
From: Braun, Andrea
Sent: Wednesday, November 5, 2003 3:43 PM
To: BeDan, Andrea; Morrison, Jacqueline; Bulger, Patrick; Lawson, Christine; Barba, Jean Paul; Hughes, Stacey; Alenik, Colleen; Braun, Andrea; Truza, Catharine; Mears, Denise; Fitzgerald, Roxanne; Hwang, Joseph; Ciampi, Louis; Albanese, Michelle; Roxanne Fitzgerald
Cc: Dittbenner, Michael
Subject: FW: LAS VEGAS SOUTHWEST REGIONAL ACTIQ CONSULTANT MEETING - FINAL AGENDA, ATTENDANCE LIST AND EVALUATION REPORT
Attachments: 3860_Final Agenda_10-3-03.doc; 3860_Las Vegas Final Attendance_10-3-03.xls; 3860_Evaluation Summary_10-3-03.doc

Good Afternoon! Here is the final attendee form with evaluations from the Actiq consultant meeting held in Las Vegas in early October. For old CNS folks, this may be helpful for you to know who participated. Thanks, Andrea



ACTIQ® Consultants Meeting
Four Season, Las Vegas, NV
Friday, October 3-Sunday, October 5, 2003

Saturday, October 4, 2003

7:00 AM - 8:00 AM	<i>Breakfast</i>	
8:00 AM - 9:00 AM	Welcome/Introduction <ul style="list-style-type: none">○ Characteristics of Breakthrough Pain○ Pharmacology of ACTIQ○ Clinical Development Program○ Indication and Dosing Guidelines	Steven Shoemaker, MD
9:00 AM - 9:10 AM	Scientific Exchange	
9:10 AM - 9:25 AM	<i>Break</i>	
9:25 AM - 10:05 AM	Pain Management Application: Chronic Back Pain/ Arthritic Pain	Steven Simon, MD, RPh
10:05 AM - 10:15 AM	Scientific Exchange	
10:15 AM - 10:55 AM	Abuse, Addiction, Diversion: Issues and Concerns	Jeffrey Gudin, MD
10:55 AM - 11:05 AM	Scientific Exchange	
11:05 AM - 11:10 AM	<i>Break</i>	
11:10 AM - 12:00 PM	Faculty Panel Discussion	
12:00 PM	<i>Lunch/Afternoon Activities</i>	
7:00 PM - 10:00 PM	<i>Dinner</i>	

Sunday, October 5, 2003

7:00 AM - 8:00 AM	<i>Breakfast</i>	
8:00 AM - 8:35 AM	Pathophysiology of Pain	Daniel Bennett, MD
8:35 AM - 8:45 AM	Scientific Exchange	
8:45 AM - 9:20 AM	Pain Management Application: Migraine	R. Steven Singer, MD
9:20 AM - 9:30 AM	Scientific Exchange	
9:30 AM - 9:40 AM	ACTIQ Risk Management Program	Steven Shoemaker, MD
9:40 AM - 9:55 AM	<i>Break</i>	
9:55 AM - 11:00 AM	Faculty Panel Discussion	

Produced in Native Format

ACTIQ® Consultants Meeting
Four Seasons, Las Vegas, Nevada
Friday, October 3-Sunday, October 5, 2003

Event Evaluation

How do you currently use ACTIQ in your practice (think about patient types and desired outcomes)?

- Chronic pain, malignant and non-malignant, usually with good satisfactory outcomes
- Yes, cancer pain
- For chronic pain management (non-malignant pain)
- Chronic pain with poncerthreyl
- Migraine/headache, acute and chronic pain, cancer pain, all types of pain that are opioid responsive
- I use it for breakthrough pain treatment of different types
- Breakthrough chronic pain, pre-dose prior to procedure/PT
- Breakthrough pain episodes, chronic pain treatment, oral med issues and prohibitive side effects, high safety risk patients (i.e., suicidal history, addiction)
- For breakthrough pain in chronic pain patients who are typically maintained on long-acting opioids occasionally as sole analgesic in selected patients
- PRN breakthrough for non-malignant pain added to long-acting opioid, usually with fentanyl patch
- Migraine, detox off of longacting, breakthrough
- Maintain and rescue: chronic benign pain - low back/radicular, migraine and cluster HA, neuralgias, RA, AS, OA and other in completely controlled rheumatic diseases
- As rescue in headache patient, breakthrough pain
- Avoid ER with chronic pain
- Breakthrough pain in conjunction with long-acting opioids for cancer patients
- Breakthrough, headache, prevention of ER visits
- As with specific rapid onset breakthrough pain
- Cancer pain, severe right knee pain, SIP surgical complications, reflex synthetic dystrophy, severe posthermotic neurologic, chronic low back pain, severe migraines
- Used rarely
- Opioid tolerant patients – breakthrough pain, rescue from migraine attacks, ureteral colic pain relief – in store formers
- I use it for breakthrough pain in my chronic pain patients and for migraine patients to keep them out of the ER
- I have not used ACTIQ. I came to this meeting to learn more about it and hopefully get comfortable using it for my patients
- Incident pain, cancer pain +/- chronic pain with breakthrough patient preference when they do not want long-acting opioid PHN, PN, migraine pain, failed back surgery, abdominal pain
- Breakthrough pain in selected patients

Please rate the overall presentations:

Saturday, October 4, 2003

- *Characteristics of Breakthrough Pain* by Steven Shoemaker, MD

Not Relevant					Very Relevant
1(0)	2(0)	3(1)	4(1)	5(11)	6(12)

ACTIQ® Consultants Meeting
Four Seasons, Las Vegas, Nevada
Friday, October 3-Sunday, October 5, 2003

Why did you give this rating?

- Good content, presentation
- Knowledgeable speaker
- Overall OK
- Excellent speaker – amused patient questions
- A very useful talk
- Knowledge base minimal compared to other experts in field of pain
- Excellent (contemporary) review of pharmacology
- What this med is for
- Engaging speaker – understandable
- Comprehensive review
- Very well organized and good use of study data
- Well presented, good info
- Excellent presentation
- Very basic review – this presentation is best given to MDs who do not write for ACTIQ
- Good discussion of characteristics of breakthrough pain and titration of breakthrough meds

	Low					High
Effectiveness of speaker	1(0)	2(0)	3(0)	4(0)	5(16)	6(9)

- *Pain Management Application: Chronic Back Pain/Arthritic Pain* by Steven Simon, MD, RPh

Not Relevant					Very Relevant
1(0)	2(0)	3(2)	4(2)	5(8)	6(13)

Why did you give this rating?

- Satisfied the goal
- Steve Simon engaged the audience and was very dynamic. Excellent speaker!
- Excellent, very good information
- Energetic
- Very practical information
- Excellent in expanding the off label use of ACTIQ
- Not necessary for “ACTIQ” conference, better for PMER or pain conferences
- Clinically relevant to daily practice
- Large population of chronic pain patients
- Relevant, but as a rheumatologist I know this topic fairly well
- Clear and concise
- Focused on relevant problems with rehabilitation
- Well put together presentation
- Effective use of slides, good hard data statistically presented
- Excellent presentation
- Good presentation of pain statistics, some new to me

	Low					High
Effectiveness of speaker	1(0)	2(0)	3(1)	4(0)	5(12)	6(12)

- *Abuse, Addiction, Diversion: Issues and Concerns* by Jeffery Gudin, MD

Not Relevant					Very Relevant
1(0)	2(0)	3(1)	4(1)	5(8)	6(15)

ACTIQ® Consultants Meeting
Four Seasons, Las Vegas, Nevada
Friday, October 3-Sunday, October 5, 2003

Why did you give this rating?

- Excellent!
- Very likable speaker
- High energy
- Fun
- I received many good points on these issues that are extremely important in my practice
- Excellent topic for the conference!! Good speaker!!
- Excellent perspective on the problem
- Excellent speaker
- Very clinically useful didactics need overview and tips
- Addresses our concerns about causing more trouble for patients and ourselves by improper treatment
- Very applicable
- Practical information about abuse
- Speaker good, but presentation not focused; Didn't seem to really address abuse/diversion/addiction
- Well presented and clear
- Good/new information on fibromyalgia. Helpful to review meals for out-patient detox

	Low					High
Effectiveness of speaker	1(0)	2(0)	3(0)	4(0)	5(14)	6(11)

Sunday, October 5, 2003

- *Pathophysiology of Pain* by Daniel Bennett, MD

Not Relevant						Very Relevant
1(0)	2(0)	3(0)	4(4)	5(7)	6(14)	

Why did you give this rating?

- Hit the target right
- Boring speaker, not engaging, very full of himself!
- Because he deserves it. Excellent way of presenting good information
- Condescending
- Excellent review of basic issues and treatment of pain
- Excellent information and speaker
- Up-to-date discussion – well presented
- Very clinically useful didactics
- A ton of info well presented by a doc who obviously has compassion for patients (and docs)
- Good overview
- Great breakdown of physiology
- Good pathophysiology slides
- Some new info, good slides
- A little too theoretical however effective, addressing of cultural issues, P4502176 enzymes vs. P450374 enzyme
- Gave the “inner workings” of pain – lots of diagrams
- Good review. Some new stuff

	Low					High
Effectiveness of speaker	1(0)	2(1)	3(0)	4(3)	5(9)	6(12)

- *Pain Management Application: Migraine Headache* by R. Steven Singer, MD

ACTIQ® Consultants Meeting
Four Seasons, Las Vegas, Nevada
Friday, October 3-Sunday, October 5, 2003

What new information did you receive from the discussions?

- There is a process on going to fix the “new” ACTIQ, which can be better tolerated with less mucosal irritation
- That my current practice is congruent with what was presented
- Headaches – use of ACTIQ
- Pathophysiology with edema and migraine; issues of abuse and safety
- Increased knowledge of med abuse potential
- Very little! I knew as much or more than ¾ of the speakers, but thanks anyway!
- New info regarding managing use issues (i.e., oral hygiene, etc.)
- Pathophysiology of pain/pharmacology, abuse data
- Current pathophysiology of pain, characteristics of opioids/opiates which help abuse, appropriate Rx, how abuse potential of fentanyl
- Good protocol for dosing and safety for headache
- That many other practitioners are also having problems with the new formulation – need to modify present formulation to deal with problems of loss of efficacy, dose escalation, product crumbling
- Some new info on some of the subtleties in selecting the right opiate/opioid for patients. Also can use only short-acting agent to treat chronic pain if pain is just episodic
- Greater knowledge of pain management, abuse potential, pathophysiology, etc.
- Initial dosing suggestions and safety profile
- Too much to list here
- Using multiple modalities for pain therapy
- Better understanding of how ACTIQ works and how to use it appropriately in my practice. I feel better about safety issues I had
- Gabatril for PN and fibromyalgia
- ACTIQ is not a drug of abuse for the addict. Psychologically dependent population

Please rate the overall event 18 Excellent 3 Very Good 0 Good 0 Fair 0 Poor 4 Blank

How would you rate the following elements of the event:

Location: 20 Excellent 1 Very Good 0 Good 0 Fair 0 Poor 4 Blank

Time: 16 Excellent 3 Very Good 0 Good 1 Fair 0 Poor 5 Blank
Comments: 9:00 AM – 1:00 PM better time

Hotel Services: 19 Excellent 2 Very Good 0 Good 0 Fair 0 Poor 4 Blank

Audio Visual Services: 16 Excellent 5 Very Good 0 Good 0 Fair 0 Poor 4 Blank

Hotel Menu Selection: 14 Excellent 5 Very Good 2 Good 0 Fair 0 Poor 4 Blank

ACTIQ® Consultants Meeting
Four Seasons, Las Vegas, Nevada
Friday, October 3-Sunday, October 5, 2003

Comments: How good can a buffet be – but this was good

Transportation: __16__ Excellent __3__ Very Good __1__ Good __0__ Fair __0__ Poor __5__ N/A

Meeting Planners: __18__ Excellent __2__ Very Good __1__ Good __0__ Fair __0__ Poor __4__ Blank

Do you have any additional comments?

- Need speakers with better qualifications. Need academic leaders to give lectures. Most of these guys will say whatever the sponsor wants them to say!
- More discussion on chronic daily use of multiple (76) ACTIQ units and appropriateness of above usage for specific patient types
- I found the hotel staff to be very friendly, the venue was fabulous. The meeting was very productive.
- Do not rush important issues! MDs have traveled “far” for these talks and don’t mind staying later. I think that the “staff” and “moderators” are the ones in a hurry!! ☺ Please keep in mind that we are here because we really want to be!! Also, we want to learn! Chronic pain issues in work compensation system would be great to address.
- Meeting was well organized/conducted, time was well organized
- Best meeting of this type I’ve been to in a long time
- This was one of the best, if not the best, programs/presentation I have attended. The personnel involved treated us as individuals and took pains to know us by name and face. My commendations to all, including the excellent speakers...I enjoyed their talk and visual aids
- One of the best events I’ve attended. Attention to all details was given
- You need to market/expand into ERs
- Not one focused discussion about control of cancer pain whether it be in-patient or more importantly in the out-patient ambulatory setting – W. Isacoff, MD
- Thank you very much for having me. This was a great relaxing, yet educational experience in regards to pain management/ACTIQ. I really appreciate your very generous hospitality and inviting me to this conference – A. Sherman, DO
- How about adding a discussion about fibromyalgia?