



International Association for the Study of Pain

IASP

Working together for pain relief

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29 July 2019

Chairman Chuck Grassley
Ranking Member Ron Wyden
Committee on Finance
United States Senate
Washington, DC 20510

Dear Chairman Grassley and Ranking Member Wyden:

On behalf of the International Association for the Study of Pain (IASP), I am responding to your letter dated 29 June 2019 requesting information from IASP. By way of background information, IASP is an international organization with 96 national chapters. We have members in 123 countries, with less than one quarter of our members in the U.S. I note that, in sharp contrast to the situation in the U.S., in many other countries, there is limited access to opioids for the relief of severe acute pain such as that associated with major trauma, cancer, or other diseases at the end of life. IASP issued a position statement on the topic of prescription opioid medication for pain globally in February 2018. The statement is enclosed (Attachment A) and is available on our website at www.iasp-pain.org/StatementOpioids.

I would also like to emphasize our rigorous standards for the receipt of funding from any external sources, including opioid manufacturers. IASP has strict procedures in place to ensure that funding from any source has no influence on IASP policy or the scientific content of our meetings and publications.

I am pleased to provide the following information in response to your requests:

- 1) Form 990s and complete Schedule Bs: We have attached IASP's complete filed 990s, including complete Schedule Bs, for the years 2012, 2013, 2014, 2015, 2016, and 2017 (Attachment B). For the year 2018, as in previous years, IASP submitted to the IRS a request for an extension. Currently, IASP's audit firm, with the support of our staff and IASP's Audit Committee, is completing our 2018 financial audit. Once completed, we will file Form 990 and Schedule B with the IRS and provide you with a copy. Normally, IASP files Form 990 on 15 November; however, to be as responsive as possible to your letter, we will adjust our timeline to provide you with the Form 990 and Schedule B for 2018 by 15 September 2019.
- 2) Since the receipt of your letter, the IASP staff have been compiling the information you requested in item 2. We have compiled most of this information. However, we require additional time to assemble the remaining information. IASP will provide a complete report of the financial information requested no later than 30 August 2019. This is consistent with the information IASP Staff communicated to and agreed upon with your staff on 12 July 2019 via conference call.

IASP is a tax-exempt, nonprofit organization.

- 3) In response to your request 3: In 2018, through a competitive bidding process, IASP received funding from the Pfizer Independent Grants for Leadership and Change program for a multiple-year IASP-Pfizer partnership to provide the equivalent of USD \$2 million in grants to support pain education programs in Japan. The grant money is provided by Pfizer. IASP convened an independent advisory group to develop the grant criteria and call for proposals, review all proposals, and recommend grant recipients. Pfizer retained the right to a final review of all recommended grant recipients. Pfizer has not made any changes or edits to the decisions of the IASP advisory group and has approved all IASP advisory group recommendations to date.
- 4) IASP maintains a conflict of interest policy that is regularly reviewed by our legal counsel. A conflict of interest disclosure statement is completed at least annually by each member of the IASP Council (IASP's governing board of directors). All completed statements are presented to the Council for review. IASP's conflict of interest policy is included in training for new IASP councilors and officers. To make transparent our funding sources, IASP publishes a list of industry contributions on our website that is publically accessible at <https://www.iasp-pain.org/Leadership/Disclosures> . In response to your request, we provide in Attachment C, our current conflict of interest policy. The current policy has been in effect since 2013.
- 5) Regarding involvement with the U.S. Federal Government, we note the following:
 - a. IASP has not received direct funding from the U.S. Federal government during the years of interest to the Senate Finance Committee (2012-present). In the interest of full transparency, IASP has received the following funds that are connected in some way with the U.S. Federal government:
 1. ACTION (Analgesic, Anesthetic, and Addiction Clinical Trial Translations, Innovations, Opportunities and Networks), a public-private partnership with the U.S. Food and Drug Administration, has provided financial support of the North American Pain School, an educational program of IASP, in the amount of \$75,000 annually in 2016, 2017, 2018, and 2019. ACTION has no role in the development of the Pain School program or student or faculty selection.
 2. The National Center for Complementary and Integrative Health (NCCIH), in collaboration with IASP, the National Institutes of Health (NIH) Office of Behavioral and Social Sciences Research, and the NIH Pain Consortium, sponsored a symposium in association with the IASP World Congress on Pain in Boston in 2018 entitled, *Chronic Pain: The Science of Complementary and Integrative Health Approaches*. The program is included in our submitted materials (Attachment D). NIH funds were used to offset the direct costs related to the program in the amount of \$3,775 (invoice included with Attachment D). Additionally, IASP charged a fee of \$20 per registration to offset administrative costs. There were 193 paid registrants at the session.
 - b. Our staff have reviewed IASP materials, minutes, and correspondence, and have not identified any instance where IASP provided comments or written materials to any Federal task forces, committees, advisory groups, or other similar entities from 2012 to present.
 - c. As per our responses to Questions 5a and 5b, we have nothing to report.
 - d. IASP board members and other volunteer leaders are respected experts in the pain field and thus are asked to serve as subject matter experts and advisors for governments around the world (including the U.S.). When these individuals offer their expertise, they do so as individuals (without any direction or input from IASP). To our knowledge, there has been no instance in which an IASP volunteer leader or staff member served on any Federal task force, committee, advisory group, or other entity as a representative of IASP. In response to an invitation from the Patient-Centered Outcomes Research Institute (PCORI), IASP sent a representative on two separate occasions to attend meetings hosted by PCORI. The first event was a stakeholder workshop entitled,

Prioritizing Comparative Effectiveness Research Questions for Long-Term Use of Opioids for Chronic Pain, in June 2015. The second event was a stakeholder workshop entitled, Prioritizing Comparative Effectiveness Research Questions for Preventing Opioid Misuse in the Management of Pain, in March 2016. In both instances, IASP did not provide the representative with any instructions, communications, talking points, written materials, etc., to be shared at the meeting. Our representative simply participated in the discussion in his role as an expert. Following each meeting, IASP did not participate in any resulting reports, policy decisions, or communications provided by PCORI. Additionally, IASP has named an official representative to ACTION. Our representative participates in the discussion exercising his/her own individual expertise and knowledge without being provided any instructions, talking points or written materials from IASP. IASP is not a member of the ACTION Executive Committee, and therefore, does not have an official role or vote related to matters of governance or ACTION policy and/or communications.

- 6) As stated previously, IASP has established its public position regarding prescription opioid medication for pain via the position statement referenced in the first paragraph of this letter. IASP employees regularly communicate with organizations referenced in Question 2. IASP employees do not provide guidance or direction to companies on the content of materials distributed to patients and physicians pertaining to opioid use and/or prescribing practices including during the period from 2012 to the present.

Sincerely,



Lars Arendt-Nielsen, Prof. Dr. Med, PhD
President

CC: Caitlin Soto
Peter Gartrell