annually, the new magazine includes in-depth features and updates about the activities of IASP, chapters, special interest groups, and members. The magazine has a circulation of more than 7,000 and is included in the cost of dues. It is also available to members only at www.iasp-pain.org/insight.

I am confident that our remarkable and considerable efforts in 2012 have laid a solid foundation that will support our work to boost pain research and improve pain treatment worldwide. Our future looks as bright as ever, and as I look ahead to 2013, I am excited and optimistic about the prospects for our great association.

Fernando Cervero, M.D., Ph.D, DSc
IASP President
DEVELOPING STRATEGIES TO GROW THE MEMBERSHIP

The strength of IASP lies in its internationally and clinically diverse membership. Our research scientists, clinicians, and health-care providers work in many disciplines in 133 countries worldwide. In 2012, IASP membership totaled more than 7,700. More than half are clinicians, and nearly one-third are basic or clinical researchers.
IASP MEMBERS BY REGION

- Asia/Australasia/Oceania: 19%
- Canada/United States: 29%
- Europe: 38%
- Latin America and the Caribbean: 6%
- Middle East and Africa: 8%

IASP MEMBERS BY DISCIPLINE

- Anesthesiology: 25%
- Dentistry/Oral Medicine: 1%
- Internal/Family Medicine: 16%
- Neurology: 2%
- Neuroscience, et al.: 5%
- Nursing: 4%
- Orthopedics/Rheumatology: 3%
- Other: 7%
- Pharmacology (Clin): 2%
- Physical/Occupational Therapy: 2%
- Psychiatry: 2%
- Psychology/Social Sciences: 1%
The true value of IASP membership lies in the organization’s ability to connect researchers, clinicians, and health-care providers in various disciplines. Special Interest Groups (SIGs) spur conversations and information sharing on focused topics in pain management and foster peer networks around the globe.

**IASP added one new SIG in 2012: Neuromodulation**

The SIG on Neuromodulation was established to promote interdisciplinary collaboration among scientists, clinicians, and other professionals in research and clinical application of neuromodulatory treatment strategies, to facilitate interprofessional education and training in the field of neuromodulation, to provide a platform and forum for ongoing professional discourse in order to address emerging issues, and to navigate the development of evidence-based practices and policies.

With the addition of the new SIG, IASP continues to enhance its ability to offer topic-specific clinical discourse to its members. About one in every five IASP members joins a Special Interest Group.

*A complete list of all IASP SIGs appears at: www.iasp-pain.org.*
Membership in IASP Special Interest Groups is voluntary. Not all IASP members belong to a Special Interest Group.
IASP chapters are independently operated local organizations that share IASP’s vision to work together for pain relief throughout the world. With more than 90 chapters worldwide, IASP is the nexus of an expansive network of like-minded pain professionals who share information on pain treatment and management strategies. Chapters are vital assets to IASP because they help promote our mission and pain-related initiatives and projects. Likewise, IASP serves as a forum to connect chapter leaders in various countries to foster a true global collaboration around the topic of pain.

In 2012 the IASP membership voted to change eight chapters-in-formation to full chapter status: Bolivia, Cuba, Jordan, Kosovo, Myanmar, Panama, Sri Lanka, and Ukraine.

IASP chapters educated more than 33,000 scientists, clinicians, and health-care providers in 2012 by organizing 290 educational events. In addition, IASP awarded more than $3,500 in funding to visiting professors and for various projects.
GRANTS, FELLOWSHIPS, AND COLLABORATIONS

IASP continued to fund schools that provide interdisciplinary training to young scientists and clinicians in order to promote pain research and improve pain management. IASP expanded its clinical training fellowship program to South Africa, launching a three-month pilot project in 2012.

The following educational and pain management projects received support:

• One award of $10,000 was approved jointly by IASP and the World Federation of Societies of Anesthesiology (WFSA) to fund one-year clinical fellowships in Bangkok, Thailand. The 2012-13 Clinical Training Fellowship was awarded to Dr. Thin Thin of Myanmar. Dr. Thin was the only international fellow at the Faculty of Medicine, Siriraj Hospital of the Mahidol University. Her clinical rotation included chronic pain, acute pain service, psychiatry, acupuncture clinic, and elective period, where she had a chance to learn physical medicine and rehabilitation concerning pain.

• Sixteen individuals applied for a $15,000 one-year Latin American Fellowship in Bogota, Colombia. The award went to Dr. Elizabeth Fernanda Zhapán Sisalima, a young specialist in physical medicine and rehabilitation from Ecuador, who started the training with mentor Dr. John Jairo Hernandez. The purpose of this IASP Clinical Training Fellowship in Pain Management is to provide a year of clinical training in pain management and palliative care for an international Latin American fellow. To expand international collaboration among Latin American countries, preference is given to physicians residing outside Colombia.
• For the first-time in 2012, IASP and WFSA jointly funded a $5,000 three-month South African Clinical Training Fellowship in Pain Management. Dr. Antoine Bahati Kabeza of Rwanda was the first recipient. Milton Raff, BSc, MB ChB, FCA (South Africa) oversaw this fellowship, and the training occurred in the following locations: Chris Barnard Hospital, Groote Schuur Hospital, and St Luke’s Hospice.

• IASP granted another $30,000 to the European Pain School, held annually during the summer in Siena, Italy. The program provides interdisciplinary training to young scientists with the aim of stimulating pain research and ultimately improving prevention and treatment of chronic pain.

• Four students at the Hospice Africa Uganda (HAU) of the Institute of Palliative Medicine for Africa received a grant of $10,000 toward a degree in palliative care and pain management. Their long-distance program is run through the University of Kampala and has a clinical component. The recipients in 2012 were Patrick Lukula, Esnath Msowoya, Moses Byomuhangi, and Edith Rita Nandutu.

• IASP continues to support Kybele, an association that works toward the improvement of childbirth and infant survival. Teams from Ghana, Armenia, and Serbia received grants of $20,000 to help improve standards of care and safe labor and deliveries, including pain management. In Ghana, the group has significantly reduced maternal and newborn mortality, eliminating pain and suffering for patients and their families. In Armenia, Kybele has made substantial strides to increase the use of regional anesthesia for obstetrics at a national level.

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

• IASP also awarded $10,000 to the World Health Organization to support the Access to Controlled Medicines Program.
THE DEVELOPING COUNTRIES PROJECT:

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 improve the scope and availability of essential education for pain clinicians of all disciplines, taking into account specific local needs. In 2012, 27 applications from 18 countries were eligible, and 13 outstanding applications were awarded with up to $10,000 each. The grants totaled $124,681.

Albert Leka (Albania)
Project: Translation from English to Albanian of the IASP book: *Guide to Pain Management in Low Resource Settings* and free distribution to 500 health-care professionals and institutions in Albania

Pablo Brumovsky (Argentina) and Graciela Rovner (Sweden)
Project: Multiprofessional approach and translational research for the treatment of chronic pain

YingGe Tong (China)
Project: Improvement of knowledge and practice of pain evaluation for Chinese doctors and nurses

Hong Xiao (China)
Project: A pain education course for medical staff in West China Hospital

Jagdish Chaturvedi (India)
Project: Medical theatre workshops for pain education

Helen Kariuki and Dave Otieno (Kenya)
Project: A three-day educational pain workshop on pain and pain management for anesthetists and anesthesiologists

Augustine Maneh Sumo (Liberia)
Project: Pain education decentralization program in Liberia

Elizabeth Ogboli Nwasor (Nigeria)
Project: Improving management of pain in palliative care patients

Maxim R. Churyukanov (Russia)
Project: Extension of pain medicine knowledge through the interactive education

Srisuda Ngamkham (Thailand)
Project: Refresher course, “Essential Pain Management,” for nurses in Thailand

Ashok Kumar (India)
Project: Initiative for improving pain education among nurses involved in pain management

Amira Karkin-Tais (Bosnia and Herzegovina)
Project: Pain education through courses in “daily hospitals” and analysis of epidemiological and health economic data of the chronic pain population provided by trained doctors

Nanuli Ninashvili (Georgia)
Project: “Pain assessment and management,” an educational multidisciplinary course
**RESEARCH**

IASP promotes research for the field of pain by providing grants, fellowships, and symposia. Here are highlights from 2012:

**Developed and Developing Countries Research Grants**

Now in its second year of funding, this grant supports collaborations between institutions in developed and developing countries. The 2012 grant recipients for this grant program were:

**Peter Kamerman** (University of the Witwatersrand, South Africa) and **Catherine Cherry** (The Alfred Hospital, Australia)

Research: Incidence of and risk factors for developing HIV-associated sensory neuropathy in the post-stavudine era

**Giandomenico Iannetti** (University College London, UK) and **Li Hu** (Southwest University, China)

Research: Characterizing EEG gamma band oscillations for studying pain: methodological advancements and application to chronic pain states

**Collaborative Research Grants**

These grants of up to $15,000 each support collaborative, interdisciplinary research between two or more research groups located in different countries. The 2012 recipients for the IASP Collaborative Research Grants were:

**Yves De Koninck** (Centre de recherche de l’Institut universitaire en santé mentale de Québec, Canada), **Anders Nykjaer** (Aarhus University, Denmark), and **Christian Bjerggaard Vaegter** (Aarhus University, Denmark)

Research: Sortilins in neuropathic pain

**Pablo Brumovsky** (Austral University, Argentina) and **Graciela Rovner** (Gothenburg University, Sweden)

Research: AUSTRAL-BOREAL Interdisciplinary pain rehabilitation; first clinical trial in multidisciplinary pain rehabilitation in Argentina

**Petra Schweinhardt** (McGill University, Canada), **Herta Flor** (University of Heidelberg, Germany), and **Susanne Becker** (University of Heidelberg, Germany)

Research: Neural correlates and the role of dopamine in the interaction intrinsic and extrinsic reward with pain sensitivity

**RESEARCH GRANTS funded by the ScanDesign 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 $25,000 each are available for either clinical or basic research. In 2012, two research groups received funding:

**Christopher Nielsen** (Norwegian Institute of Public Health, Norway), **Audun Stubhaug** (Oslo University Hospital, Norway), **Henrik Schrimer** (University Hospital, Norway), **Kimberly Sibille** (University of Florida, USA), **Roger Fillingim** (University of Florida, USA), and **Olof Anna Steingrimsdottir** (Norwegian Institute of Public Health, Norway)

Research: Assessing the impact of chronic pain on biological measures of system burden and cellular aging
Helge Kasch (Danish Pain Research Center, Denmark), William Maixner (University of North Carolina, USA), Peter Svensson (Aarhus University, Denmark), and Troels Jensen (Aarhus University Hospital, Denmark)
Research: The role of genetic architecture of pain perception and recovery after acute whiplash injury

**EARLY CAREER RESEARCH GRANTS funded by IASP and by the ScanDesign 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 IASP-funded grants, for a total of 10 Early Career Research Grants of up to $20,000. These additional grants were awarded for the first time in 2012, and the recipients were:

**Funded by the ScanDesign Foundation, by Inger and Jens Bruun:**

**Mira Meeus** (Ghent University, Belgium)
Research: Unraveling impaired pain inhibition in patients with rheumatoid arthritis and central sensitivity syndromes: a series of experiments examining the opioid system

**Song Zhiyang** (Karolinska University Hospital, Sweden)
Research: Development of a bionanotechnological system for chronic pain treatment

**Funded by IASP:**

**Alexandre Charlet** (University of Lausanne, Switzerland)
Research: Involvement of astrocytes in the endogenous oxytocin modification of amygdala microcircuits

**Michael Jankowski** (Cincinnati Children’s Hospital, USA)
Research: Peripheral mechanisms of musculoskeletal pain after ischemic tissue injury

**Anna Andreou** (Imperial College London, UK)
Research: Hypothalamic modulation of the sensory thalamus in migraine

**Fabio Godinho** (Hospital Santa Marcelina, Brazil)
Research: Compassional modulation of pain in Parkinson’s disease patients: the effect of bilateral pallidothalamic tractotomy on compassion.al pain modulation and the role of subthalamic nucleus on empathy to pain, a behavioral, neurophysiological, and neurosurgical study

**Alessandro Capuano** (Hospital Santa Marcelina, Italy)
Research: Familial aggregation of putative biomarkers of migraine, a family- based pilot study

**Kevin Woo** (Queen’s University, Canada)
Research: Pain and delayed wound healing: the mediating effect of psychological stress and inflammatory response

**Martin Diers** (Central Institute of Mental Health, Germany)
Research: Seeing what you feel behind: neuronal correlates of seeing painful stimulation

**Andreas Leffler** (Hannover Medical School, Germany)
Research: Targeting TRP-channels other than TRPV1 for topical analgesia by induction of neurotoxicity
**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. It is awarded to a trainee in the early stage of his or her career. The award provides up to $50,000 for two years of training. The 2012 recipient was:

**Amber Dianne Shaffer** (University of Alabama, USA)
Mentor: Dr. Gerald Gebhart (University of Pittsburgh, USA)
Research: Afferent mechanisms of bladder hypersensitivity

**International Trainee Fellowships funded by the ScanDesign Foundation by Inger & Jens Bruun**

Established in 2006, this fellowship supports training in pain research. An award of up to $50,000 may be used for salary and travel costs. The trainee selected in 2012 was:

**Stephanie Balid** (University of Santo Tomas, Philippines)
Mentor: Dr. Michael Nicholas (Royal North Shore Hospital, Australia)
Research: Cross-cultural study identifying cultural and environmental factors that can influence the effectiveness of a cognitive behavioral program for patients with chronic pain

**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 IASP Press published book covering the topic of the meeting. The 2012 symposium was awarded to the following organizers:

**Oliver Wilder-Smith** (Radboud University, The Netherlands),
**Kris Vissers** (Radboud University, The Netherlands), and
**David Yarnitsky** (Rambam Medical Centre, Israel)
11th IASP Research Symposium, Nijmegen, The Netherlands, 2013
Topic: Brain and Pain: Researching Pain Persistence After Surgery

**OTHER RESEARCH ACTIVITIES**

In 2012 IASP joined forces with the International Headache Society (IHS) to organize a joint symposium on headache, which wrapped up the 2011-12 Global Year Against Headache. The program encouraged young scientists to get involved, offered valuable networking opportunities, and cemented the collaborative relationship between IASP and IHS. Featuring renowned headache experts from around the world, this symposium was essential for anyone interested in the study and treatment of headache.

IASP supported the International Pain Registry Project by providing $9,792 for its workshop, Ethnicity: Challenges and Opportunities for Clinical Management and Research of Acute Pain. The workshop attracted 32 attendees and took place on November 22, 2012, in Berlin as part of the International Conference on Acute Pain. The aims of the workshop were to learn from experts about the current status of clinical research and care of ethnic groups across nations. The meeting concluded with the intention to carry out studies in specific countries using the Pain Out research database as a tool.
EDUCATING PEOPLE ALL OVER THE WORLD

People from all over the world gathered in the Milano Convention Center, August 27–31, 2012, for the 14th World Congress on Pain. The program attracted more than 7,700 delegates, a record for the event. The attendees learned about the latest techniques of pain management, networked with colleagues, and identified ways to translate knowledge into pain relief worldwide.

Attendees from more than 115 countries—including 1,410 delegates from developing countries—participated in workshops, lectures, symposia, and refresher courses, with more than eight in 10 noting that their main reason to attend was because of the scientific content. The attendance rate far surpassed expectations, beating the previous record from the 13th World Congress on Pain by more than a thousand.

IASP increased funding to the Congress Financial Aid Program by more than US$100,000, nearly doubling the amount from 2010 to 2012. And 2012 marked the inaugural year of the Philip A. Spiegel Congress Trainee Scholarship, which honors a young IASP member who suffers from Complex Regional Pain Syndrome. The parents of Philip Spiegel presented the award in Milan to Dina Juarez-Salinas (USA), a PhD candidate from the University of California, San Francisco. IASP thanks the Spiegels for their continued involvement with IASP.

ATTENDANCE BY REGION

Almost half of Congress delegates traveled to Milan from outside Europe.

FINANCIAL AID RECEIPIENTS

More than 400 delegates received financial assistance from IASP to attend the 2012 World Congress on Pain.
Led by Scientific Program Committee Chair Irene Tracey (UK), the Congress program featured a well-rounded array of plenary lectures, topical workshops, and refresher courses that survey respondents rated very high. The average rating for topical workshops on a scale of 1-5 (5 = strongly agree) was 4.28, and for plenary lectures it was 4.19. Overall, the educational rating of 4.21 was an increase from 2010.

IASP continued to provide space for its Special Interest Groups to hold one-day Satellite Symposia before the official start of the Congress. Nearly 85 percent of SIGs took advantage of the opportunity to hold symposia. A total of 728 SIG delegates participated.

These special symposia allowed each SIG to organize a focused agenda on a specialty topic to foster an exchange of ideas.

Networking opportunities encouraged connections among the delegates. More than 6,000 attended the welcome reception, and young people were able to meet dozens of established pain-research veterans during the trainee networking reception, which attracted more than 500 participants. New for the Congress was the launch of a trainee networking lunch, “Connection Rx.” This event, which paired 70 mentors with 70 trainees for five minutes of flash-style meet-and-greet, proved successful in introducing trainees to mentors in their fields. The Congress also saw 2,000 poster abstracts that were presented in four days of Congress to spur collaboration among the global pain community.

Special Interest Group attendance increased from 2010 to 2012.
We now turn our attention to Buenos Aires, the location for the 15th World Congress on Pain, October 6–11, 2014.

**CONGRESS AWARD WINNERS**
IASP provides awards during the year of the World Congress on Pain

John J. Bonica Distinguished Lecture
**Troels S. Jensen, MD, DMSc**

John D. Loeser Distinguished Lecture
**Francis J. Keefe, PhD**

Ronald Dubner Research Prize
**David Seminowicz, PhD**

Award for Excellence in Developing Countries for Basic Science
**Victor Tortorici, PhD**

Award for Excellence in Developing Countries for Clinical Science
**Sushma Bhatnagar, MD**

Ronald Melzack Lecture Award
**Luis Garcia-Larrea, MD, PhD**

Ulf Lindblom Young Investigator Award for Clinical Science
**Steven George, PT, PhD**

Patrick Wall Young Investigator Award for Basic Science
**Giandomenico Iannetti, MD, PhD**

**FUTURE DATES AND LOCATIONS OF THE WORLD CONGRESS ON PAIN**

15th World Congress on Pain
Buenos Aires, Argentina: October 6–11, 2014

16th World Congress on Pain
Yokohama, Japan: September 26–30, 2016

17th World Congress on Pain
Boston, Massachusetts, USA: September 11–16, 2018
IASP’s prestigious international scholarly journal, PAIN, retains its position as the most cited source in the world for research, study, and treatment about pain. PAIN continues to be the premier journal in the field of anesthesiology, according to the annual Thomson Reuters study, “Journal Citation Reports,” attaining an Impact Factor in 2012 of 5.644. The Impact Factor measures, among other things, how often journal articles are cited during a specific period.

PAIN also was highly ranked in other journal categories. In the field of clinical neurology, PAIN ranked in the top 7 percent of 191 journals, and in the neurosciences category, it finished in the top 12 percent of 251 journals.

The year also saw the end of Allan I. Basbaum’s, tenure as PAIN Editor-in-Chief. His leadership and commitment to the journal are factors behind the journal’s eminence in the field. Francis J. Keefe, a psychology expert at Duke University, succeeds him. IASP members receive PAIN every month as a membership benefit.

PAIN: Clinical Updates

All IASP members may choose to receive printed copies of PAIN: Clinical Updates, and a PDF of each edition is available on the IASP website. The newsletter has proved to be an effective way to provide information to medical professionals and introduce clinicians to IASP. To broaden its international readership, each issue is published online in Spanish, and the reference sections are hyperlinked to PubMed.

Under the direction of Editor-in-Chief Jane Ballantyne, a professor at the University of Washington, IASP published eight issues of PAIN: Clinical Updates in 2012:

- “Chronic Pain Management: Measurement-Based Step Care Solutions,” by David Tauben
- “Interdisciplinary Chronic Pain Management: International Perspectives,” by Michael E. Schatman
- “Advanced Neuroimaging for the Study of Migraine Pathophysiology,” by Till Sprenger and Arne May
- “Neuromodulation in Primary Headaches,” by Tim Jürgens
- “Ultrasonography in Pain Medicine: Opening the Third Eye,” by Michael Gofeld
- “Trigeminal Autonomic Cephalalgias: Diagnosis and Management,” by Arne May
- “Identification and Treatment of Neuropathic Pain in Patients with Cancer,” by Dennis Naleschinski, Ralf Baron, and Christine Miaskowski
- “Five Crises in Pain Management,” by John D. Loeser
IASP Press

IASP maintains an influential scholarly publishing program, IASP Press. Our books provide timely, high-quality, low-cost publications relevant to the problem of pain for scientists and clinicians alike. Led by Editor-in-Chief Maria Adele Giamberardino (Italy), IASP Press published the following books in 2012:

- **Pain 2012: Refresher Courses, 14th World Congress on Pain**, Irene Tracey, editor
- **Pain-Related Fear: Exposure-Based Treatment for Chronic Pain**, Johan Vlaeyen, Stephen Morley, Steven J. Linton, Katja Boersma, and Jeroen de Jong, editors
- **The Phenomenon of Pain**, Serge Marchand, editor
- **Pain Comorbidities: Understanding and Treating the Complex Patient**, Maria Adele Giamberardino and Troels Staehelin Jensen, editors

In 2014, all titles will be available for sale via download from a new website devoted to our e-publications.

**IASP Insight**

Published twice yearly, *IASP Insight* presents feature articles about members’ research and activities in pain management, IASP programs and services, and news about chapters and special interest groups. The members-only magazine was redesigned in 2013 and is available in print and online.
**PAIN**
Allan I. Basbaum (USA), Editor-in-Chief

**Section editors:**
Jane Ballantyne (USA)
Karen Davis (Canada)
Jorgen Dahl (Denmark)
Anthony Dickenson (UK)
Chris Eccleston (UK)
Henry McQuay (UK)
Jeff Mogil (Canada)
Mike Rowbotham (USA)
Rolf-Detlef Treede (Germany)

**PAIN: Clinical Updates**
Jane C. Ballantyne (USA), Editor-in-Chief

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GLOBAL YEAR AGAINST VISCERAL PAIN
RAISING AWARENESS

IASP launched the Global Year Against Visceral Pain in 2012 to raise awareness of one of the most frequent forms of pain and a main reason why people seek medical attention. Urogenital pain expert Timothy Ness, MD, PhD (USA) and gastroenterologist Qasim Aziz, PhD, FRCP (UK), led an international IASP task force to plan this year’s campaign and produce fact sheets highlighting certain conditions and treatments for visceral pain: epidemiology of abdominal pain, neurobiology of visceral pain, acute versus chronic presentation of pain, painful functional bowel disorders, psychological factors, pancreatitis, interstitial cystitis/bladder pain syndrome, male chronic pelvic pain syndrome, chronic chest pain, and functional abdominal pain syndrome. The fact sheets are available in multiple languages. Once again, IASP chapters contributed by providing translations.

The task force also worked with the European Federation of IASP Chapters (EFIC) to coordinate the themes of the IASP Global Year Against Pain and the European Year Against Pain.

The Pain of Urogenital Origination Special Interest Group expanded its name to cover the broader aspect of visceral pain based on the impact of the Global Year Against Pain. The name was changed to Abdominal Pain & Pelvic Special Interest Group. Throughout the one-year campaign, IASP members and chapters organized meetings, symposia, patient-education events, publications, and many other efforts exploring different aspects of visceral pain. Here are a few noteworthy highlights from the year:

**Australia/New Zealand**
The Australian Pain Society and the New Zealand Pain Society (IASP chapters), in conjunction with the Faculty of Pain Medicine ANZCA and Pain Australia, created a unique poster for the Global Year Against Visceral Pain. Kate Hodgson, an artist and visceral pain sufferer, created the illustration on the poster.

The Albury Wodonga Private Hospital hosted its annual Pain Education Day at the Commercial Club in Albury, Australia. Pamela Goldspink, CNS Acute Pain Service has organized the event for the past eight years; in 2012, 160 nurses attended.

**India**
The Indian Society for Study of Pain, West Bengal Branch, organized symposia on occasion of the 6th Annual Conference of Indian Society for Study of Pain. Eighty doctors, including pain physicians, anesthesiologists, and other specialists, heard two lectures on visceral pain.

**Iran**
The Iranian Pain Society adapted IASP’s poster for the Global Year Against Visceral Pain for use and distribution to hospitals and medical centers in Iran.

**Iraq**
For the Global Year Against Visceral Pain, the Iraqi Society for Pain Management organized a scientific lecture at Rizgary Hospital Hall in Educational City. Several pain practitioners attended from the cities of Arbil, Wasit, and Sulaymaniyah.

**Pakistan**
The Society for Treatment and Study of Pain, Pakistan, in collaboration with the Pakistan Society of Anesthesiologists, created a unique poster for the 9th Paincon in Karachi, Pakistan.

For more information on the Global Year Against Pain, visit http://www.iasp-pain.org/globalyear
What an incredible and exciting year 2012 was for IASP! In May, IASP completed the purchase of a 6,007-square-foot commercial office condominium in Washington, D.C., for $3.3 million and made $410,000 of occupancy improvements to the space. This purchase further diversifies IASP’s investment holdings. With the condominium purchase complete and readied for occupancy, the IASP office relocated from Seattle, Washington, to its new home in downtown Washington, D.C., in January 2013.

With this purchase, IASP freed itself of the expense of monthly rent at a time of generally rising commercial rental rates. Our organization was able to purchase the office condominium at an attractive price slightly ahead of a nationwide rise in prices for commercial real estate. The Washington, D.C., market proved quite stable during the recent economic downturn, and we can expect solid long-term appreciation in value of our new asset. Organizations such as IASP, which tend to have conservatively invested portfolios, have suffered from the very low returns on fixed-income investments such as bonds and certificates of deposit, making the real estate transaction an even more attractive way of diversifying our assets.

The 14th World Congress on Pain in Milan, Italy, was our best attended Congress to date, attracting more than 7,700 participants—many from developing countries around the globe. Total Congress registration, sponsorship, and exhibitor revenues were $5,090,758 against related program expenses of $4,814,371. Other IASP program revenues declined from $3,827,702 in 2011 to $3,106,706 in 2012, largely due to a drop in royalty-related income from the journal PAIN. However, revenues in membership dues increased, and book sales surged behind the popularity of four new titles and sales of copies at the 14th World Congress. IASP was also fortunate to take advantage of improved conditions in equity markets, which added $471,324 in total income and market gains to our total investment accounts in 2012; in comparison, only $10,142 was added in 2011.

On the expense side, IASP continued its strong funding of our essential grants and publication services. Funding of grants and awards held steady; figures for 2012 and 2011 were $1,229,919 and $1,253,148, respectively. Support of publications and education services similarly held steady between 2012 and 2011 at $1,384,142 and $1,390,015, respectively. Management and general expenses, however, increased by more than $500,000, largely because of the relocation of the IASP Secretariat offices. In 2012, this figure was $944,525; in 2011, $404,488. If one-time relocation costs were removed from 2012 management and general expenses, such costs would have totaled only $502,786.

Despite the decline in program revenues, IASP maintained its strong financial position because of continued prudent financial management and strong internal accounting and procedural controls. IASP’s Council was pleased to receive a report that the association had again exceeded budgeted
expectations and that our independent auditors, Clark Nuber, had issued an unqualified opinion on both the accuracy and fairness of management’s financial statements and systems of internal accounting controls for the fourth consecutive year.

Total assets of the association December 31, 2012, declined to $14,351,938, which represents a 7 percent decrease from $15,443,909 December 31, 2011. Much of the 2012 decline in total assets is attributable to reductions in cash and royalty-receivable balances, as more than $4.1 million was deployed in the purchase, upgrades, and relocation of the IASP Secretariat to Washington, D.C. It is also worth noting that total liabilities also decreased during this period by $889,447. Fifty-four percent of the liabilities ($1,103,667 at December 31, 2012) consisted of funds held by the association on behalf of 19 Special Interest Groups.

Overall, 2012 was a dynamic year for the association. IASP continued to build upon its solid financial foundation and finished the year in good position to maintain our commitment to funding the association’s programs and services. Broader global economic conditions are showing signs of improvement, and our investments showed positive returns in 2012, continuing into 2013. We remain ever vigilant regarding our financial controls and conservative in our use of funds.

Mike Rowbotham, MD, IASP Treasurer
## STATEMENT OF CASH FLOWS
For the Year Ended December 31, 2012 (With Comparative Totals for 2011)

<table>
<thead>
<tr>
<th>Cash Flows from Operating Activities:</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets</td>
<td>$(202,524)</td>
<td>$233,731</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash used in operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>48,054</td>
<td>49,618</td>
</tr>
<tr>
<td>Investment return</td>
<td>(471,324)</td>
<td>(10,142)</td>
</tr>
<tr>
<td>Changes in assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pledge receivable</td>
<td>40,000</td>
<td>-</td>
</tr>
<tr>
<td>Congress receivable</td>
<td>(556,648)</td>
<td>(656,909)</td>
</tr>
<tr>
<td>Royalty receivable</td>
<td>901,951</td>
<td>(857,010)</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>302,507</td>
<td>(305,984)</td>
</tr>
<tr>
<td>Other receivables</td>
<td>(18,190)</td>
<td>9,416</td>
</tr>
<tr>
<td>Inventory</td>
<td>3,422</td>
<td>54,355</td>
</tr>
<tr>
<td>Accounts payable</td>
<td>43,749</td>
<td>(133,615)</td>
</tr>
<tr>
<td>Related party payable</td>
<td>4,623</td>
<td>187,567</td>
</tr>
<tr>
<td>Accrued liabilities</td>
<td>172,317</td>
<td>(42,570)</td>
</tr>
<tr>
<td>Grants payable</td>
<td>(135,000)</td>
<td>106,190</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td></td>
<td>1,015,950</td>
</tr>
<tr>
<td><strong>Net CashUsed in Operating Activities</strong></td>
<td>(987,939)</td>
<td>(349,403)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash Flows from Investing Activities:</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds from sale and maturities of investments</td>
<td>7,110,394</td>
<td>9,403,308</td>
</tr>
<tr>
<td>Purchases of investments</td>
<td>(7,046,653)</td>
<td>(10,085,060)</td>
</tr>
<tr>
<td>Purchases of equipment and equipment</td>
<td>(3,641,752)</td>
<td>(11,387)</td>
</tr>
<tr>
<td><strong>Net Cash Used in Investing Activities</strong></td>
<td>(3,578,011)</td>
<td>(693,139)</td>
</tr>
<tr>
<td><strong>Net Change in Cash and Cash Equivalents</strong></td>
<td>(4,565,950)</td>
<td>(1,042,542)</td>
</tr>
<tr>
<td>Cash and cash equivalents balance, beginning of year</td>
<td>5,240,438</td>
<td>6,282,980</td>
</tr>
<tr>
<td><strong>Cash and Cash Equivalents Balance, End of Year</strong></td>
<td>$674,488</td>
<td>$5,240,438</td>
</tr>
</tbody>
</table>

| Noncash Investing Activities:         |            |            |
| Purchase of property and equipment reflected in construction payable | $145,740   |            |
# STATEMENT OF FINANCIAL POSITION
For the Year Ended December 31, 2012 (With Comparative Totals for 2011)

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$674,488</td>
<td>$5,240,438</td>
</tr>
<tr>
<td>Pledge receivable</td>
<td>29,697</td>
<td>11,507</td>
</tr>
<tr>
<td>Other receivables</td>
<td>51,632</td>
<td>354,139</td>
</tr>
<tr>
<td>Inventory, net of reserve (Note 1)</td>
<td>104,768</td>
<td>108,190</td>
</tr>
<tr>
<td>Congress receivable</td>
<td>1,355,218</td>
<td>798,570</td>
</tr>
<tr>
<td>Royalty receivable</td>
<td>70,210</td>
<td>972,161</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>2,286,013</strong></td>
<td><strong>7,525,005</strong></td>
</tr>
<tr>
<td>Investments (Note 2)</td>
<td>7,945,499</td>
<td>7,537,916</td>
</tr>
<tr>
<td>Furniture, equipment and software, net (Note 3)</td>
<td>3,818,551</td>
<td>65,988</td>
</tr>
<tr>
<td>Intangible asset, net (Note 4)</td>
<td>301,875</td>
<td>315,000</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$14,351,938</strong></td>
<td><strong>$15,443,909</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</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>$159,152</td>
<td>$115,403</td>
</tr>
<tr>
<td>Construction payable</td>
<td>145,740</td>
<td>-</td>
</tr>
<tr>
<td>Related party payable (Note 8)</td>
<td>1,103,667</td>
<td>1,099,044</td>
</tr>
<tr>
<td>Accrued liabilities</td>
<td>208,942</td>
<td>36,625</td>
</tr>
<tr>
<td>Grants payable, current portion</td>
<td>70,000</td>
<td>195,000</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>325,344</td>
<td>1,446,220</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>2,012,845</strong></td>
<td><strong>2,892,292</strong></td>
</tr>
<tr>
<td>Grants payable, net of current portion</td>
<td>-</td>
<td>10,000</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>2,012,845</strong></td>
<td><strong>2,902,292</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undesignated, available for operations</td>
<td>11,417,677</td>
<td>11,634,889</td>
</tr>
<tr>
<td>Designated by the Councilors for discretionary use (Note 1)</td>
<td>667,929</td>
<td>643,858</td>
</tr>
<tr>
<td><strong>Total Unrestricted</strong></td>
<td><strong>12,085,606</strong></td>
<td><strong>12,278,747</strong></td>
</tr>
<tr>
<td>Temporarily restricted (Note 7)</td>
<td>253,487</td>
<td>262,870</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>12,339,093</strong></td>
<td><strong>12,541,617</strong></td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td><strong>$14,351,938</strong></td>
<td><strong>$15,443,909</strong></td>
</tr>
</tbody>
</table>
# STATEMENT OF ACTIVITIES

*For the Year Ended December 31, 2012 (With Comparative Totals for 2011)*

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>2012 Total</th>
<th>2011 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Revenue and Support:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership dues</td>
<td>$847,629</td>
<td>$</td>
<td>$847,629</td>
<td>$806,805</td>
</tr>
<tr>
<td>Book sales</td>
<td>196,033</td>
<td>-</td>
<td>196,033</td>
<td>107,074</td>
</tr>
<tr>
<td>Investment income (Note 2)</td>
<td>232,357</td>
<td>-</td>
<td>232,357</td>
<td>195,853</td>
</tr>
<tr>
<td>Royalties</td>
<td>1,572,507</td>
<td>-</td>
<td>1,572,507</td>
<td>2,474,571</td>
</tr>
<tr>
<td>Congress (Note 1)</td>
<td>5,090,758</td>
<td>-</td>
<td>5,090,758</td>
<td>5,986</td>
</tr>
<tr>
<td>Other income</td>
<td>258,180</td>
<td>-</td>
<td>258,180</td>
<td>243,399</td>
</tr>
<tr>
<td>Contributions</td>
<td>5,619</td>
<td>141,767</td>
<td>147,386</td>
<td>198,605</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>151,150</td>
<td>(151,150)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Operating Revenue and Support</strong></td>
<td>$8,354,233</td>
<td>(9,383)</td>
<td>$8,344,850</td>
<td>$4,032,293</td>
</tr>
<tr>
<td><strong>Expenses:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Services-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publications and education</td>
<td>1,384,142</td>
<td>-</td>
<td>1,384,142</td>
<td>1,390,015</td>
</tr>
<tr>
<td>IASP Press</td>
<td>413,384</td>
<td>-</td>
<td>413,384</td>
<td>423,986</td>
</tr>
<tr>
<td>Awards and grants</td>
<td>1,229,919</td>
<td>-</td>
<td>1,229,919</td>
<td>1,253,148</td>
</tr>
<tr>
<td>Congress (Note 1)</td>
<td>4,814,371</td>
<td>-</td>
<td>4,814,371</td>
<td>141,214</td>
</tr>
<tr>
<td><strong>Total Program Services</strong></td>
<td>7,841,816</td>
<td>-</td>
<td>7,841,816</td>
<td>3,208,363</td>
</tr>
<tr>
<td>Supporting Services-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management and general</td>
<td>944,525</td>
<td>-</td>
<td>944,525</td>
<td>404,488</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>8,786,341</td>
<td>8,786,341</td>
<td>3,612,851</td>
<td></td>
</tr>
<tr>
<td><strong>Change in Net Assets from Operating Activities</strong></td>
<td>(432,108)</td>
<td>(9,383)</td>
<td>(441,491)</td>
<td>419,442</td>
</tr>
<tr>
<td>Unrealized gains (losses) on investments (Note 2)</td>
<td>238,967</td>
<td>-</td>
<td>238,967</td>
<td>(185,711)</td>
</tr>
<tr>
<td><strong>Change in Net Assets</strong></td>
<td>(193,141)</td>
<td>(9,383)</td>
<td>(202,524)</td>
<td>233,731</td>
</tr>
<tr>
<td><strong>Net Assets:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beginning of year</td>
<td>12,278,747</td>
<td>262,870</td>
<td>12,541,617</td>
<td>12,307,886</td>
</tr>
<tr>
<td><strong>End of Year</strong></td>
<td><strong>$12,085,606</strong></td>
<td><strong>$253,487</strong></td>
<td><strong>$12,339,093</strong></td>
<td><strong>$12,541,617</strong></td>
</tr>
</tbody>
</table>

TB Link Net Income 233,731
THANK YOU TO THE IASP LEADERSHIP AND VOLUNTEERS

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Scientific Program Committee (Buenos Aires)
Srinivasa N. Raja, MD (USA)

Pain Registry Working Group
C. Richard Chapman, PhD (USA), Ruth Zaslensky (Germany), Winfried Meissner (Germany)
2012 CONTRIBUTIONS

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 relief worldwide.

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Alessandra Bergadano
D. Norman Buckley
Anamada Carvalho
Margaret Caudill-Stosberg
Eline Coppens
Cornelia Haag-Molkenteller
Lynnette Haley
Ravindra Harne
Ivonne Hernandez
Troels Jensen
Heinz Laubenthal
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Henry Miyoshi
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Audun Stubhaug
Suyin Tan
Fernando Torre-Mollinedo
Rolf-Detlef Treede
Anita Violon
Carl von Baeyer
Jason Walters
Lynda Wells
Max Zusman

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Developing Countries Education Fund
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Steven Aung
Valeria Bachiocco
Carlos Barutell
Rae Bell
Charles Berde
Jonathan Berman
Jorgen Boivie
Leonardo Botelho
Walter Braun
Ian Buttfield
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Fiona Campbell
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Hisamitsu
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