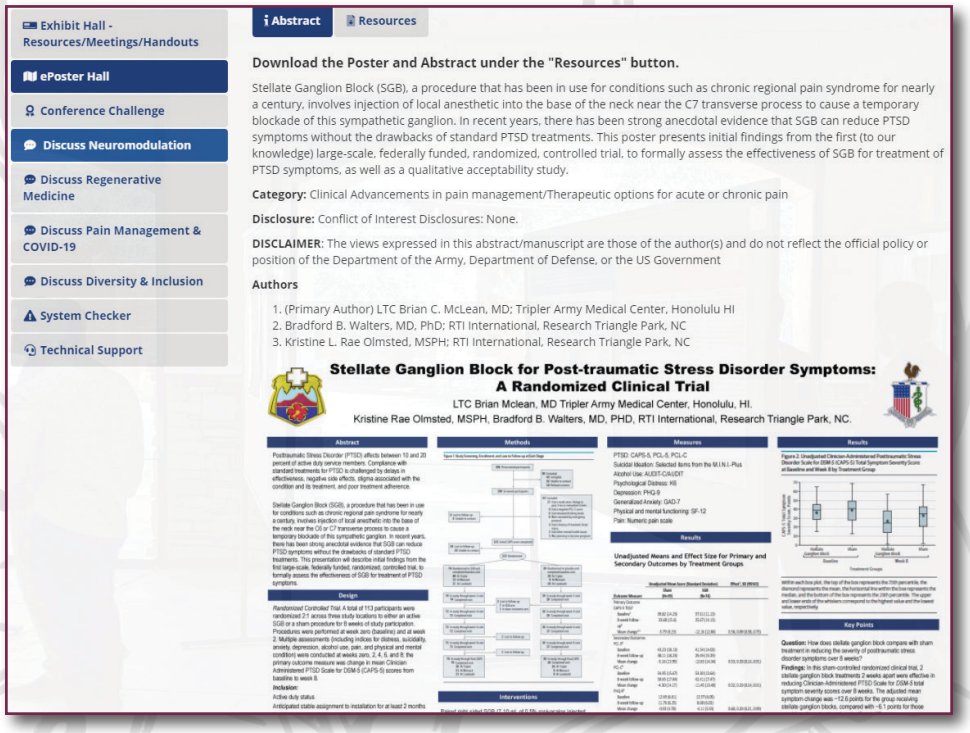
The 28th Napa Pain Conference

In person & online August 27-29, 2021

Abstract Guide

Due:
June 30, 2021

Completed abstracts must be submitted via email in .pdf or Word format to Education@Neurovations.com by 11:59 PM, PDT, Wednesday, June 30.



NEUROVATIONS EDUCATION ACCME ACCREDITED

NapaPainConference.com

The Future of Medical Education

IDENTIFYING

Importance

Neurovations Education is an innovation company. We produce tools and trainings that empower others to improve, and we do this by identifying what's important and what's possible.

In response to the outbreak of SARS-CoV-2, our 2020 Kaua'i Pain Conference was the first CME conference to prepare learners for the impending COVID-19 pandemic - and we're so glad we produced that course. Little did we know that it would be the last in-person pain conference for months to come. Five months later, we went from hosting the last live meeting to pioneering the first online pain conference (2020's Napa Pain Conference).

The response has been outstanding. The 2020 Napa Pain Conference had over 1,500 attendees, followed by the 2021 Kaua'i Pain Conference with over 1,100 registrants from more than 50 countries. Our education has gone international.

Along the way, we developed an industry-leading approach to presenting research abstracts and posters, leveraging the broadcast format to enhance learning, and extend community engagement throughout the year. Participants remain engaged throughout the conference, and enjoy the many opportunities to interact with their colleagues through real-time chats, networking directories, discussion forums, and direct messaging.

DISTRIBUTING

The Latest Research

Researchers continue innovating. Medical providers continue to seek the latest breakthroughs and clinical strategies. Our industry-leading ePoster hall extends the reach of your work to an audience ten times larger than traditional posters.

Abstracts will be collected from April 14, 2021 to June 30, 2021. Share your research, clinical outcomes, quality improvement initiatives, practice improvements, or patient care strategies at one of the nation's most unique pain conferences. Each selected work will be presented with a dedicated page that includes the ePoster, title, summary, and abstract.

The outcome of each abstract review will be emailed to the primary author listed on the abstract by Friday, July 23, 2021.

CONTINUAL

Innovation

Much of the world will not be ready to travel in August. We understand; the health, safety, and personal security of our community is the highest priority. In response to the global needs, the 2021 Napa Pain Conference will be a hybrid in person + online conference.

A limited attendance (up to 300 individuals, subject to COVID restrictions) will join the broadcast from Napa, CA while the broader community will tune in from around the globe. Faculty will interact with learners from both live audiences, and in-person attendees will have ways to interact with the participants. We believe that "new normal" can be better than the old normal and are working to make that happen. If you have ideas and insight on the future of medical conferences, please connect with us through Education@Neurovations.com.

About the Napa Pain Conference

SINCE 1990
Advancing Pain Medicine

As one of the earliest conferences in pain medicine, the Napa Pain Conference (NPC) has provided decades of unparalleled networking with leaders in clinical practice, research, and industry.

GUIDING
Principles

The success of NPC is rooted in creating and serving a community devoted to:

- Curiosity
- Diversity
- Equality
- Inclusion
- Collaboration
- Discovery
- Efficiency
- Integrity
- Curation
- Development
- Engagement
- Inspiration

The Neurovations family of businesses believes in diversity and inclusion in our workforce, in our decision-making, and in patient care. Our unwavering mission is to inspire hope and to contribute to the health and well-being of patients and communities through integrated clinical practice, research, and education.

PRODUCED BY
Neurovations Education

Neurovations Education designs national conferences in pain, neuroscience, the management of chronic conditions, and emerging medicine. We take pride in creating opportunities for learning, collaboration, and networking.

SUPPORTING
Global Innovation

The Napa Pain Conference benefits the HealthRoots Foundation for Global Health, a 501(c)(3) non profit supporting health initiatives in low-resource communities around the world.

Eric J. Grigsby, MD, MBA founded the Napa Pain Conference in 1990 while establishing the UC Davis pain management program.

Dr. Grigsby recognized the need for a conference where everyday practitioners could get together, build a community, and share stories, successes, and challenges in treating persons with chronic pain.

Important Deadlines

Abstract Submission
NOW - JUNE 30

Completed abstracts must be submitted via email in .pdf or Word format to Education@Neurovations.com by 11:59 PM, PDT, Wednesday, June 30.

Pictured: ePoster Hall example

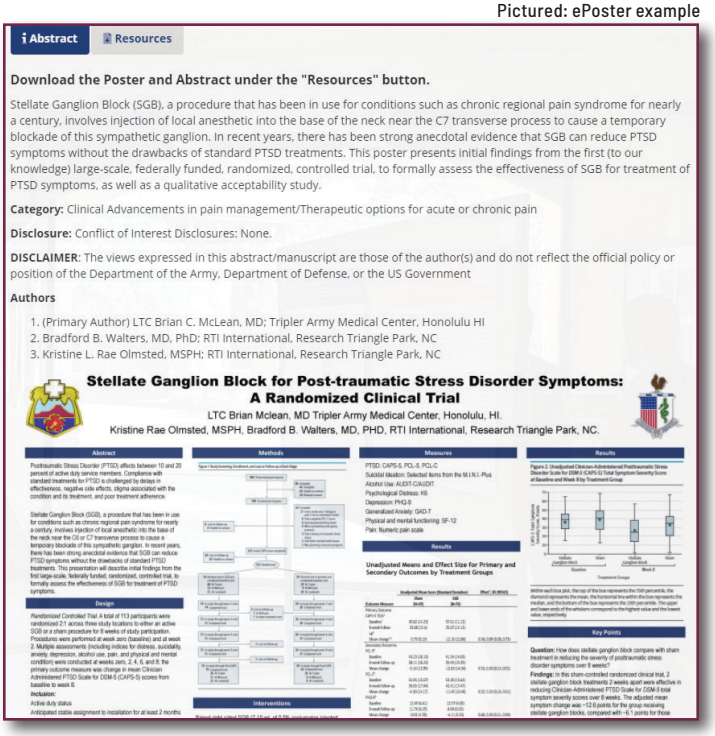
Results
JULY 23

The outcome of each abstract review will be emailed to the primary author listed within the abstract by Friday, July 23, 2021.

ePosters Due
JULY 24 - AUGUST 14

High resolution posters due by August 14.

Pictured: ePoster example



ePosters Posted
AUGUST 17

Attendees will have access to ePosters by August 17.

ePosters are viewable and searchable in the Conference listing. Each work will be presented with a dedicated page that includes the ePoster, title, summary, author information, and a downloadable copy of the accepted abstract.

Napa Pain Conference
AUGUST 27-29

Join the Conference online or in person.

Abstracts & ePosters Published
SEPTEMBER 30

An eBook of all accepted abstracts and posters will be published online for the 2,500+ users of the Neurovations Education Hub.

https://neurovations.digitellinc.com/neurovations/store/9

Preparing Your Abstract

REQUIREMENTS
Put Your Best Foot Forward

Submit your abstracts as two (2) pages with the following sections.

For uniformity, ease of review, and eventual presentation to learners, each abstract must follow this same format and contain each of the necessary components.

Page 1

TITLE

What do you call this project?

- Be descriptive, concise, and avoid brand/trade names whenever possible.

SYNOPSIS

Limited to 100 words

- If selected as an ePoster, this will display alongside the poster.
- Don't worry about being redundant to information in the abstract, this high-level overview should summarize the project, results, and purpose.

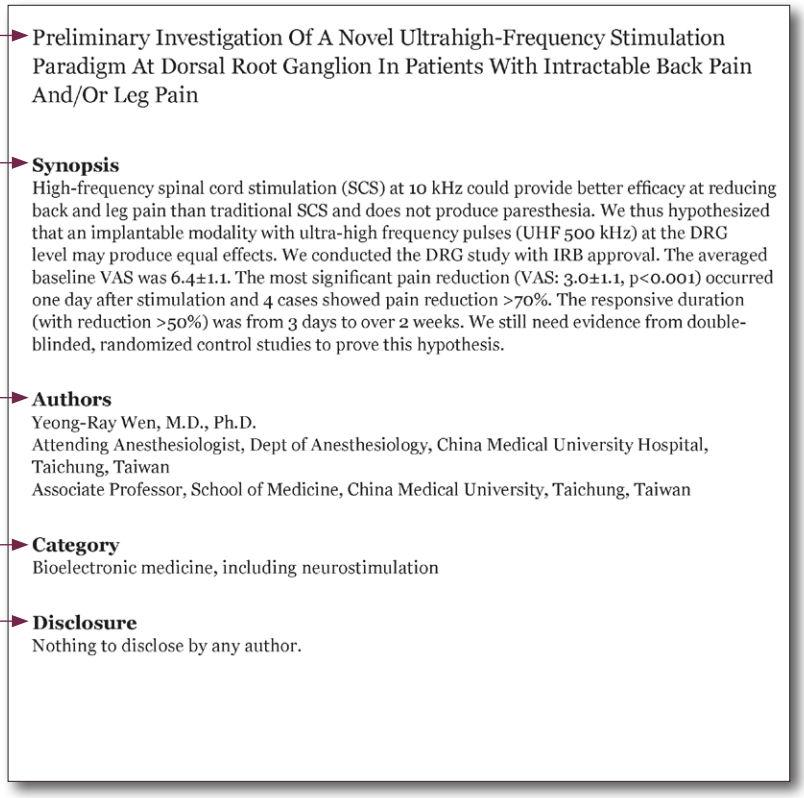
AUTHORS

Who performed the work?

- If there is more than one author, provide a note identifying the Primary/Submitting author. This person must be able to answer questions, provide revisions, and communicate with organizers of the Napa Pain Conference.
- The Primary Author must register for, and attend the conference.
- Abstracts must include information for each author (**Name, Company, Title, City, State, Email**); contact information will not be published to attendees.

CATEGORIES

Select from the categories listed on page 7.



Preliminary Investigation Of A Novel Ultrahigh-Frequency Stimulation Paradigm At Dorsal Root Ganglion In Patients With Intractable Back Pain And/Or Leg Pain

Synopsis

High-frequency spinal cord stimulation (SCS) at 10 kHz could provide better efficacy at reducing back and leg pain than traditional SCS and does not produce paresthesia. We thus hypothesized that an implantable modality with ultra-high frequency pulses (UHF 500 kHz) at the DRG level may produce equal effects. We conducted the DRG study with IRB approval. The averaged baseline VAS was 6.4±1.1. The most significant pain reduction (VAS: 3.0±1.1, p<0.001) occurred one day after stimulation and 4 cases showed pain reduction >70%. The responsive duration (with reduction >50%) was from 3 days to over 2 weeks. We still need evidence from double-blinded, randomized control studies to prove this hypothesis.

Authors

Yeong-Ray Wen, M.D., Ph.D.
Attending Anesthesiologist, Dept of Anesthesiology, China Medical University Hospital, Taichung, Taiwan
Associate Professor, School of Medicine, China Medical University, Taichung, Taiwan

Category

Bioelectronic medicine, including neurostimulation

Disclosure

Nothing to disclose by any author.

DISCLOSURES

Work submitted for presentation must include an acknowledgment of funding sources of commercial nature, and/or consulting or holding of significant equity in a company that could be affected by the results of the study.

Even if indicated elsewhere in the abstract, the last sentence of the abstract should read "funded by..." and/or "equity in...".

If nothing to disclose, state "Nothing to disclose by any author(s)."

Disclosure of funding and/or relationships must not include company logos (text only).

Preparing Your Abstract

OUTLINE
Complete Each Section

Incomplete abstracts will not be considered.

Page 2

TITLE
Repeat the title.

PURPOSE
Answer the question:

- Why was this study/research performed?

METHODS
Answer the question:

- How has this problem been studied?

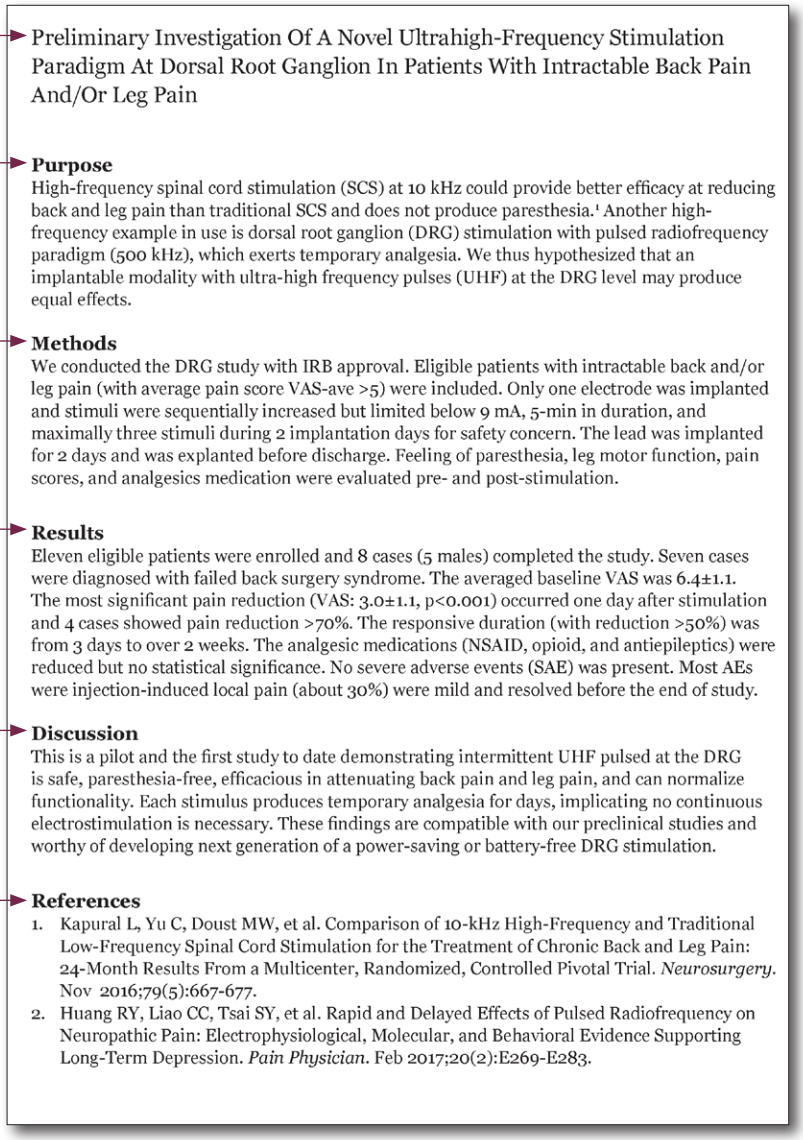
RESULTS
Answer the question:

- What was the outcome or data and statistical analysis?

DISCUSSION
Answer the question:

- What is the relevance to clinical practice or future research?

REFERENCES
References should use the styles below.



Preliminary Investigation Of A Novel Ultrahigh-Frequency Stimulation Paradigm At Dorsal Root Ganglion In Patients With Intractable Back Pain And/Or Leg Pain

Purpose
High-frequency spinal cord stimulation (SCS) at 10 kHz could provide better efficacy at reducing back and leg pain than traditional SCS and does not produce paresthesia.[1] Another high-frequency example in use is dorsal root ganglion (DRG) stimulation with pulsed radiofrequency paradigm (500 kHz), which exerts temporary analgesia. We thus hypothesized that an implantable modality with ultra-high frequency pulses (UHF) at the DRG level may produce equal effects.

Methods
We conducted the DRG study with IRB approval. Eligible patients with intractable back and/or leg pain (with average pain score VAS-ave >5) were included. Only one electrode was implanted and stimuli were sequentially increased but limited below 9 mA, 5-min in duration, and maximally three stimuli during 2 implantation days for safety concern. The lead was implanted for 2 days and was explanted before discharge. Feeling of paresthesia, leg motor function, pain scores, and analgesics medication were evaluated pre- and post-stimulation.

Results
Eleven eligible patients were enrolled and 8 cases (5 males) completed the study. Seven cases were diagnosed with failed back surgery syndrome. The averaged baseline VAS was 6.4±1.1. The most significant pain reduction (VAS: 3.0±1.1, $p<0.001$) occurred one day after stimulation and 4 cases showed pain reduction >70%. The responsive duration (with reduction >50%) was from 3 days to over 2 weeks. The analgesic medications (NSAID, opioid, and antiepileptics) were reduced but no statistical significance. No severe adverse events (SAE) was present. Most AEs were injection-induced local pain (about 30%) were mild and resolved before the end of study.

Discussion
This is a pilot and the first study to date demonstrating intermittent UHF pulsed at the DRG is safe, paresthesia-free, efficacious in attenuating back pain and leg pain, and can normalize functionality. Each stimulus produces temporary analgesia for days, implicating no continuous electrostimulation is necessary. These findings are compatible with our preclinical studies and worthy of developing next generation of a power-saving or battery-free DRG stimulation.

References
1. Kapural L, Yu C, Doust MW, et al. Comparison of 10-kHz High-Frequency and Traditional Low-Frequency Spinal Cord Stimulation for the Treatment of Chronic Back and Leg Pain: 24-Month Results From a Multicenter, Randomized, Controlled Pivotal Trial. *Neurosurgery*. Nov 2016;79(5):667-677.
2. Huang RY, Liao CC, Tsai SY, et al. Rapid and Delayed Effects of Pulsed Radiofrequency on Neuropathic Pain: Electrophysiological, Molecular, and Behavioral Evidence Supporting Long-Term Depression. *Pain Physician*. Feb 2017;20(2):E269-E283.

CITATIONS IN THE BODY OF THE PAPER

Cite each source in numerical order using superscript Arabic numerals (1, 2, 3...).

Example 1: A review of regulations has been complete by the WHO.[15]

Example 2: The data were as follows[3,5]:

Example 3: As previously reported,[11-14, 25]

CITATIONS IN THE REFERENCE LIST

List references numerically in the order by which they were cited in the text.

Example 1: 1. Rainier S, Thomas D, Tokarz D, et al. Myofibrillogenesis regulator 1 gene mutations cause paroxysmal dystonic choreoathetosis. *Arch Neurol.* 2004;61(7):1025-1029.

Example 2: 2. Weiss R. The promise of precision prescriptions. Washington Post. June 24, 2000:A1. www.washingtonpost.com. *Accessed October 10, 2001.*

Sorting Your Content

FACILITATING

Review and Publication

The Program Committee is accepting original abstracts in the following categories. If your work doesn't fit within an established category, please submit it under "Miscellaneous".

Alignment

Indicate your content category on Page 1 of your abstract. This helps the Program Committee to assign your abstract to the most appropriate reviewers, and to construct unified and logical sessions at the conference.

CATEGORIES

- Quality Improvement (QI) initiatives undertaken at your institution that improved clinical care, service, cost or patient outcomes
- Advances in practice management, including implementation of EHR and transitioning to ICD-10
- Improving patient communications and/or adherence to treatment plans
- Clinical advancements in pain management
- Therapeutic options for acute or chronic pain
- Safe prescribing
- Cancer pain
- Targeted drug delivery
- Bioelectronic medicine, including neurostimulation
- Regenerative medicine
- Opioid use disorder and overdose treatment, including buprenorphine and naloxone
- Miscellaneous (doesn't fit within established categories)
- COVID-19 or Post-COVID Syndrome

If necessary, include a second category to ensure that your abstract is sent to the optimal combination of reviewers relevant to the content of your abstract. Not every abstract fits neatly into a single category and the identification of a secondary category might be helpful during the review and program construction process.

Submitting Your Content

Due

JUNE 30, 2021

Completed abstracts must be submitted via email in .pdf or Word format to Education@Neurovations.com by 11:59 PM, PDT, Wednesday, June 30.

Submit via Email

WHERE
Send the email to: **Education@Neurovations.com**

SUBJECT LINE
Title your subject line: "**NPC2021 Abstract: [Add your title]**"

FILE FORMATS
Adobe .pdf or Microsoft Word

INCLUDE
Both pages with all required fields.

Synopsis on Page 1.

Authors list with name, company, title, city, state, and email for all authors.

AUTHORIZATION
By virtue of submitting the abstract, the submitting author verifies that all authors agree:

- to the submission of the abstract to the Napa Pain Conference
- that the abstract constitutes an original work
- that copyright permissions have been secured (as necessary) for included material
- the abstract includes valid, accurate, and balanced content
- to grant Neurovations Education (Neurovations) and other entities – e.g. contractors or broadcasters – as Neurovations may designate, the right to reproduce, stream, distribute, display, and provide the abstract, in whole or in part, as well as accompanying works including but not limited to associated posters, in any and all media or form of communication whether now existing or hereafter developed. Authors also grant Neurovations and its agents the right to transcribe, publish, edit, distribute, sell or otherwise disseminate the works, in part or in whole, alone or as part of a compilation, and/or make derivatives works of it at Neurovations' discretion without additional approval from authors, in whole or in part, throughout the world, in perpetuity, in any and all media now known or hereafter developed.

Submission of an abstract constitutes a commitment by the author(s) to present their work, if accepted.

A presenting author of each abstract must register for the Napa Pain Conference. Submission of an abstract does not automatically register you for the conference.

Any expenses associated with the production and presentation of an abstract are the responsibility of the presenter. This includes the production of posters.

If selected, your ePoster is expected to reflect the contents of your abstract. Substantial deviation from the published abstract or failure to present may jeopardize acceptance for future abstracts.

Nothing in this authorization constitutes an affirmative obligation on the part of Neurovations to use the abstract or accompanying works in any way.

Refine
Your Abstract

HELPFUL
Recommendations

Concise and clear abstracts are graded more highly than long or disorganized ones. You have limited space, so make every word count. Misspellings and typographical errors reflect poorly upon your research.

Tips

PROOFREAD
Proofread your abstract to identify and correct any errors before submission.
Avoid abbreviations. Type in sentence case.

FOLLOW THE INSTRUCTIONS
Part of the grading includes organization and clarity. Follow the instructions and guidelines to give your abstract the best chance during review and selection.

THINK "NEW"
Novel, innovative, or recent discoveries or improvements will be weighted higher. However, there is always a place for best practices with good outcomes.

"SHOW ME THE DATA"
Support your abstract with appropriate evidence.

Robustness of evidence and analysis is the most important factor for a well-received abstract.

If you have the information, make sure to include: sample size, significance, study/observation duration, follow-up.

Regardless of design or the central thesis of the abstract, ensure that there is sufficient evidence to support your conclusions. All recommendations involving clinical medicine must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. Data/outcomes should be substantive and not just implied. When possible, comprehensive statistical analysis should be applied. Images and spectra should be of the highest quality.

Abstracts submitted without data, because investigations or analyses are incomplete, will be evaluated only on the basis of the information contained within the abstract.

General Information

CONSIDERATIONS
For All Abstracts

There is no limit to the number of abstracts an author may submit for consideration. However, multiple submissions of the same or nearly the same abstract by the same author(s)/institution(s) is grounds for rejection of all submitted abstracts from the submitting parties.

A presenting author of each abstract must register for the Napa Pain Conference. Submission of an abstract does not automatically register you for the conference.

Abstracts submitted to, or presented at, other societies or national meetings may only be submitted for consideration if:

- The prior submission is not currently under review by the other organization;
- You have retained copyright authority vs. transferring copyright to the previous entity; and
- You disclose prior publication as part of the abstract, as this must be considered in scoring abstracts.

All recommendations involving clinical medicine must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

All submissions must be HIPAA-compliant. Patient confidentiality must be protected. No names, hospital ID numbers or any other identifying information can appear in your work.

All scientific research referred to, reported, or used in support or justification of a patient care recommendation must conform to generally accepted standards of experimental design, data collection and analysis.

Employees and owners of company whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients are encouraged to submit "poster-only" abstracts. Posters are not part of the CME-certified content and are a great way to convey the latest research and developments.

A presenter is not to receive financial support in conjunction with their presentation(s), except from their employer.

In submitting an abstract, all authors retain copyright to the content and agree to grant Neurovations Education a limited, nonexclusive, royalty-free license to present, reproduce, or create derivative works of the content online, in print, and in other media or publications associated with its educational programs, and to archive and distribute the content online and in other means.

Reviewer scores and comments are confidential and will not be made available to anyone (including authors) outside of the immediate review process.

Bias in favor of a particular product or company is grounds for rejection. Use of a particular company's products or equipment in itself does not represent bias. Likewise, research involving a single method, drug, or device would not constitute bias if it conforms to best practices of study design and analysis. Non data-driven statements of superiority, however, would be considered biased.