THE INTERNATIONAL PELVIC PAIN SOCIETY

February 8, 2010

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2009 IPPS Annual Meeting Speaker PowerPoints

The PowerPoint presentations from the 2009 IPPS Annual Meeting in Phoenix, Arizona are now available online for viewing by IPPS members.

CLICK HERE to be directed to the 2009 presentations.

The President's Perspective

Payin' Dues

The President's Perspective
Howard T. Sharp, MD, FACOG

As my term comes to an end, I have thought about how the IPPS has benefitted me over the years. Membership has provided me with a significant return on investment. So as I have titled this column "Payin' Dues," I won't write anything philosophical about paying our dues in life or medicine, but rather, I would encourage all of us to pay our membership dues. Let me enumerate a few of the great returns I have received.

1. **The Annual IPPS Clinical Meetings**. The meeting this year was as good as I can recall. Georgine Lamvu and Frank Tu deserve our gratitude. It is a challenge to find new and interesting speakers without repeating the same material as in previous years. Georgine and Frank pulled it off flawlessly, and as a result, I have incorporated a great deal of information from the meeting directly into my daily work. I have found myself asking new questions, applying new therapies, and using new information as I counsel patients. Not only were there an abundance of helpful clinical strategies presented this year, but also, the research from the poster presentations has steadily improved in quality and quantity.

2. **The IPPS Board**. The IPPS Board of Directors is a passionate group who are engaged and interested in the success of the Society. Clearly they must be, to sit through a 5-hour board meeting. I appreciate seeing new individuals getting involved with the Board. New board members from diverse specialties foster new ideas and keep things moving in a positive direction. I would also like to thank our Chairman of the Board, Fred Howard, who has provided a steady ballast to the Society, and has done so from its establishment. As president, I have come to appreciate even more, how much his experience and common sense has benefitted us all.

3. **Networking**. As we all know, there are not a lot of health care providers who specialize in chronic pelvic pain. Whether it is for research ideas, clinical problem solving, or just to commiserate about

clinical challenges, it is wonderful to be able to rub shoulders with colleagues who share similar interests. I found the discussions I had in the hallways at the IPPS meeting to be invaluable.

4. **IPPS Website**. There are several website resources available, including:

- Presentations from past IPPS meetings (members only, see #1)
- IPPS comprehensive history and physical exam form
- Provider search
- Quarterly newsletter
- Patient education booklet
- Physician education booklet

These are just a few of the benefits that I regularly receive as an IPPS member. Membership has been a great boon to me as I endeavor to do my best for patients with pelvic pain. Thanks to all for a great year. I look forward to learning more in 2010.

Message from the Program Co-Chair

"That's a Wrap..."

Frank Tu
Program Co-Chair

Don't ignore the importance of the central nervous system for pelvic pain! This was the recurring theme of a wide variety of distinguished speakers who rounded out this year's annual IPPS meeting. Phoenix hosted yet another solid group of attendees, and we were delighted to see many old friends and a good number of new ones as well.

Howard Sharp kicked off the meeting with his inspirational presidential address. The keynote speaker, Dan Clauw, a leading expert in fibromyalgia and chronic pain, gave a concise and highly motivating discussion about the current state of the field of chronic pain,

A broad range of plenary talks that followed blanketed the field of pelvic pain over the next two days. Several experts from the NIDDK-funded "Multidiscipinary Approach to Pelvic Pain" network sites - Drs. Chang, Lai, and Rudick - gave significant insights into the challenges of studying and treating visceral pain in the gut and bladder. Cats had their day in an intriguing discussion from Dr. Tony Buffington about how environmental stress influences visceral pain and inflammation. And an elegant, straight-up discussion about the neuroanatomy of the pelvis from Dr. Frank Willard reminded us all just how important understanding the basic pelvic innervation remains.

All of the breakout sessions on both days provoked significant discussion and interactions and the contributions of experts including Amy Stein and Andrew Cook continue to be a critical part of the annual meeting. Attendees showed a large amount of enthusiasm about the opportunities coming from improved communication between manual therapists and physicians, researchers and practicing clinicians. Drs. Clauw and Willard were bombarded with questions in particular following their talks.

The poster session was well attended and at the end of the meeting, two studies on "The Reliability of Pelvic Floor Pain Sensitivity" and "The Effect of Histone Deasetylase Modulation by Sodium Butyrate (Nabu) on Aromatase Activity and Proliferation of Endometriotic Cells" were selected as the award winning studies. Sunday's physical therapy workshop once again was attended by a large contingent of attendees who were led by Elizabeth Rummel in

engaging the latest approachs to manual therapy and connective tissue release. In closing, we must give a special word of thanks to this year's program chair, Dr. Georgine Lamvu, for her work in assembling a successful meeting - she was notably absent due to the recent birth of her infant son. We look forward to seeing everyone in Chicago Oct 14 - 16, 2010.

IPPS 2010 Board Members

Dear IPPS Members,

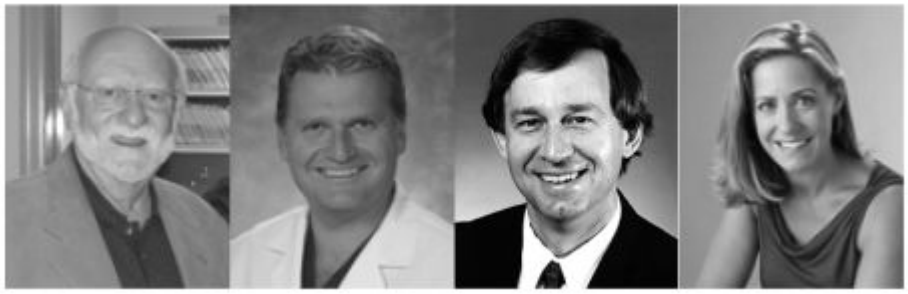
We are pleased to announce the four newest IPPS Board Members elected by the IPPS Membership: **Robert Echenberg, MD; Michael Hibner, MD, PhD; John Steege, MD; and Amy Stein, MPT, BCIA-PMDB.** These individuals assumed their Board positions effective January 1st, 2010, to serve for a period of two years. We are also pleased to announce the election of **Stephanie Prendergast, MPT** as Secretary of the IPPS Board of Directors - she will assume her role as Secretary on January 1st, 2010, for a period of one year, after which she will ascend sequentially each year to Treasurer, Vice President, President, and Past President, respectively.

The IPPS Board of Directors is responsible for controlling and managing the affairs and property of the Society. The Board consists of the President, Vice-President, Past-President, Secretary, Treasurer, and Chairman of the Board (the Executive Committee) and eight Directors.

I thank you for asserting your status as an Active Member and participating in the election process, and for your continued work toward accomplishing IPPS' goals of serving as an educational resource for health care professionals, optimizing diagnosis and treatment of patients suffering from chronic pelvic pain, collating research in chronic pelvic pain, and recruiting, organizing, and educating health care professionals actively involved with the treatment of patients who have chronic pelvic pain.

Sincerely,

Fred M. Howard, MD, MS, FACOG
Chairman of the Board
International Pelvic Pain Society



2009 IPPS Annual Meeting - Poster Abstract Winners

RELIABILITY OF PELVIC FLOOR PAIN SENSITIVITY
Frank Tu, MD, MPH and Kristen Pozolo, BS
NorthShore University HealthSystem
Presented By: Frank Tu

Objective: Pelvic floor pain sensitivity has been associated with painful bladder syndrome, vulvodynia, and dyspareunia, but remains poorly characterized. We have recently demonstrated the re-test reliability of pelvic floor pressure pain threshold (PPT) measurement and shown that such measures are diminished

(equating to enhanced pain sensitivity) in women with chronic pelvic pain. To enhance generalizability for broader-based research, we sought to estimate the interrater reliability of pelvic floor PPT's.

Methods: Twenty pain-free, healthy, female participants (mean age 41.8, SD=10.5) were recruited from the community for pelvic floor PPT testing. Paired PPT's derived using the method of limits by both a clinician and a trained research coordinator were compared at four intravaginal sites (bilateral iliococcygeus, bladder, and above the rectum) with each examiner using a novel, 1 cm^2 vaginal algometer fitted over their right index finger.

Results: Mean PPTs for the right and left iliococcygeus, bladder, and rectum sites were 1.73 ± 0.67, 1.50 ± 0.49, 1.63 ± 0.72, and 1.69 ± 0.61 kg/cm^2 respectively. Intraclass correlations for the four sites were 0.87, 0.60, 0.54, and 0.76 respectively, while agreement ranged from 82-95%.

Conclusion: While further refinement of vaginal PPT testing likely can occur in experimental settings, our data suggest that the right iliococcygeus and rectal positions of the pelvic floor can be reliably estimated by trained research coordinators during routine clinical gynecological examination.

Key words: pelvic floor pain, diagnostic test reliability, quantitative sensory testing.

Summary: The right iliococcygeus and rectal position pelvic floor pressure pain thresholds of the pelvic floor can be reliably estimated by trained assistants during routine gynecological examination.

THE EFFECT OF HISTONE DEASETYLASE MODULATION BY SODIUM BUTYRATE (NABU) ON AROMATASE ACTIVITY AND PROLIFERATION OF ENDOMETRIOTIC CELLS

Erkut Attar, MD, PhD[2], Rukset Attar, MD, PhD[4], Pelin Balcik, PhD[1], Asuman Demiroglu Zergeroglu, PhD[1] and Serdar E. Bulun, MD[3]
[1]Gebze Institute of Technology; [2]Istanbul University; [3]Northwestern University; [4]Yeditepe University
Presented By: Erkut Attar

Objective: Endometriosis is a common estrogen-dependent disorder and characterized by the presence of uterine endometrial tissue outside of the normal location. Because of the importance of estrogen in stimulating endometriotic tissues and the in situ presence of aromatase in these tissues, the inhibition of estrogen synthesis is a rational approach to treatment. Currently, aromatase inhibitors are successfully used in the treatment of endometriosis-related pelvic pain. However, current aromatase inhibitors block the aromatase enzyme complex indiscriminately in all tissue sites and have undesired adverse effects. Thus, it is tempting to develop novel promoter-selective aromatase inhibitors.

Methods: The observation that sodium butyrate (NaBu) or its derivatives exert potent effects on growth arrest and cell differentiation of various malignant tumor cells both in vitro and in vivo had established their use as a novel therapeutic strategy with broad applications in oncology. We used herein a model whereby NaBu was added to primary endometriotic cells under various conditions to understand the molecular mechanism responsible for aromatase inhibition via selective silencing of endometriosis associated promoter II. Aromatase assay was used to determine the effect of sodium butyrate on aromatase activity. In situ binding of specific transcription factors to promoter II region was analyzed using ChIP assay. A cell titer 96 Aqueous One Solution

Cell proliferation Assay Kit (Promega-Madison, W1 USA) was used to measure cell proliferation rate of endometriotic cells. For Western Blotting, protein isolation was done by using lysis buffer as in the standard protocol. Protein concentrations were analyzed by the method of BSA. Equal amounts of total protein lysate separated by SDS-PAGE on %12 reducing gel and transblotted to polyvinylidene difluoride membranes. The blots were probed with p-ERK antibody (1:200) and mouse monoclonal secondary antibody (1:400). Finally, complexes were detected using an enhanced chemiluminescence reagent.

Results: We found that NaBu significantly decreased aromatase activity in a concentration dependent manner in human endometriotic cells. NaBu significantly inhibits prostaglandin E2 (PGE2) and cyclic adenosine monophosphate (cAMP) plus protein kinase C activator (phorbol diacetate, PDA) induced aromatase activity in endometriotic cells. Conversely, aromatase activity was increased in JEG-3 human choriocarcinoma cells that the expression of placental aromatase is transcriptionally regulated through the promoter region of exon 1a (I.1). Our results suggest that NaBu has a promoter specific effect on aromatase expression in endomeriotic cells. The effect of NaBu on specific promoters is mediated, at least in part, via transcription factors. We have shown that NaBu significantly inhibits endometriotic cell proliferation in a time and dose dependent manner. ERK 1/2 phosphorilation in endometriotic cells were also inhibited by NaBu. The results presented here are encouraging to warrant an in vivo study and future clinical evaluation of the potential therapeutic benefits of NaBu in endometriosis. NaBu may have a promoter specific therapeutic potential on endometriosis related pelvic pain.

SAVE THE DATE!

October 22, 2010 - October 23, 2010
2010 IPPS Annual Scientific Meeting
Palmer House Hilton
Chicago, Illinois

Physical Therapy Workshop on Sunday, October 24, 2010

NIH Funding Opportunity - Pain Research

Mechanisms, Models, Measurement & Management in Pain Research (R01)

Opening Date: January 5, 2010
Application Due Date(s): Standard dates apply, please see http://grants1.nih.gov/grants/funding/submissionschedule.htm
Earliest Anticipated Start Date(s): Standard dates apply, please see http://grants1.nih.gov/grants/funding/submissionschedule.htm#reviewandaward
From the Executive Summary:
The purpose of this Funding Opportunity Announcement (FOA), "Mechanisms, Models, Measurement, & Management in Pain Research" issued by the National Institute of Nursing Research (NINR), in conjunction with members of the NIH Pain Consortium, is to inform the scientific community of the pain research interests of the various Institutes and Centers (ICs) at the National Institutes of Health (NIH) and to stimulate and foster a wide range of basic, clinical, and translational studies on pain as they relate to the missions of these ICs. New advances are needed in every area of pain research, from the micro

perspective of molecular sciences to the macro perspective of behavioral and social sciences. Although great strides have been made in some areas, such as the identification of neural pathways of pain, the experience of pain and the challenge of treatment have remained uniquely individual and unsolved. Furthermore, our understanding of how and why individuals transition to a chronic pain state after an acute insult is limited. Research to address these issues conducted by interdisciplinary and multidisciplinary research teams is strongly encouraged, as is research from underrepresented, minority, disabled, or women investigators.

For additional information, please visit:
R01 opportunity: http://grants.nih.gov/grants/guide/pa-files/PA-10-006.html
R21 opportunity: http://grants.nih.gov/grants/guide/pa-files/PA-10-007.html
R03 opportunity: http://grants.nih.gov/grants/guide/pa-files/PA-10-008.html

Find a Provider

Are you currently listed in the Find a Provider feature on the IPPS website? If you would like to be included or want to update your information, please email IPPS at **info@pelvicpain.org**.

Call for IPPS VISION E-Newsletter Contributions

If you wish to contribute an article or column to the newsletter, would like to submit information regarding job prospects, pelvic pain announcements or have comments about the newsletter, please email Lisa Oesterreicher at lisao@wjweiser.com.