Greetings, and Happy New Year. This is the first issue of what will be a regular Newsletter about events, plans and progress in the Women’s Pain Group (WPG) of Brigham & Women’s Hospital. We intend for this to be a two-way communication, with news to you about organization and initiatives in WPG administration, and news from you, distributed to all members /readers, about your projects, grants and publications that are related to Women’s Pain.

Results from the first WPG Intern, Melissa Nazareno.

We were very fortunate to have the services of Melissa Nazareno as our first WPG Intern during the summer and fall of 2014. Melissa served here as part of her MBA program activities in the Heller School for Social Policy and Management of Brandeis University. Most WPG members were interviewed by Melissa who compiled important information about your relationship with the WPG, what you’d like to happen and how you’d like to be involved. She brought much positive energy and enthusiasm to this job and distilled useful ideas about how we might progress beyond our initial formation. Although Melissa graduated in December 2014 her efforts will continue to impact our work, as seen by several initiatives described below. We wish her well in her future endeavors.

WPG: Our current position.

After listening to your wishes and hopes for the WPG we have formulated (or re-formulated) the following definitions and immediate goals:

1. Communicate the WPG’s value and commitment.

We have developed a stronger vision and mission statement to clearly communicate our purpose and direction to everyone within and outside of the WPG. In addition, we have established our organizational designation under the Connors-BRI Center for Research on Women’s Health and Gender Biology. The statements are as follows:

Vision

Working together to advance knowledge to relieve women’s pain.

Mission

Our mission is to improve the lives of women suffering with severe and/or chronic pain by bringing together a diverse group of scientists, clinicians, and other dedicated professionals across BWH and local health care organizations to explore the biological, psychological and sociological reasons for the sex-dependent pain differences. By engaging the talents and resources of this network of researchers and clinicians, working together, we seek to discover mechanisms that underlie sex-related differences in pain processing, and to develop procedures and treatments for the prevention and relief of chronic, severe pain in women.
2) Reflect the diversity, value, and interests of our growing membership through increased outreach and communication.

To date, our group is composed of 21 members, including basic and clinical investigators, nurses, and physicians, and educators, at BWH and beyond, drawn from a variety of departments. We are members of the WPG because of our dedication to advancing knowledge to relieve women’s pain.

Because of our growing membership, we realize it is important to develop mechanisms that enable our members to become familiar with each other’s interests and work. Beginning in early 2015 we will release a descriptive pamphlet of our members’ interests, activities and publications and host a WPG webpage on the BWH site under the Connors-BRI homepage. These are initial steps in disseminating knowledge about women’s pain throughout BWH and to other health care organizations.

We invite and encourage you to submit information for dissemination through this Newsletter about your research initiatives, funded grants and published papers, as well as presentations at local, national and international meetings, related to Women’s Pain.

3) Enable/promote education in Women’s Pain.

Our Conference on Pain in Women in April was appreciated by all who attended. As a result, we increased our membership, broadened our network, and received multiple requests for another conference. Because of such positive reception, we plan on providing semi-annual conferences on women’s pain to show our members’ findings and achievements and to disseminate knowledge to the healthcare community. We are also exploring the opportunity to expand to hosting distinguished external speakers. Planning for another such Conference, to be held in Spring 2016, is underway.

And now, something new.

4) Career promotion by fostering innovative interdisciplinary research.

Many members requested more regular meetings of the WPG, focused on specific topics so that they could integrate these meetings into their busy schedules. Recognizing the diverse interests of our membership, and wishing to provide a structure for collaborative research, we have initiated formation of three Research Working Groups. The groups invite participation from WPG members with common interests who would benefit from collaborative research. Gary Strichartz soon will be contacting individuals who have expressed interest or whose work is related to the focus topics of these three groups.

Working Group 1. Investigating Sex-Differences in Acute Post-operative Pain.

Working Group 2. Effectiveness and Mechanisms of Relief of Pelvic Pain by Intravenous Lidocaine.


From these working groups we hope to better capture your interests, increase schedule coordination and use of your time, and identify funding mechanisms by establishing core teams with defined research
projects and roles. Since it will take some time to organize these groups and schedule the first meetings, we appreciate your understanding and patience as we navigate to align with your values.

**Good News.**

Kristin Schreiber, PhD, MD, Department of Anesthesiology, Peri-operative and Pain Medicine, has received notice of a K23 award from NIH. A summary of her proposal follows:

**Title: Prediction and Prevention of Persistent Post-Mastectomy Pain**

Chronic pain is devastating both to individuals and society. In an aging population, surgery is an increasing cause of chronic pain, with rates of persistent post-operative pain ranging from 10-65%. In particular, Persistent Post-Mastectomy Pain (PPMP) occurs in roughly one third of women who have had mastectomy. The occurrence of PPMP does not seem to be strongly determined by the type of surgery, chemotherapy, and radiation treatment, suggesting that individual person-specific factors may play a more important role. In fact, recent studies by the candidate indicate that individual differences in pain sensitivity (psychophysics) are more closely associated with PPMP than surgical/medical variables. Specifically, sensory testing revealed that women who developed PPMP had lower pressure pain thresholds and greater temporal summation of pain stimuli than women who did not develop this chronic pain condition. Moreover, psychosocial factors such as anxiety, depression, catastrophizing, and somatization were more prominent in women with PPMP. These preliminary, retrospective studies suggest that individual psychophysical and psychosocial characteristics could be important risk factors for PPMP. Accordingly, the first Aim of this study is to comprehensively and prospectively study women having mastectomy surgery, to determine the relationship between pre-operative psychophysical and psychosocial factors and the development of PPMP. The second Aim is to develop a prediction model for PPMP using the data collected in Aim 1, thus allowing a preoperative calculation of a “PPMP risk score” for any patient facing mastectomy. This will then be validated in the context of an interventional trial (study 2). This risk score will be used to enrich an interventional trial with a greater proportion of women at high risk of PPMP, with Aim 3 to investigate whether this enrichment allows more efficient and sensitive determination of a preventative drug’s effect than in an unscreened group. These studies will lay the groundwork to efficiently test novel pharmaceutics only in the high-risk patients who need them.

*Congratulations, Kristin. We look forward to learning the outcome of this research on a topic that is central to the WPG’s mission.*

**Seminar Announcement.**

One of our WPG members, Dr. Yvonne Lee, MD, MPH, will be delivering this seminar in the *Osher Center for Integrative Medicine Research Seminar Series: “Pain in Arthritis: Why Does It Hurt?”*, Thursday, February 12, 4:00-5:00pm; Brigham and Women’s Hospital, 70 Francis Street, Shapiro Breakout Room, 1st floor.

Excerpt: In arthritic patients, pain is commonly thought to be directly linked to joint damage and/or inflammation. However, studies have shown that the correlation between these measures is low. This talk will discuss the different factors affecting pain in patients with arthritis.
**Closing thought:**

We would like your feedback about these new developments. Your communication regarding WPG activities and your commitment to women’s pain are vital for our development and success.

With Warm Regards,

Gary Strichartz, PhD. Director

Women’s Pain Group