Canadian Pain Society Annual Scientific Meeting Agenda

Quebec City Convention Centre

April 29 - May 2, 2026

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Updated March 9, 2026

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Event Venue and Meeting Spaces

Our entire event will be held at the Quebec Convention Centre located at 1000 Bd René-Lévesque E, Québec, QC, for the most part on the second floor. Symposia sessions will be held on the third floor. Please check each session to find the exact location.

Main meeting space - Room 200C located on the second floor.
Exhibitor Hall - Room 200A
Poster Presentations - Room 200B
Concurrent Sessions will be in one of the following rooms - 301AB, 302AB, 303AB on the third floor.

Please visit the ASM website for added information and resources throughout our event.

Breaks and Networking Time → Based on resounding feedback, we have incorporated time for networking and exploring local venues over the lunch hour at your own cost. Meals will be included for sponsored events for those who specifically register to attend. Please refer to the agenda for more information and visit our website for recommendations of where to go.

Take Five Spaces → Please use any foyer within the Convention Centre, specifically on Level 3 where you will also find a solarium that is designated as a quiet space and take a brief break.

Registration/Information Desk → located in the foyer area, level 2.

- Wednesday from 1500-2000h
- Thursday from 0700-1600h
- Friday from 0700-1600h
- Saturday from 0900-1200h

Learning Objectives

At the end of this conference, participants will be able to:

- Leverage collaborative relationships and knowledge exchange between research scientists, health care professionals, trainees, and persons with lived experience, to improve pain care for children and adults;
- Describe and critically analyze recent research on the mechanisms and management of pain with our diverse, multidisciplinary membership; and
- Use new knowledge to improve access to high quality pain care, including preventing and treating pain more effectively. Concurrent sessions have been coordinated to encompass mechanisms of pain, biopsychosocial factors of pain, pain treatments, and pain programs, education, policy, and advocacy.

A minimum of 25% of each session will be dedicated to participant interaction.

Scientific Program Track Descriptors

Track 1: Mechanisms of Pain
Track 2: Biopsychosocial Factors of Pain
Track 3: Pain Treatments and Interventions
Track 4: Pain Programs, Education, Policy, and Advocacy

Wednesday April 29

Wednesday April 29

1500h **Registration opens**
Foyer, Level Two

1700h **Welcome and Opening Remarks**
Room 200C, Level Two

Dr. Hance Clarke and Dr. Tania Di Renna
Dr. Gabrielle Pagé and Dr. Bradley Kerr
Ms. Jennifer Daly-Cyr

1730h **Trainee Hot Topics Presentations**

At the end of this session, participants will be able to:

- Describe the latest research in pain mechanisms and clinical care; and
- Critique and evaluate emerging topics in pain research.

Pain - Universally Experienced, Unevenly Distributed
J. Norman

At-home blood collection for proteomic and transcriptomic analysis of chronic pain
M. Majer

Solace, a Therapeutic Conversational Agent for Management of Chronic Pain: Acceptability and Usability Study
S. Buryk-Iggers

Characterization of IL-1R1^{+} nociceptors in pain associated with neuroinflammation
D. Bélanger

"CARING in Action": A Knowledge Mobilization Case Report on Communication Training for Chronic Pain Care
D. Taccardi

Investigation of Transcriptomic Changes in the Anterior Cingulate Cortex in a Mouse Model of Chronic Neuropathic Pain
A. Simal

1845h **Early Career Award: Étienne Vachon-Presseau**
Introduced by Dr. Nader Ghasemlou and Carmen-Édith Bellei-Rodriguez

A Predictive Framework for Chronic Pain

Most studies in the field of pain rely on p-values to determine whether a factor is associated with pain. Predictive models, in contrast, assess whether that information can be used to identify individuals at risk of developing chronic pain. Improving prediction requires moving beyond single-factor explanations toward a clearer understanding of prognostic risk factors across biological, psychological, and social domains. Moreover, it is essential to distinguish between biomarkers that reflect underlying disease or

physiological processes and the factors that shape the subjective experience of pain, which is influenced by perception, context, and meaning. This presentation will highlight why biomarkers alone rarely provide a complete picture, and why their predictive value is strongest when integrated with psychosocial determinants.

At the end of this session, participants will be able to

- Identify key prognostic risk factors for the development and spread of chronic pain
- Differentiate between biological markers of disease processes and predictors of subjective pain experience.
- Recognize that biomarkers demonstrate greater predictive utility when integrated with psychosocial factors, supporting a holistic approach to pain prediction.

1915-1925h **Chronic Pain Centre of Excellence for Canadian Veterans**
Postdoctoral Fellow Award Winner - 2025
E. Collins

1930h **Acknowledging our Award Recipients**
Dr. Nader Ghasemlou and Carmen-Édith Bellei-Rodriguez
Person with Lived Experience Leadership Award: Lynn Cooper
Trainee Travel Awards

2000h **CPS ASM Welcome Reception**
Room 200C and Second Floor Foyer
Appetizers served. *Cash bar is available.*

2200h **Event Concludes**

Thursday April 30

Thursday April 30

0715h **Registration/Information Desk is open**
Level Two Foyer
Hot Breakfast
Room 200A and Room 200C

0800h **Opening Remarks**
Dr. Hance Clarke: CPS Strategy
Room 200C

0815h **Welcome**
Moderators TBD

0830h **Acknowledging our Award Recipients**
Dr. Nader Ghasemlou, Carmen-Édith Bellei-Rodriguez
Outstanding Pain Mentorship Award: Michael Salter
Pain Awareness Award: Our Kids Health
Ron Melzack Canadian Journal of Pain Award: TBD

0845h **Distinguished Career Award: Jennifer Stinson**
Introduced by Dr. Nader Ghasemlou and Carmen-Édith Bellei-Rodriguez

Past, Present, Future: Evolution of Digital Therapeutics for Paediatric Pain

In this distinguished career lecture, Dr. Jennifer Stinson (2025 Canada Gairdner Laureate) will reflect on her professional journey from bedside nurse to clinician-scientist. She will highlight how clinical insight, purposeful patient partnership, and technology intersected to shape her program of research.
She will provide a high-level overview of the evolution of digital therapeutics, situating pediatric pain within broader advances in digital health. Drawing on exemplars from her work, Dr. Stinson will illustrate how co-design with children, youth, and families has informed the development of engaging, equitable, and clinically relevant digital pain interventions. The lecture will conclude with a forward-looking discussion of the challenges that must be addressed to ensure the sustainable implementation and real-world impact of digital therapeutics for pediatric pain, offering insights into future directions for the field.

At the end of this session, participants will be able to:

- Define digital therapeutics (DTx) and describe their current and emerging roles in supporting pediatric pain management.
- Explain principles and strategies for codesigning user-friendly, equitable, and clinically relevant DTx solutions for children and youth living with pain.
- Identify and critically examine challenges and opportunities related to the sustainability, scalability, and long-term implementation of DTx for pediatric pain

0915h Mary Ellen Jeans Plenary

Learning and Brain Plasticity in the Development and Persistence of Chronic Pain: Differential Mechanisms an Implications for Patient-Tailored Treatment

Professor Herta Flor

There is ample evidence that learning mechanisms such as sensitization, learning about reward and punishment or emotional learning related to appetitive and aversive stimuli are altered in subacute and chronic pain and predict chronicity. These behavioral mechanisms are related to changes in structure, function and connectivity in many brain regions such as the primary somatosensory cortex, insula, prefrontal, orbitofrontal and striatal networks. We discuss how these mechanisms differ between early and later stages of clinical pain and propose to differentially target these mechanisms in a patient-specific manner using assessment batteries with behavioral and neurobiological biomarkers. We propose modular interventions that involve, for example, sensory or sensorimotor training, brain-based interventions, virtual and augmented reality applications, extinction and exposure training, pharmacologically aided behavioral and cognitive interventions and digital ecological interventions based on individual patient profiles.

At the end of this session, participants will be able to:

- Outline learning mechanisms that contribute to pain chronicity.
- Define core brain regions involved in risk for pain chronicity.
- Recognize novel mechanistic interventions for chronic pain.

1015h Institute of Musculoskeletal Health and Arthritis Updates

Dr. Rae Yeung, Canadian Institutes of Health Research

1030h Poster Presentation Pitch One

1045h Refreshment Break – 200A

Exhibitor Hall is open in 200A
Posters Presentations in Room 200B

1115h Poster Session One

Room 200B

1215h Lunch (Sponsored Presentation – non accredited event)

Registration is required to attend and receive lunch. For those not wishing to attend, please feel free to explore Quebec City venues at your own cost.

Room 304AB, Third Floor

1215-1400h PWLE/Trainee Lunch and Workshop Non accredited activity, see details page 36

Exhibitor Hall is open in 200A
Posters Presentations in Room 200B

1400-1515h Concurrent Session – One: Scientific Program

Track 1 Exploring targets for neuromodulation of chronic pain: Insights from neural oscillations, electrophysiology, and behavioural measures of pain sensitization and modulation

Chair: K. Davis
Speakers: M. Hodaie, S. Marchand, K. Davis
Location: Third Floor, 301A

The treatment of chronic pain remains challenging but technological advances in neuromodulation for chronic pain offers an opportunity to develop tailored solutions for personalized pain management based on individual patient characteristics. The question at hand is to identify where in the periphery or brain to target therapy and how to deliver therapy to modulate activity in a way that blocks or normalizes aberrant nociceptive activity or boosts antinociceptive activity. This symposium will examine these issues from the perspectives of a neurosurgeon (Mojgan Hodaie), and two neuroscientists (Serge Marchand, Karen Davis). The talks will explore factors that are being examined to gain insight into the mechanisms of what has gone awry in the peripheral and central nervous system in chronic pain that can be used to guide therapeutic decisions using neuromodulation. The speakers will provide data from their work that assess the patient experience of pain and the health of the nociceptive and antinociceptive systems using behavioural readouts of sensitization (temporal summation) and descending modulation (conditioned pain modulation), MRI imaging readouts of structure, and functional readouts of brain activity and oscillations (fMRI, MEG).

At the end of this session, participants will be able to:

- Identify novel approaches and interventional strategies that enable individualized, mechanism-informed care pathways to improve clinical outcomes of surgical treatment for neuropathic pain.
- Identify behavioural approaches used to assess pain sensitivity and modulation and evaluate their utility to help guide chronic pain management decisions.
- Identify aspects of neural activity related to pain sensitivity and modulation and evaluate their utility to help guide chronic pain management decisions.

Track 2 Innovations in addressing pain and substance use challenges in the trades

Chair: M. McDonald
Speakers: M. McDonald, J. Boseley, S. Meister
Location: Third Floor, 301B

Chronic pain, mental health and substance use challenges disproportionately impact people working in the trades. Research shows that 51% of workers in the construction industry report experiencing chronic pain, putting them at increased risk for substance use, mental health issues and overdose (Umber, 2018). People living with chronic pain are four times more likely to experience depression and anxiety (Racine, 2017) and are two to three times more likely to engage in suicide-related behaviours than the general population (Cambell, 2020). Chronic pain is an overrepresented issue in the trades due to numerous factors. Historically there has been little focus on prevention of pain, a lack of research on this population and paucity of support programs tailored to people working in the trades. Pain BC's Trades and Pain project is focused on developing tailored education and support programs to help prevent and manage chronic pain for people working in the trades. Alcohol and other drugs (substances) are often used by

workers in the trades and other safety-sensitive jobs. The Canadian Centre on Substance Use and Addiction will present its findings from national studies on these and other less understood work-related risks that contribute to worker substance use. CCSA will also discuss its education and training programs to help workplaces. The purpose of this symposium is to explore pain and substance use health in the trades by sharing knowledge, opportunities, and challenges through two organizational initiatives as well as lived experience perspective. Presenters will discuss successes, challenges and outcomes to date.

At the end of this session, participants will be able to:

- Recognize the multiple factors that drive the challenges of pain and substance use in the trades.
- Gather an understanding of 2 innovations in addressing the challenges of pain and substance use in the trades a) Trades and Pain project at Pain BC and b) Canadian Centre on Substance Use and Addiction training workshops for employers.
- Recognize the experiences of a person with lived experience with pain who worked in the trades and how this shaped him to help and engage others in the trades.

Track 3 **Harnessing the Power of Digital Health Interventions to put Pain Management into the hands of Canadians**

Chair: M. Slepian
Speakers: P. Poulin, K Axenova, M. Slepian
Location: Third Floor, 302A

Approximately 1 in 5 Canadian adults live with chronic pain. Traditional treatments for chronic pain are effective, but the benefits of these treatments are limited by barriers in access. Moreover, the strongest evidence-based treatments, such as psychological interventions, are labour and time intensive. Digital health interventions (DHI) provide a means to bring these interventions to a public health scale and make them available across Canada. Such DHI can take a wide range of forms and formats. A person with lived experience of chronic pain will describe her own use of DHI to manage her pain and how it has helped vis a vis standard pain management. Dr. Patricia Poulin will describe the Power Over Pain portal, an online hub for DHI that has provided access to treatment to individuals with chronic pain across Canada. Ms. Kristina Axenova will present the development and feasibility testing of a digital translation of an evidence-based Acceptance and Commitment Therapy intervention for individuals with postsurgical pain. Dr. Max Slepian will discuss the role of autonomous conversational agents in the treatment of chronic pain and describe the development of Solace, an expert trained generative artificial intelligence conversational agent for the treatment of chronic pain. In order to make inroads against the burden of chronic pain, it will be critical to make access to DHI a routine component of pain management across Canada.

At the end of this session, participants will be able to:

- Articulate the stepped care 2.0 continuum of resources, principles and digital application through Power Over Pain.
- Explore learn how interest holder-informed design and iterative development can be applied to create and evaluate a scalable, digital Acceptance and Commitment Therapy (ACT) program for preventing chronic postsurgical pain and persistent opioid use.

- Describe how autonomous conversational agents work and critically evaluate their role in pain management.

Track 4 **Public Policy for Pain Amid Changing Political Winds: A Global Advocacy Symposium**

Chair: K. Nicholson
Speakers: M. Hudspith, H. Clarke, B. Goodin
Location: Third Floor, 302B

Past Canadian Pain Society meetings have opened with the rallying cry - "This isn't a meeting; it's a movement" - explicitly endorsing the larger mobilization, education, and public policy agenda for pain. Advocacy for pain is a global imperative. Whether pain is integrated into global health frameworks at the World Health Organization (WHO), for example, impacts how pain is counted, prioritized, and researched. Pain policy isn't always prescribed by borders: in North America, policy directives in the United States regarding opioid prescribing have historically shaped policies and practices in Canada. While Canada has witnessed enormous progress on pain, and the U.S. has garnered advancements, policymaking is an ever-evolving cycle. How do we maintain progress and build momentum when political priorities change, with implications ranging from available funding in Canada to outright hostility to science and global public health in the U.S.? This session brings together four leaders for a conversation on global policy for pain. Kate Nicholson, as Chair, will frame the conversation and describe current IASP work with the WHO. Maria Hudspith will survey the current landscape of national and provincial efforts in Canada. CPS President, Hance Clarke, and USASP President, Burel Goodin, will outline their visions for moving the needle on pain education and public policy. The panel will be interactive with the Chair engaging panelists in discussion of their collaborations on specific policy agendas as well as strategies for maintaining progress, resisting backward movement, and effectively targeting advocacy resources in times of political change. Panelists will take questions from the audience.

At the end of this session, participants will be able to:

- Identify recent key pain policy advancements and changes in Canada, the U.S., and globally.
- Recognize strategies for advancing pain research and clinical practice in the policy realm nationally and globally.
- Synthesize a vision for future action, including identifying concrete ways they can advance pain policy within the contexts of their own work and jurisdictions.

1400-1515h Concurrent Session – One: Practicum Program

Track 1 **Hypnosis and pain: from basic research to multimodal integration to improve chronic pain management**

Chair: D. Ogez
Speakers: P. Rainville, D. Ogez, V. Bouchard
Location: Third Floor, 303A

This symposium bridges basic and clinical research to explore how hypnosis can modulate pain through neurophysiological mechanisms to improve clinical management. The first presentation will focus on experimental studies using psychophysiological, EEG and fMRI measures, to study how suggestions for analgesia

are processed by the brain to activate endogenous pain regulatory systems. The second presentation will address the integration of hypnosis and virtual reality (VRH) as a novel non-pharmacological approach for chronic pain. Results from user-experience testing demonstrated high levels of satisfaction, immersion, and perceived relief. Findings from a clinical trial confirmed the feasibility and preliminary efficacy of VRH in reducing pain intensity, anxiety. The third presentation will focus on the MUZHY project, a qualitative study exploring the experiences of patients living with chronic pain who participated in a combined hypnosis and music intervention. Thematic analysis revealed converging perspectives on the complementary effects of hypnosis and music in enhancing relaxation, emotional regulation, and reduction of pain. Video-recorded patient testimonials will illustrate lived experiences of these interventions, offering an authentic perspective on their impact in daily life. Through the two clinical research presentations, we will showcase how hypnosis, whether combined with immersive technologies or music, can foster relief, engagement, and meaning in the management of chronic pain. Together, these studies illustrate a continuum of translational research, from laboratory investigations to patient-centered innovation, highlighting the potential of hypnosis, alone or in synergy with other modalities, to improve chronic pain management.

At the end of this session, participants will be able to:

- Identify how hypnotic suggestions modulate neurophysiological and psychological processes involved in chronic pain.
- Explore how the combination of hypnosis and virtual reality (VRH) can enhance pain relief and patient engagement in chronic arthritic pain.
- Describe how integrating hypnosis and music (MUZHY project) can support relaxation, emotional regulation, and meaning making in people living with chronic pain.

Track 2 **Exploring Neuromodulation for the Management of Chronic Pain: From Mechanisms to Challenges for Clinical Use**

Chair: G. Léonard
Speakers: A. Nourry, H. Massé-Alarie, L. Macedo
Location: Third Floor, 303A

Neuromodulation techniques are evolving rapidly. There is emerging evidence supporting their benefits when paired with active rehabilitation (e.g. exercises) for the management of chronic pain. By targeting peripheral and central mechanisms, transcutaneous electrical nerve stimulation (TENS), transcranial direct current stimulation (tDCS) and repetitive transcranial magnetic stimulation (rTMS) may enhance the active rehabilitation effects. For example, both peripheral and central neuromodulation can activate the opioid system and induced hypoalgesia. This hypoalgesia period may be used to facilitate the performance of exercises or of daily activities. Integrating these approaches within a multimodal intervention could strengthen pain and functional outcomes, improving adherence, and supporting longer-term improvements. This symposium aims to examine recent evidence on the complementary roles of non-invasive peripheral and brain stimulation in contemporary pain management. TENS, (objective 1), and tDCS and rTMS (objective 2) effects used either alone or in combination with active interventions for managing chronic pain will be presented. Also, current methodological limitations of the current body of evidence and the mechanisms suggested will be discussed. The objective 3 of this symposium will be to discuss the scientific evidence supporting the use of neuromodulation for different

pain presentations (e.g. neuropathic pain). Also, we will discuss regulatory perspectives and challenges to clinical implementation for using these modalities in Canada. The symposium will also outline practical considerations for clinical integration such as feasibility, acceptability, and accessibility. Overall, this symposium will present state-of-the-art evidence and recommendations on neuromodulation techniques for the management of chronic pain.

At the end of this session, participants will be able to:

- Review recent studies and document the feasibility, acceptability, and preliminary effectiveness of applying transcutaneous electrical nerve stimulation (TENS) concurrently with exercise for the management of work-related musculoskeletal pain.
- Discuss recent evidence on the effects of rTMS alone or in combination with exercise for the management of chronic low back pain and musculoskeletal pain and discuss the current limitations in the current body of evidence in this field.
- Review current evidence testing the effects of non-invasive neuromodulation modalities (e.g., rTMS and tDCS) for chronic pain and to discuss the challenges and key considerations related to their implementation in Canadian rehabilitation and pain management settings.

1515h **Refreshment Break** – 200A
Exhibitor Hall is open in 200A
Poster Presentations in Room 200B

1545-1700h Concurrent Session – Two: Scientific Program

Track 1 **The (surprisingly) short road from genome-wide studies to pain management**
Chair: B. Goodin
Speakers: K. Zorina-Lichtenwalter, P. Romero Villela, H. Şeker
Location: Third Floor, 301A

Chronic pain is a multifactorial condition shaped by genetic, psychological, immune, and behavioral factors. Yet these domains are often studied separately, limiting translation of discoveries into integrated treatment strategies. This symposium combines genomic evidence across mental health, immune function, and alcohol use to advance a holistic understanding of chronic pain vulnerability and its clinical management. Katerina Zorina-Lichtenwalter presents findings from Genomic Structural Equation Modeling (GenomicSEM) showing that diverse pain conditions load onto a single general pain susceptibility factor. This factor is genetically correlated with poorer mental health and lower cognitive performance, highlighting shared genetic influences that support biopsychological approaches to treatment. Pamela N. Romero Villela extends this framework to the immune system, identifying moderate genetic correlations between chronic pain and inflammatory markers ($r_g \approx 0.45$) and smaller but significant overlap with autoimmune diseases ($r_g \approx 0.28$). These results emphasize the role of shared immune pathways in chronic pain susceptibility and the importance of screening for co-occurring inflammatory or autoimmune conditions. Heval Şeker examines multidimensional genetic links between alcohol use behaviors (AUBs) and pain. Using GenomicSEM and factor analyses across 40 traits, Şeker identifies three latent AUB dimensions—problematic drinking, social drinking, and controlled heavy consumption—with distinct genetic relationships to pain. Problematic drinking

correlates positively with pain, whereas social and controlled heavy drinking show negative or null associations. Together, these studies reveal convergent genetic architectures linking psychological, immune, and behavioral domains in chronic pain, reinforcing the need for integrative, multidisciplinary management approaches.

At the end of this session, participants will be able to:

- Illustrate how large-scale genomic approaches can be translated into practical insights for understanding and treating pain.
- Analyze the specific genetic relationships between pain, immune and mental health conditions, cognitive abilities, and alcohol use behaviors.
- Evaluate the clinical implications of genetic correlations to inform and support integrated, biopsychological approaches to chronic pain management.

Track 2 Psychedelics and Chronic Pain—From Mechanisms to Ethical Trial Design

Chair: B. Rosenbloom
Speakers: B. Rosenbloom, K. Ladha, A. Goel
Location: Third Floor, 301B

Despite decades of research, many with chronic pain achieve only modest relief and limited functional gains, which is often worse for particular chronic pain conditions, such as neuropathic pain. A core challenge is the multidimensional nature of pain (sensory, affective, and cognitive) which leads to the failure of nociception-only approaches when distress, fear, and maladaptive learning sustain the pain experience. Psychedelic-assisted psychotherapies (MDMA-, psilocybin-, and Ketamine- assisted psychotherapy) offer a potential advancement by coupling rapid neuroplastic shifts with structured psychotherapy to recalibrate appraisal, reduce avoidance, and improve function. Nevertheless, there are barriers to psychedelic-assisted psychotherapies gaining evidence, such as heterogeneous protocols, uncertain dosing/psychotherapy models, evolving safety/ethics and regulatory pathways, and limited pain-specific evidence. This symposium explores the gaps in research through a historical lens and addresses each gap by synthesizing mechanisms relevant to chronic pain, critically appraising the evidence, and providing concrete, field-tested trial templates. The faculty's active leadership of three federally funded clinical trials ensures practical guidance on design, safety monitoring, training/fidelity, and knowledge translation (Drs, Goel and Ladha). Inclusion of a clinical psychologist (Dr. Rosenbloom) ensures depth on psychotherapy and integration, elements central to durable outcomes. This symposium translates cutting-edge evidence into practical frameworks for rigorous trials and real-world implementation.

At the end of this session, participants will be able to:

- Discuss evidence-based psychotherapy development within the context of clinical trials for MDMA-assisted psychotherapy for chronic pain and be able to critically appraise the ethical underpinnings of therapies designed for marginalized populations, such as those who have experienced trauma.
- Describe how our program operationalizes ketamine, psilocybin, and MDMA trials for chronic pain; interpret early quantitative and qualitative findings from the KAP pilot; and apply patient-partner insights and methodological safeguards to design rigorous, patient-centered trials.
- Identify key methodological and ethical challenges in psychedelic clinical trials for chronic pain and apply strategies to design studies that avoid common pitfalls from past research.

Track 3 **Innovations in Veteran-Centered Research: Addressing Chronic Pain and Mental Health Comorbidities through Integrated Approaches**

Chair: J. Liu
Speakers: E. Collins, J. Liu
Location: Third Floor, 302A

In this symposium, we present a coordinated program of research that addresses the high prevalence of chronic pain among Canadian Veterans, with a focus on its intersection with mental health and the transition to civilian life. These efforts aim to uncover the systemic, interpersonal, and individual barriers that Veterans, families, and service professionals face and co-develop evidence-based, Veteran-informed solutions that foster resilience, recovery, and well-being. Studies included in this symposium consist of a foundational mixed-methods study that examines how chronic pain amplifies transition challenges and reduces life satisfaction, with qualitative insights revealing how pain disrupts identity, relationships, and mental health amid systemic barriers and stigma. Complementary projects include one that explores pain trajectories, barriers to care, and treatment preferences across different stages of the chronic pain experience, and a qualitative study on Veteran amputees and their caregivers to identify critical service gaps, and a stepped care program evaluation in British Columbia that assesses the feasibility and impact of an interdisciplinary clinic model tailored for Veterans, capturing clinical, social, and economic outcomes. Across all projects, integrated knowledge translation, Veteran engagement, and a focus on equity guide the co-design of sustainable, trauma-informed solutions. Together, these initiatives form a multi-pronged research strategy to enhance chronic pain management, improve mental health, and support meaningful post-service reintegration. They also inform policy recommendations and clinical innovations that can be adapted across contexts to serve Veterans more effectively.

At the end of this session, participants will be able to:

- Identify key factors that contribute to chronic pain and mental health comorbidities in Canadian Veterans.
- Explore models of care their potential to improve access, coordination, and outcomes for Veterans with chronic pain.
- Apply equity-focused, trauma-informed principles when considering policy, service design, and delivery.

Track 4 **Measuring the Quintuple Aim in Healthcare Systems in the Context of Chronic Pain: Advancing Patient Experience, Population Health, Costs Efficiency, Clinician Well-being, and Equity**

Chair: C. Audet
Speakers: G. Pagé, J. Wong, A. Lacasse
Location: Third Floor, 302B

The Quintuple Aim, encompassing better experience of care, improved population health, reduced costs, clinician well-being, and equity, has emerged as a key framework for guiding healthcare quality improvement across diverse healthcare settings. While widely adopted in primary care, hospital management, and public health, its application to chronic pain management research remains limited. Chronic pain presents unique challenges, including complex patient needs, long-term treatment trajectories, and significant demands on clinicians, underscoring the urgent need for a comprehensive, system-level approach that integrates multiple perspectives.

Understanding the relevance of the Quintuple Aim in this context enables clinicians, decision-makers, and researchers to identify appropriate measurement strategies and indicators for each dimension, from patient-reported outcomes to population health metrics, fostering a culture of measurement that actively supports a learning health system and continuous improvement. This symposium will explore, using concrete examples, how the Quintuple Aim has been operationalized and measured in Canadian quantitative and qualitative research. Drawing from studies in chronic pain management, presenters will illustrate how each dimension, including patient experience, population health, cost efficiency, provider well-being, and equity, can be effectively assessed and used to guide meaningful improvement efforts.

At the end of this session, participants will be able to:

- Recognize the relevance of the Quintuple Aim framework (better experience of care, improved population health, reduced costs, clinician well-being, and equity) in the context of chronic pain healthcare quality improvement.
- Distinguish between the measurement strategies and the indicators used to evaluate progress toward each aim.
- Analyze the application of the Quintuple Aim in chronic pain research using concrete examples from both quantitative and qualitative research.

1545-1700h Concurrent Session – Two: Practicum Program

Track 1
NOTE: this Session is 90 minutes

Medico-Legal Conundrum of Chronic Pain: A Practical Guide for Clinicians

Chair: M. Gofeld
Speakers: M. Fitzcharles, O. Finlayson, R. Nemeth, R. Deamo Assis
Location: Third Floor, 303B

This practical and interactive symposium introduces healthcare professionals to the medico-legal aspects of chronic pain care, with the goal of increasing awareness of the medico-legal interface, clarifying professional roles, and alerting clinicians to common and often unintended pitfalls. Because chronic pain frequently enters medico-legal systems, driven in part by the challenge of subjective symptoms within a framework grounded in objective evidence, almost all clinicians will interact with the legal system at some point in their careers, whether through documentation for insurers, release of clinical notes, testimony as a treating provider, or, less commonly, participation as an independent medical evaluator or expert witness. The symposium begins by addressing the foundational question of why the medico-legal world exists, exploring concepts such as the distinction between proof and care, the tensions created by so-called “invisible pain,” and the important principle of conflict between objective findings and subjective complaints in medico-legal processes. The aim is to demystify the medico-legal system by explaining its function as an impartial, rules-based process that delivers unbiased decisions, rather than advocating for or against any individual. The program will then clarify professional boundaries by distinguishing the roles of treating clinicians, independent medical evaluators, experts, and witnesses of fact, and by outlining the respective functions of insurers, lawyers, and judges—emphasizing that expert status is formally conferred only by the court. Finally, the symposium will provide practical guidance on clinical documentation in medico-legal contexts, highlighting that clinical notes are often read outside their original clinical intent and that prioritizing function, avoiding causal overreach, expressing uncertainty appropriately, and steering clear of advocacy-based language are essential to reduce unintended consequences. This

symposium is not intended to train clinicians to practice medico-legal work or become IME experts, but rather to help clinicians understand the medico-legal arena in which their clinical work may be scrutinized. Delivered in a panel-discussion format with brief topic introductions followed by moderated discussion and audience Q&A, the session is offered by the Medico-Legal Special Interest Group and is intended for all clinicians caring for people with chronic pain, including physicians, physiotherapists, occupational therapists, psychologists, and nurses.

Three broad topics will be covered:

1. Why Does the Medico-Legal World Exist? (Foundations): Panelists will discuss why chronic pain is a challenge for the medico-legal world, especially in the context of subjective symptoms that cannot be accurately measured for a system that relies on objective proof
2. Who Is Who? (Roles and Boundaries): The roles of individuals in the medico-legal interface will be examined, including that of the treating clinician, the medical expert, lawyers, insurers and the judge. Specific attention will be paid to the input of treating healthcare professionals who may not be aware of their critical role in this setting.
3. Documentation: Where Medicine Meets Law and pitfalls to avoid: We will highlight the importance of the clinical record that may be read outside of usual clinical context, the importance of prioritizing function over symptoms, common documentation pitfalls to avoid, causal statements without substantiation, and language that introduces bias.

At the end of this session, participants will be able to:

- Explore why the medico-legal system exists in the context of chronic pain
- Identify their role and responsibilities as treating clinicians within medico-legal processes
- Communicate and document clinical information in a way that is clinically sound and legally safe

Track 2 The Evolution of Transitional Pain Services – 10 Years in Review

Chair: H. Clarke
Speakers: G. Lord, M. Hanna, H. Clarke
Location: Third Floor, 303B

Chronic Post Surgical Pain accounts for one quarter of patients presenting to chronic pain clinics. Patients who develop chronic post-surgical pain are at increased risk for persistent opioid use. Ontario data demonstrates that 50% of patients are discharged with opioid analgesics following major surgery and 3% of previously opioid-naïve patients continue to take these medications 6 months later. Significant gaps in the continuity of care after major surgery are responsible for unrelieved pain, hospital re-admissions, and ongoing opioid use among complex pain patients discharged without appropriate follow-up plans or care, and without pain specialists able to manage their postsurgical pain and/or successfully wean them from opioid medications. Transitional Pain Services have now been adopted in several major Canadian centres and internationally in the United States, Norway, UK, and Australia.

At the end of this session, participants will be able to:

- Provide an overview of the evolution of Transitional Pain Services over the past 10 years.

- Gain an appreciation of the PWLE perspective who manage their complex pain, mental health and sometimes, substance use.
- Outline the differences between the US and Canadian models and experience a glimpse into the future of Transitional Pain Programs.

Day One Concludes - Free evening for all attendees

Friday May 1

Friday May 1

0715h **Registration/Information Desk is open**
Level Two Foyer
Hot Breakfast
Room 200A and Room 200C

0800h **Welcome Remarks**
Moderators TBD
Room 200C

0815h **Chronic Pain Network**
Dr. Norm Buckley

0830h **Plenary**

Insights into neuropathic pain mechanisms from human tissue studies
Professor T. Price

Dr. Price's talk will focus on his labs and the PRECISION Human Pain Network's work on human dorsal root ganglion (DRG), peripheral nerves, and spinal cord tissues obtained from either rare surgeries or organ donors. The focus will be on comparing control tissues to those with clear medical histories of chronic neuropathic pain disorders like painful diabetic neuropathy. Dr. Price will present evidence that human nociceptors become hyperexcitable in these conditions, exhibiting spontaneous electrical activity even after days in culture. He will link these physiological findings to -omic and biochemical studies that give insight into the mechanisms that cause these effects in humans and how we might target them with therapeutics. He will also highlight evidence demonstrating that neuropathic pain in humans is often accompanied by neuronal degeneration in the DRG that primarily affects certain kinds of sensory neurons. Collectively, these findings will give the audience a new insight into why patients have neuropathic pain and how new treatments might be able to target the underlying cause of the disease.

At the end of this session, participants will be able to:

- Explore factors that may underlie spontaneous activity in nociceptors of humans suffering from neuropathic pain.
- Recognize how non-neuronal cells like satellite glia and adipocytes produce ligands that act on sensory neurons within the the DRG to cause pathology in neuropathic pain.
- Identify that painful diabetic neuropathy is associated with wide-spread neuronal degeneration in the DRG that might be linked to the production of pain.

0930h **Poster Presentation Pitch Two**

0940h **Poster Session Two and Judging**
Room 200B

1040h **Refreshment Break** – 200A
Exhibitor Hall is open in 200A
Posters Presentations in Room 200B

1110h Keynote

Cannabis-Based Medicines for Chronic Pain: Updates from Europe

Professor W. Hauser
Room 200C

The role of cannabis-based medicines (CbMs) for the management of chronic pain is under debate, with conflicting conclusions from systematic reviews and recommendations from medical associations. I will argue that it is necessary to differentiate between different types of CbMs, e.g. THC-dominant, CBD-dominant, THC/CBD-balanced or synthetic cannabinoids versus full spectrum cannabis extracts. Lumping all types of CbMs in a quantitative analysis, as the Neuropathic SPIG of the IASP did recently, underestimates the potential of THC-dominant and THC/CBD-balanced medicines for the management of chronic neuropathic pain. I will justify this statement by a Cochrane review on CbMs for chronic neuropathic pain which will be published in February 2026.

In addition, the significance of systematic reviews of randomised controlled trials of CbMs for chronic pain is limited because most studies included had small sample sizes and a short study duration. I will present two recent European studies with an oral THC-dominant full spectrum cannabis extract in patients with chronic low back pain. One study included 820 patients in a double-blind 12-week treatment phase compared to placebo, a 6-month open-label extension, followed by either a 6-month continuation or randomized withdrawal. The other study included 384 patients and compared during 24 weeks of double - blind treatment against opioids. Based on the findings of the studies, I will discuss the potential role of this medication in the management of chronic low back pain.

Finally, I will give a short overview of the availability of CbMs for the management of chronic pain in European countries and will outline some obstacles for physicians to prescribe CbMs in Germany.

At the end of this session, participants will be able to:

- Recognize there are different types of cannabis-based medicines that differ in their efficacy to reduce pain and pain-related symptoms.
- Evaluate reasons for conflicting conclusions of systematic reviews and recommendations from medical associations on cannabis-based medicines for chronic pain.
- Consider the use of cannabis-based medicines based on the dominant mechanism (nociceptive, neuropathic, nociplastic, mixed types) of pain and the non-pharmacological therapies available.

1210h Lunch is provided

Exhibitor Hall is open, Room 200A
Buffet in Room 200A and seating Room 200C

1230-1330h **Migraine Freedom: How We Get There (virtual)**
Dr. Deon Louw

Information and Learning Objectives forthcoming

1400-1515h Concurrent Session – Three: Scientific Program

Track 1 **New horizons for the understanding and treatment of pain in Multiple Sclerosis**
Chair: B. Kerr
Speakers: A. Klassen, M. Saad Yousuf, J. Bethea
Location: Third Floor, 301A

Chronic pain is a common feature of nearly every autoimmune disease. Multiple Sclerosis (MS) is one example of an autoimmune disease in which chronic pain is a significant burden for people with the disease. The prevalence of autoimmune disease in general is increasing worldwide and more specifically, Canada has some of the highest rates of MS in the world. While it was once overlooked, pain has come to be recognized as a significant feature for people living with MS and a concerted research effort has begun to better understand the underlying causes and treatment of pain in this disease. This symposium will bring together some of the leading laboratories in the field to discuss recent pre-clinical findings on the underlying mechanisms of pain in MS and a discussion of sex differences in these pathways. Speakers will present data demonstrating the contribution of neurons in the peripheral nervous system (PNS) as key drivers of pain in MS and also new therapeutic strategies aimed at targeting the PNS to treat pain in this CNS targeted disease. The symposium will also highlight exciting new data demonstrating the efficacy of a novel strategy to target TNFR2 signalling as a viable therapeutic approach to treat MS associated pain in both sexes.

At the end of this session, participants will be able to:
- Identify novel sites and sources for pain generation in Multiple Sclerosis.
- Appreciate the specific cellular processes that lead to changes in neuronal function during autoimmune disease.
- Evaluate the preclinical efficacy of novel therapeutic strategies to treat pain in MS.

Track 2 **Critical Approaches to Chronic Pain Research: Insights from Research with Structurally Marginalized Communities**
Chair: D. Williams
Speakers: V. Ambtman-Smith, A. Hood, K. Rice
Location: Third Floor, 301B

This panel brings together projects that collectively reimagine pain research through frameworks of equity, relational accountability, and structural critique. Each presentation addresses how systems of knowledge, care, and governance shape the experience and management of chronic pain among marginalized communities. The first presentation centers Indigenous epistemologies that conceptualize pain as a relational phenomenon intertwined with Land, ceremony, and community. The second focuses on engagement with Black communities in chronic pain research, examining the social and structural determinants that have historically excluded Black Canadians from equitable participation. Using community-based participatory research, it outlines a culturally grounded framework for sustained, justice-driven partnerships. The third interrogates the bureaucratic systems that govern disability-related income support,

revealing how administrative processes reproduce poverty and suffering for people living with chronic pain. Together, these papers highlight the intersections of pain, power, and policy, advancing a collective vision of research that is inclusive, community-led, and attentive to structural violence. The panel invites reflection on how culturally responsive, participatory, and critical methodologies can move pain scholarship toward systemic change and social justice. It also advances critical scholarship in chronic pain research, while elucidating the importance of such approaches for addressing structural (as opposed to biophysiological aspects of life with chronic pain. "The speakers and Chair are all members of PEPR, a national SSHRC funded Partnership concerned with promoting EDI-D in patient engagement and building capacity for critical social science approaches to pain scholarship.

At the end of this session, participants will be able to:

- Outline structural elements of inequities with respect to chronic pain.
- Apply community-based and equity-focused principles to design more inclusive pain research engagement strategies.
- Explore how policies can cause harm and will be able to identify ways in which this amplifies and aggravates the struggles of people with chronic pain in Canada who are socioeconomically marginalized.

Track 3 Following POLARIS: Practical Guidance in Adjudicating Inclusively

Chair: R. Pillai Riddell
Speakers: R. Pillai Riddell, L. Gauthier
Location: Third Floor, 302A

Over the ages, POLARIS (also known as the Star that does not walk around, Etoile Polaire, the North Star, or the Pole Star) has been used by many peoples as one way to help navigate a path forward on their journeys. Taking this inspiration, POLARIS (aka a Place for Online Learning for the Adjudication of Researchers Inclusively and Supportively) was created by scholars for scholars who are embedded within research institutions. Funded by a Canada Research Chairs EDI Stipend and York University, the goal is to help researchers navigate towards the just and inclusive adjudication of researchers for both hiring or award adjudication purposes. It is open-access and available in both French and English. POLARIS is for everyone who is called upon in their job to rank, judge, adjudicate, or provide feedback on researchers and their applications. Rather than 'lowering the bar', inclusive adjudication raises the bar in terms of both the quality and diversity of researchers in academia. Existing inequalities have historical roots that are deeply embedded within our research ecosystems and our personal mindsets. Rather than simply telling professors what they should do, POLARIS training incites professor to challenge their preconceived notions and find their own way. Join the Canadian Pain Society Equity, Diversity, and Inclusion Committee Co-Chairs Rebecca Pillai Riddell and Lynn Gauthier for an engaging and interactive workshop that promises to be an engaging stop on your journey to more equitable practices.

At the end of this session, participants will be able to:

- Identify common biases in the adjudication of researchers.
- Augment knowledge about best practices to inclusively adjudicate other researchers in peer review processes.
- Build awareness of structures that may perpetuate bias in research systems and how to change them.

Track 4 **Navigating Pain and Justice: Advocacy, Ethics, and Fairness in Medico-Legal Processes**

Chair: M. Fitzcharles
Speakers: M. Gofeld, R. Deamo Assis, K. Nicholson
Location: Third Floor, 302B

Chronic pain often intersects with legal and insurance systems, yet the medico-legal dimensions of pain are rarely addressed in major conferences. This symposium brings together three complementary perspectives (clinician, medical expert evaluator, and patient/advocate) to explore how fairness, integrity, and advocacy can be maintained without compromising objectivity. Dr. Gofeld will focus on the treating clinician's role, highlighting the importance of reliability in advocacy, responsibilities and coordination with insurers and rehabilitation professionals, and the impact of clinical documentation in the legal context. Attendees will learn how to balance therapeutic responsibilities with administrative obligations, maintain accuracy and empathy in records, and support patients navigating scrutiny during claims. Dr. Assis will examine the medical expert's responsibilities, emphasizing impartiality, ethical frameworks, and the identification of bias from evaluators, claimants, or stakeholders. Participants will gain practical guidance on translating subjective pain into defensible conclusions, producing transparent reports, and influencing policy and clinical understanding of "invisible" pain in the medico-legal setting. Kate Nicholson, civil rights attorney and person with lived experience, will address the legal and human-rights dimensions, clarifying the distinction between impairment and disability, the impact of denied claims, and principles of equity in legal frameworks. Her presentation highlights the emotional and systemic consequences of exclusion and demonstrates how patient-centered advocacy can advance fairness and dignity. Together, the symposium provides a multi-dimensional understanding of medico-legal processes, equipping clinicians, experts, and adjudicators with tools to enhance justice, equity, and patient-centered care in chronic pain management.

At the end of this session, participants will be able to:

- Become familiar with the medico-legal landscape of chronic pain and the roles of clinicians, medical expert evaluators, and legal frameworks in shaping patient outcomes and systemic fairness.
- Recognize sources of bias and strategies for advocacy in clinical documentation, independent medical evaluation reporting, and legal decision-making while maintaining objectivity, rigor, and ethical integrity.
- Apply patient-centered and human-rights principles to enhance communication, fairness, and equity for individuals navigating the intersection of chronic pain and medico-legal processes.

1400-1515h Concurrent Session – Three: Practicum Program

Track 1 Personalization and Protocolization in the perioperative Period: Are they antithetical or can they work together?

Chair: H. Clarke
Speakers: G. Joshi, K. Schreiber, H. Clarke
Location: Third Floor, 303A

Although postsurgical pain is recognized as an important problem, and excellent studies around the mechanistic underpinnings of the acute to chronic pain conversion injury exist in the preclinical literature, acute and chronic postsurgical pain remains a problem for a substantial number of the 240 million patients who undergo surgery worldwide each year. Notably, surgical type is often not the lone or even a key determinant of pain trajectory. Instead, demographic, psychological and other individual-level phenotypic variables more closely align with pain severity and interference in both the short and long term, underscoring the importance of including such measures in studies of postsurgical pain. Given this insight, we pose the question: should our enhanced recovery after surgery (ERAS) protocols be based only around the surgical type? We will debate and explore how the movement towards personalized perioperative medicine intersects with protocolization of care and pose the question of whether distinct ERAS protocols for the "person type" might be a better approach, allowing a better fit of the intent, type, and invasiveness of preoperative preventive techniques.

At the end of this session, participants will be able to:

- Review the initial intent of Enhance Recovery After Surgery (ERAS) Pathways, and highlight the history and evolution of elements that have been included in it.
- Gain insight into demographic, psychological, social, and biological factors that underlie interpatient variability in the processing of pain, and how these factors may explain differential effectiveness of the preventive interventions among individuals, and how this impacts their inclusion in ERAS protocols.
- Highlight the role of transitional pain services in the practical curation and administration of personalized elements of ERAS protocols.

Track 2 It's Raining Menses

Chair: R. Bosma
Speakers: T. Di Renna, L. Wolfson, A. Barreveld, N. Osbourne
Location: Third Floor, 303B

Endometriosis affects millions of people and remains widely misunderstood, underdiagnosed, and undertreated. This session of the Women's Health Symposium brings together clinical leaders, pain specialists, and a person with lived experience to examine what endometriosis is, how it is experienced, and why diagnosis is often delayed.

Through a moderated, talk show–style discussion, panelists will explore the impact of diagnostic delay, the complexity of endometriosis-related pain, and the complementary roles of gynecology and pain care in management. The conversation will also address current gaps in research, clinical practice, and health system design, while highlighting opportunities to advance more equitable and integrated approaches to care.

By centering lived experience alongside clinical and research perspectives, this session aims to deepen understanding of endometriosis and underscore the importance of improving outcomes for people living with pain.

At the end of this session, participants will be able to:

- Describe endometriosis and its clinical presentation, including how the disease is experienced by patients and why symptom severity may not correlate with disease burden.
- Explain factors contributing to delayed diagnosis of endometriosis, including system-level barriers, bias and stigma in women's health, and the impact of diagnostic delay on patients.
- Differentiate approaches to endometriosis management from gynecologic and pain perspectives, including indications and limitations of surgical and pain-focused treatments.
- Identify key gaps and priorities in endometriosis research, clinical care, and health system organization needed to improve outcomes for people living with endometriosis.

1515h **Refreshment Break** – 200A
Exhibitor Hall is open in 200A
Posters Presentations in Room 200B

1545-1700h Concurrent Session – Four: Scientific Program

Track 1 **Geriatric Discomfort: Is Endogenous Modulation a Function in Decline?**
Chair: M. Millecamps
Speakers: M. Millecamps, G Léonard, I. Mihalecz
Location: Third Floor, 301A

In our society, geriatric discomfort is often perceived as a "normal" consequence of aging, and pain in older adults tends to be trivialized, as though it were an inevitable part of getting older. Yet this assumption hides a concerning reality: after the age of 65, one in two individuals suffers from chronic pain, and this proportion continues to rise with age. Such pain is frequently associated with increased comorbidities, such as anxiety and depression, progressive loss of autonomy, and a marked decline in quality of life. Scientific evidence suggests that endogenous pain modulation pathways - internal mechanisms that regulate pain signaling—are often altered in aging populations and may represent a key underlying factor in geriatric discomfort. Understanding these changes is crucial for improving pain management strategies and preserving comfort in later life. This interdisciplinary symposium will explore the role of endogenous modulation in geriatric discomfort from multiple perspectives, ranging from healthy aging to neurodegenerative diseases, in humans and animals. (1) Magali Millecamps will review the physiological basis of endogenous pain modulation, recent theories, and findings from animal models. (2) Guillaume Léonard will examine pain modulation mechanisms in humans, focusing on inhibitory (conditioned pain modulation [CPM]) and facilitatory mechanisms (temporal summation [TS]), and impact of aging. Finally, (3) Imola Mihalecz will examine the relationships between discomfort, pain modulation, and pain catastrophizing in older adults with Parkinson's disease. Together, these contributions will provide an overview of current knowledge and emerging research on the decline of endogenous pain modulation with aging.

At the end of this session, participants will be able to:

- Enhance understanding of the key concepts and emerging theories underlying endogenous pain modulation (ePM).
- Recognize that EPM is not limited to descending inhibitory pathways, but represents a dynamic, centrally integrated system involving cortical and subcortical networks.
- Discuss how aging affect endogenous pain modulation, and how these changes may contribute to chronic pain vulnerability.

Track 2 **Turning Intent into Action: A Call for Anti-Oppressive Approaches in Pain Research with Asian Populations**

Chair: K. Birnie
Speakers: M. Marbil, S. Louie-Poon, J. Lorca
Location: Third Floor, 301B

The disproportionate impacts of pain among minoritized groups are increasingly recognized and supported by calls for inclusive and culturally responsive research and care. While Asian populations represent the fastest growing racial and ethnic group in Canada, they are underrepresented and understudied in pain research, rendering their pain disparities 'unseen'. Existing research calls on the importance of positionality, partnering with communities, and intentionally attending to systems of power influencing pain. This symposium will showcase antiracist, culturally affirming, and community-based approaches in pain through research and knowledge mobilization with Asian populations. Speakers of various roles (trainee, early- and mid-career researcher, patient partner), content and methodological expertise (Asian health, community-based research, patient partnership), disciplines (psychology, nursing), and identities (immigrant, racialized, LGBTQIA+) will explore positionality, power, and inclusion while sharing novel research. Ms. Mica Marbil (she/her) will exemplify integrating positionality in intersectional research approaches using a scoping review of chronic pain among Asian diasporic youth. Dr. Samantha Louie-Poon (they/she) will illustrate how to align antiracist research aims and methods through her work using Transitional Chinese Medicine as community-care for Chinese youth experiencing pain. Jenny Lorca (she/they/siyá) will demonstrate the impact of digital storytelling as an engaging and empowering knowledge mobilization tool for people with lived and situated experience of pain. Chaired by Dr. Kathryn Birnie (she/her), a faculty member engaging in antiracism work and partnership with Asian communities and other organizations, this symposium will present ways of learning from Asian communities and unlearning colonial practices in pain research, transferable across identities, experiences and foci.

At the end of this session, participants will be able to:

- Identify how to integrate their unique identities, experiences, and contexts to inform anti-oppressive pain research.
- Recognize epistemic injustices that pervade Western pain research and that impact systemically marginalized populations, including Asian communities.
- Apply reflexive, culturally affirming, and community-led strategies to increase intention and impact of their own pain research.

Track 3 **Impact of ambient light on pain processing and pain management**

Chair: J. McDougall
Speakers: N. Ghasemlou and D. Taccardi, J. McDougall, M. O'Brien
Location: Third Floor, 302A

Pain processing and perception are modulated by a number of environmental factors including ambient light. Light intensity, photoperiodicity, and even the wavelength of light can all alter how pain signals are transmitted and processed by the pain pathway. Light is detected by photoreceptors in the eye, relayed to the suprachiasmatic nucleus (SCN) of the hypothalamus, triggering the expression of clock genes that regulate circadian (24-hour) rhythms systemically. This rhythmicity, or lack thereof, can be a factor that impacts the experience of pain. The specific wavelength of ambient light can also influence how pain is encoded and perceived in chronic pain patients. In migraine patients, for example, visual exposure to red light can exacerbate migraine symptoms whereas green light has been shown to reduce the number and intensity of migraine attacks. We may therefore be able to use light to our advantage to "realign" the circadian dysfunction and sensory hypersensitivity that occurs in painful disorders. In this symposium, the presenters will outline how circadian rhythmicity and exposure to different wavelengths of light in our environment can influence chronic pain mechanisms leading to altered pain sensitivity. The findings from our preclinical studies have informed follow-up clinical trials which have shown the potential benefits of regulating our visual exposure to light to help alleviate the symptoms of chronic pain.

At the end of this session, participants will be able to:

- Introduce the influence of ambient light periodicity and wavelength on peripheral and central pain mechanisms.
- Highlight the impact of circadian rhythmicity in preclinical and clinical settings.
- Share preclinical and clinical findings showing that repeated visual exposure to green light can reduce pain levels and improve quality of life in arthritis patients.

Track 4 **Cancer pain management in Canada: Towards the development of a patient-centered competency-based curriculum for Canadian healthcare professionals**

Chair: L. Gauthier
Speakers: M. Bouffard, M. Cimon & M. Hammond, N. Alberts
Location: Third Floor, 302B

Pain is prevalent, distressing, and disabling across the entire cancer continuum, yet it is consistently undertreated despite being recognized as a fundamental human right. Cancer pain management remains a complex, multi-level challenge, compounded by provider training gaps and evolving paradigms of cancer care that increasingly emphasize long-term survivorship. Physicians play a central role in pain management, yet little is known about how Canadian medical education prepares trainees or supports practicing clinicians to meet these demands. Addressing these gaps is critical to closing the evidence-to-practice divide and ensuring equitable patient-centered care. In this bilingual (English/French) session, Maud Bouffard will review the methodological framework for developing competency-based curricula and present findings from two studies: one mapping international cancer pain training programs and the other analyzing Québec medical faculty content, identifying gaps and proposing directions for a comprehensive competency framework. Marie-Ève Cimon and Marie Josée Hammond will share qualitative insights into Québec family physicians perceived needs for cancer pain training, highlighting important knowledge and skills gaps and attitudes

influencing pain management, underscoring the need to expand this analysis nationally. Nicole Alberts will describe two studies evaluating Canadian surgery residents' and oncologists' cancer pain knowledge and training needs and introduce the development of a pan-Canadian initiative aimed at informing a patient-centered competency framework. Each presentation will employ a bilingual delivery format, with oral content delivered in one language and accompanying slides in the other, and Lynn Gauthier will moderate an interactive discussion in English and French, welcoming audience participation in both languages.

At the end of this session, participants will be able to:

- Comprehend the state of knowledge and the scope of existing cancer pain curricula and identify the objectives and content covered in the initial training programs offered by the Faculties of Medicine in Quebec.
- Identify Québec family physicians' perceived cancer pain training needs across knowledge, skills, and attitudes competency domains and describe preferred approaches to cancer pain education.
- Evaluate pain knowledge among Canadian surgery residents and oncologists and summarize key gaps and training needs in cancer pain education.

1545-1700h Concurrent Session – Four: Practicum Program

Track 1 **The Canadian Medical Cannabis landscape: Looking to the future**

Chair: H. Clarke
Speakers: H. Clarke, M. Fitzcharles, W. Hauser
Location: Third Floor, 303A

Medical Cannabis is increasingly being used for the treatment of chronic pain, yet adoption, access to educated prescribers continues to be lacking for many Canadians. This Symposium will provide an overview of real world evidence and discuss the landscape of medical cannabis and use patterns among the Canadian public. A Canadian Medical Cannabis Clinic Trials Network has been formed and an overview of this initiative will be provided. Finally there will be a panel discussion and significant Q and A time.

At the end of this session, participants will be able to:

- Describe recent real-world evidence related to medical cannabis use and 6 month observational outcomes
- Describe the steps to recognize the presence of pain sensitization in rheumatic conditions.
- Apply a treatment strategy for the use of medical cannabis in rheumatic pain.

Track 2 **Molecular and cellular drivers of pathological pain across development, sex, and species**

Chair: M. Hildebrand
Speakers: S. Beggs, S. Ghazisaeidi, M. Hildebrand
Location: Third Floor, 303B

Chronic pain represents a public health crisis with a desperate need for new treatment approaches. To more effectively manage pain, the underlying molecular and cellular mechanisms that drive pathological pain need to be systematically investigated. Here, we highlight our recent work addressing under-explored aspects of processes that lead to dysfunctional pain. Dr. Beggs will highlight how early life injuries can compromise the glymphatic system, and how specific molecular changes within this system can lead to pronounced impairments in sensory, affective, and cognitive function into adulthood. Dr. Ghazisaeidi will next discuss how they uncovered a spinal pain interactome that is largely conserved across sex and species, with core signaling molecules such as Spleen Associated Tyrosine Kinase (Syk) serving as promising sex-inclusive molecular targets for pain. They have also discovered sex differences in spinal gene methylation, with IRF5-mediated microglial involvement in male neuropathic pain states only. Finally, Dr. Hildebrand will discuss how novel human spinal cord preclinical assays are being combined with new rodent measures of spontaneous pain behaviours to study how a specific subtype of excitatory glutamate receptor, GluN2D, may serve as a promising spinal pain target that is conserved across sex and species.

At the end of this session, participants will be able to:

- Identify how specific molecular and cellular changes in glymphatic function driven by early life pain can lead to persistent vulnerabilities into adulthood.
- Appreciate how molecular mechanisms of spinal pain can be both conserved and diverge across sexes, which has important implications for the development of sex-inclusive pain therapies.
- Understand how unique human tissue and rodent preclinical pain models and assays are being used to identify new spinal treatment targets for pain.

CPS President's Gala
Second Floor Foyer and Room 200C

1800h	Cocktails
1830h	Gala Opens and Welcome Remarks
1915h	Dinner is served
2030h	Speeches and Conference Passport Winners Announced
2130h	Dance Starts
2330h	Event concludes

Saturday May 2

Saturday May 2

0830h **Information Desk is open**
Level Two Foyer
Continental Breakfast
Level Two Foyer

0900h **Welcome**
Moderator TBD
Room 200C

Acknowledging our Award Recipients
Dr. Nader Ghasemlou and Carmen-Édith Bellei-Rodriguez
Poster Awards
Art Awards

0915-1030h Concurrent Session – Five Scientific Program

Track 3 **Anatomy of Failure: Why do some patients fail to improve despite comprehensive multi- or interdisciplinary care**
Chair: A. Mailis
Speakers: K. Shinkaruk, A. Mailis, K. Spivak
Location: Third Floor, 301A

Multidisciplinary and interdisciplinary chronic pain programs are widely endorsed as the gold standard for complex pain management. However, a subset of patients fails to experience meaningful improvement despite receiving comprehensive, evidence-based care. This symposium examines the characteristics, predictors, and qualitative dimensions of treatment "non-response" in chronic pain rehabilitation programs. Speaker 1 will describe the Calgary Chronic Pain Center program, one of the largest in North America, and present data from re-referred patients to identify profiles associated with poor outcomes. Physician and allied health qualitative feedback will also provide insights into potential system-level contributors. Speaker 2 will present quantitative results from a 5-year cohort of 352 interdisciplinary Pain and Wellness Program completers in Vaughan Ontario, highlighting that 23% failed to improve (20% of all women participants and 32% of men participants). Hence, sex-specific trends emerged: men demonstrated higher rates of non-response linked to maladaptive cognitive patterns, whereas women—though initially reporting higher pain and disability—showed greater overall improvement. Speaker 3 will present three in-depth qualitative case studies of non-responders from the Pain and Wellness Program, exploring psychosocial, cognitive, and contextual factors not captured by standardized assessments. Together, these presentations provide a multi-level quantitative and qualitative analysis of factors underlying failure to benefit from multiprofessional care by defining the phenotypes of patients that will not benefit from these limited resources. It also emphasizes the need for individualized and psychologically attuned approaches, leading to optimized program planning and addressing areas of need.

At the end of this session, participants will be able to:

- Describe and compare multidisciplinary and interdisciplinary chronic pain program models including patient admission criteria, treatment components, and program structure, as illustrated by the Calgary Chronic Pain Center and Vaughan Pain and Wellness Centre.
- Analyze patient characteristics and outcomes, by identifying phenotypes of non-responders, including sex-specific trends and psychosocial factors contributing to treatment failure.
- Formulate recommendations for improving chronic pain programs, including tailored interventions, optimized admission criteria, and the development of individualized treatment approaches to enhance patient outcomes.

Track 4 Expanding Access to Specialized Pain Care in Northern Ontario: A Two-Year Experience

Chair: M. Gofeld
Speakers: M. Gofeld, K. Smith, V. McEwen
Location: Third Floor, 301B

Access to specialized pain management remains a major challenge across Northern Ontario, where vast geography, workforce shortages, and funding limitations contribute to striking inequities—particularly among Indigenous, low-income, and disabled populations. Through the Northern Ontario Locum Program, our team has established a sustainable hybrid model combining telemedicine consultations via the Ontario Telemedicine Network (OTN) with monthly on-site interventional clinics at Sault Area Hospital (SAH). Patients are initially evaluated virtually with the assistance of local nurses who facilitate audiovisual setup, patient education, and care coordination. Procedures are performed during monthly 3-day hospital visits, with follow-ups conducted remotely via telephone or OTN. This model enables continuity of advanced pain care without requiring patients to travel long distances. Our group's prospective study during the COVID-19 pandemic (Interv Pain Med, 2023) validated the clinical reliability of virtual encounters, demonstrating a 93.9% intra-observer agreement between remote and in-person visits and high patient satisfaction (median 7/7). Operational results from SAH confirm these findings, underscoring feasibility and strong institutional and community support. This symposium will share insights from Sault Ste. Marie (Dr. Gofeld, Dr. Smith) and Thunder Bay (Dr. McEwen), highlighting challenges, achievements, and innovations in regional pain care. Discussions will address integration of Indigenous healing approaches, multidisciplinary program development, and funding strategies. Lessons learned are directly applicable to scaling pain services across Canada's rural and remote communities, ensuring equitable, sustainable, and culturally sensitive access to care.

At the end of this session, participants will be able to:

- Identify barriers to accessing specialized pain care among Northern Ontario's rural, low-income, Indigenous, and disabled populations.
- Evaluate the effectiveness of hybrid service models that integrate telemedicine, hospital-based procedures, and community partnerships in improving access to pain management.
- Formulate strategies to promote equitable, culturally sensitive, and sustainable pain services through collaboration between regional hospitals, academic centers, and Indigenous health systems.

0915-1030h

Concurrent Session – Five: Practicum Program

Track 1

Transforming Perioperative and Critical Care Pain Management: From Evidence to Implementation

Chair: Y. Shergill
Speakers: M. Hanna, G. Joshi, R. Bosma
Location: Third Floor, 302A

Surgical recovery is a critical period for optimizing pain management, improving functional outcomes, and preventing persistent opioid use. Yet, perioperative care remains fragmented, with variability in clinical practice contributing to avoidable complications and opioid-related harms. This symposium brings together complementary strategies that are reshaping perioperative care across the surgical journey: transitional perioperative pain services, Enhanced Recovery After Surgery (ERAS) pathways, and updated Canadian national opioid prescribing recommendations. The first session will examine multidisciplinary approaches to perioperative and critical care pain management, highlighting multimodal, opioid-sparing strategies and team-based practices that improve patient outcomes, satisfaction, and recovery across surgical and intensive care settings. The second session will explore how ERAS pathways provide evidence-based, multimodal care frameworks that standardize perioperative recovery, accelerate mobilization, and reduce complications and opioid exposure across surgical settings. The third session will present an update to the Canadian national consensus recommendations on opioid prescribing at discharge, reflecting evolving evidence and implementation learnings to support safer, individualized prescribing. Together, these talks will offer an integrated roadmap for improving surgical recovery, enhancing patient experience, and advancing opioid stewardship through coordinated clinical pathways, system-level strategies, and evidence-informed guidance.

At the end of this session, participants will be able to:

- Describe how multidisciplinary perioperative pain models and ERAS pathways improve recovery, function, and opioid stewardship.
- Identify barriers and enablers for implementation of ERAS and pain management best practices.
- Apply national recommendations for prescribing pain medications at hospital

Track 2

Advancing Pain Care for Indigenous Peoples: Lessons in Effective Partnerships between Researchers and Indigenous Communities

Chair: L. Richardson, H. Clarke
Speakers: L. Richardson, M. Peer, A. Lomanowska, P. Poulin
Location: Third Floor, 302B

Chronic pain disproportionately impacts Indigenous Peoples in Canada, who experience higher rates of pain, disability, opioid use, and comorbid conditions. Indigenous communities face systemic barriers to accessing culturally safe pain care, rooted in colonial history, racism, and structural inequities. Western medical models often disregard traditional healing practices, compounding mistrust and stigma in healthcare interactions. Addressing these disparities requires collaborative approaches that integrate Indigenous knowledge, uphold data sovereignty, and advance the Truth and Reconciliation Commission's Calls to Action.

This session will offer insights from successful models of partnerships between Indigenous and non-Indigenous researchers and Indigenous-led research, featuring presentations and a panel discussion guided by Indigenous leaders and Elders. The aim of the session is to foster dialogue between Indigenous and non-Indigenous participants to strengthen relationships, promote culturally safe practices, and catalyze future collaborations to improve pain care for Indigenous Peoples.

At the end of this session, participants will be able to:

- Identify effective strategies for establishing and sustaining respectful partnerships with Indigenous communities and researchers.
- Describe best practices for integrating Indigenous knowledge, ethical engagement, and data sovereignty in collaborative research initiatives.
- Recognize the importance of Indigenous-led research as a pathway towards reestablishing trust in healthcare institutions and providing culturally safe pain care.

Track 3 Innovative Technologies for the Assessment and Management of MSK Pain

Chair: R. Dass
Speakers: J.S. Roy, S. Foglia, J. MacDermid, F. Fiset
Location: Third Floor, 303A

Aim: This symposium will explore innovative technologies applied to innovations in delivery of pain rehabilitation.

Methods: Three panelists will present an overview of their cutting-edge technological approaches to MSK pain management, including: 1) three distinct virtual reality devices for persistent pain management, 2) Augmented Reality Sensorimotor Training Device (ARISE) an augmented reality system designed to improve cervical sensorimotor control, and 3) co-designed animated video education for remote delivery. Following these presentations, audience members will select to participate in one of the three small group components to obtain hands-on experience utilizing the technologies or to inquire about additional information. The session will conclude with a large group discussion, allowing the audience an opportunity for reflection and sharing of the application to their own research.

Results: At the conclusion session, audience members will have exposure to three new emerging technologies in MSK pain. Key themes following each session include: 1) the feasibility and implementation of technologies in MSK from research to clinical practice, 2) preliminary outcomes on the clinical utility of emerging technologies, and 3) consideration of technology-enabled solutions that support better implementation in modern pain care while addressing access, inclusivity, and system-level barriers.

Discussion/Conclusion: This workshop will foster cross-disciplinary learning and practical knowledge exchange.

At the end of this session, participants will be able to:

- Identify key barriers, priorities, and implementation challenges faced by clinicians and researchers in adopting innovative technologies for MSK pain management.
- Become familiar with available technology-based solutions, including how to access, integrate, and implement them within contemporary pain care settings.

- Recognize and exchange knowledge about additional technologies and resources relevant to MSK pain management, fostering shared learning within the pain care community.

1030h **Light Refreshment**
Third Floor Foyer

1100-1215h Concurrent Session – Six Scientific Program

Track 2 **Conversations about the biopsychosocial model of pain: Barriers, facilitators, and experiences from clinical practice**
Chair: C. Thomson
Speakers: S. Holtzman, C. Thomson, A. Qayyam
Location: Third Floor, 301A

A significant evidence-to-practice-gap remains with respect to treating pain through a biopsychosocial lens. Definitions for pain long ago shifted away from the biomedical model that associates pain with tissue damage, to a model that views pain as a dynamic exchange between our biology, thoughts, emotions, social factors, and relationships. Owing largely to societal misconceptions, many people hold strong beliefs that pain is primarily associated with structural and physical abnormalities, thus perpetuating a fear of movement leading to increased disability and lower quality of life. Further, providers cite patient expectations for biomedically focused treatments as a barrier to adhering to the clinical guidelines. Shifting public and provider understanding towards a multifactorial conceptualization of pain has potential to increase acceptance of self-management practices like education, cognitive behavioural therapy, and movement as first-line treatments. We will present recent findings that explore: 1) patient-reported views on psychosocial treatments and perspectives from pain psychology, 2) how to talk about the complexities of pain in a patient-centred way, and 3) share experiences from a program to guide providers towards a biopsychosocial treatment approach.

At the end of this session, participants will be able to:
- Describe barriers and facilitators to applying the biopsychosocial model of pain to practice.
- Explain why sharing knowledge about the biopsychosocial model is critical to promote uptake of psychosocial strategies for pain management.
- Summarize effective knowledge translation approaches that support sustainable practice change and that may support a patient-centred dialogue about the complexities of chronic pain.

Track 3 **Going Deeper: Arts-based Research Approaches to Chronic Pain**
Chair: H. Noga
Speakers: F. Howard, K. Penfold, J. Desrosiers
Location: Third Floor, 301B

Arts-based research approaches have recently become integrated into chronic pain (CP) research. Arts-based research, in various contexts beyond the field of CP, has proven to be an effective approach for facilitating communication, building researcher-participant relationships and deepening our understanding of people's lived experiences with illness. Arts-based research presents a unique opportunity for

widespread knowledge translation and relatable content is developed by people with lived and living experience (PWLLE) for PWLLE. This symposium will focus on the rational for art-based research and its potential application in CP research specifically. We will demystify a wide range of artistic approaches including digital storytelling, photovoice and painting. We will examine the value of arts-based research, not only as a research methodology, but also for its therapeutic potential and its effectiveness as a strategy for knowledge translation. Through the eyes of PWLLE we will discuss how, at times, pursuing alternative pathways, different traditional research approaches, can provide new perspectives, enrich understanding, and promote meaningful and impactful collaborations. Finally, the panel will address limitations, challenges and considerations for involving people in CP in arts-based research practices. Chaired by H. Noga, a coordinator of arts-based research projects with over 10 years of experience, we will share a range of perspectives in a panel discussion. Our panel will include Dr. Howard, a leading researcher in arts-based methodologies and knowledge translation, K. Penfold, a PWLLE who participated in a digital storytelling project and J. Desrosiers, a trainee who incorporated art workshops into her doctoral research.

At the end of this session, participants will be able to:

- Define art-based approaches and their potential for chronic pain research.
- Outline key aspects of the lived experience of chronic pain, with a focus on the experience of participating in an arts-based research project.
- Address the strengths, limitations, challenges and opportunities of using art in research.

Track 4 From Insight to Action: Redesigning Pain Care in the Community

Chair: C. Harrison
Speakers: M. MacNeil, S. Tupper, T. Etheridge
Location: Third Floor 302A

Biopsychosocial, multimodal pain care has long been recognized as the optimal approach to address the diverse impacts of chronic pain across the lifespan. Yet most people living with chronic pain do not get referred to chronic pain clinics or have long waits to access tertiary care services. Therefore, the majority of pain care takes place in community settings. Patient and provider perspectives are powerful drivers of innovation in pain care. These perspectives do more than describe problems, they offer essential evidence for redesigning care and building more responsive, equitable systems. This symposium will explore how understanding pain care from multiple levels, the patient experience, the clinician experience and system processes and information flow, can guide meaningful change. Presentations will offer multidisciplinary perspectives from three provinces (British Columbia, Alberta, and Saskatchewan) using research and clinical/health systems data and experience about the role of primary and community-based pain management. Specifically, they will highlight how patient and caregiver journey mapping can inform new care pathways, how we need to address clinician training and education, and how these insights can be mobilized into concrete practice and policy reforms. By engaging with health system leaders and advocacy organizations, we can strengthen how health care provider knowledge and system-level strategies are aligned, ensuring that clinicians across primary care are equipped to meet the complex needs of people living with pain. Together, we can move from insight to action, shaping a health system that truly responds to those it serves.

At the end of this session, participants will be able to:

- Interpret patient and family journey maps as a strategy to understand lived experience perspectives on navigating chronic pain care in the community and identify how these insights can inform more equitable and person-centred care pathways.
- Describe process mapping as a tool for primary care health system design that integrates patient and provider experiences with chronic pain.
- Identify common gaps in knowledge and challenges faced by providers in navigating and delivering pain care and explore approaches to enhance provider capacity to educate and support patients living with chronic pain.

1100-1215h Concurrent Session – Six: Practicum Program

Track 1 Chronic craniofacial/orofacial pain: Perspectives from Dental Professionals and Patients

Chair: S. Jayaraman
Speakers: S. Jayaraman, R. Linker, C. Foisy-Marquis
Location: Third Floor, 302B

Healthcare professionals are no strangers to acute and chronic pain conditions; dentistry is no different. In a typical dental office, patients present for care for a wide variety of reasons. Chief among the reasons is pain from odontogenic (teeth and gums) origin. These pains are managed in a short order by manipulating teeth (like root canal treatment or extractions) and supporting structures (for instance abscess drainage by mucosal incision). Besides odontogenic pain there exist a plethora of other pain states including mucocutaneous disorders encountered in a dental office that result in acute and chronic non-odontogenic/mucocutaneous pain. Chronic orofacial pain typically requires multidisciplinary approach. This lecture takes a bird's eye view of some of the common etiologies of orofacial pain, along with diagnostic and management considerations. A strong emphasis is placed on integrating medicine, dentistry and allied health professionals. We hope to bring it all together by listening to a person with lived experience.

At the end of this session, participants will be able to:

- Familiarize themselves with the complex nature of orofacial and craniofacial facial pain.
- Outline the role of oral and maxillofacial surgeons.
- Appreciate how social determinants of health can impact pain patients' experiences of pain and their ability to access resources.

Track 2 Percutaneous Epidural Adhesiolysis for Chronic Low Back and Lower Extremity Pain: Comparative Effectiveness of Conventional Catheter Technique Versus Spinal Epidural Balloon Decompression. The Evolving Role of Patient Cloning AI and Immersive Digital Twin for Spine Interventions.

Chair: Y. Kotteeswaran
Speakers: Y. Kotteeswaran, J. Shin, J. Koh
Location: Third Floor, 303A

Chronic refractory low back pain (LBP), with or without lower extremity pain, remains a significant therapeutic challenge when symptoms persist despite conservative management, epidural steroid injections (ESIs), or surgical intervention. Common

etiology's include post-surgery syndrome, spinal stenosis, and disc herniation. While many patients improve with surgery or injections, a subset remains symptomatic and may not be candidates for additional surgery. For these individuals, percutaneous epidural adhesiolysis represents an important alternative. Chronic radicular pain due to epidural adhesion arises from both mechanical nerve root compression and inflammatory mediators that promote ectopic neuronal firing. Percutaneous adhesiolysis addresses these mechanisms through lavage of proinflammatory cytokines, reduction of edema, lysis of fibrotic adhesions, neuromodulation, and local anesthetic effects. Adhesions are identified by MRI and confirmed with epidurography demonstrating filling defects, which resolves following successful lysis. Catheter technique include chemical adhesiolysis using hypertonic saline and mechanical adhesiolysis with steerable catheters. Although these techniques often provide short-term analgesia, functional gains may be limited.

Spinal epidural balloon decompression was developed to enhance outcomes, particularly in spinal stenosis and post-lumbar surgery syndrome. By expanding the epidural space around affected nerve roots, balloon decompression may achieve more extensive adhesiolysis, improved neural decompression, better walking tolerance, and reduced need for repeat procedures.

Additionally, emerging technologies such as Patient Cloning AI and immersive digital twins offer transformative potential in spine intervention. Current image-guided procedures rely primarily on two-dimensional fluoroscopic visualization. By enabling three-dimensional, patient-specific visualization and procedural planning these innovations may enhance precision, safety, and clinical outcomes in interventional spine care.

At the end of this session, participants will be able to:

- Describe the pathophysiological mechanisms underlying epidural fibrosis and review of literature on the efficacy and complications of conventional catheter technique.
- Review of clinical experience of the efficacy, durability of response, and complication of spinal epidural balloon decompression.
- Discuss the emerging role of artificial intelligence in imaging analytics, procedural planning, and outcome prediction in spine interventions.

1215h The Canadian Pain Society 2026 Annual Scientific Meeting Concludes

Non Accredited Events

Extra Events – non accredited activity

Thursday April 30

1215-1400h **PWLE/Trainee Lunch and Workshop Non accredited activity, see details page 35**
You must be registered to attend
Room 200C

Borrowed Lenses: Partnership in Practice
People with Lived/Living Experience & Trainee Lunch

Borrowed Lenses: Partnership in Practice is a shared session between the Chronic Pain Network (CPN) and the Patient Engagement Committee of the Canadian Pain Society (CPS). This interactive lunch brings together trainees and People with Lived and Living Experience of pain to network, exchange ideas, and explore how to strengthen meaningful partnership in pain research.

Participants will be introduced to the Chronic Pain Network, learn how to become involved in its work, and engage in a structured perspective-taking activity designed to build empathy, shared understanding, and more equitable collaboration. The session is designed to move from connection and conversation toward practical ideas for improving partnership in research and shared initiatives.

Exhibitors

The Canadian Pain Society has received educational funding or in-kind support from the following exhibitors

Vertex Pharmaceuticals (Canada) Incorporated

Chronic Pain Network

Diros Technology Inc.

Stryker Canada

Abbott

Alliance Diagnostics & Treatments Inc.

Aurora

Biron Health Group

Boston Scientific

Canada SET

Contura Orthopedics

Kenvue

Lundbeck Canada Inc.

Managing Life

NeuPath Centre for Pain and Spine

Newmarket Health & Wellness Center

Restore Pharmaceuticals

SpinaFx

American Association of Pain Medicine (AAPM)

Chronic Pain Centre of Excellence for Canadian Veterans (CPCoE)

International Association for the Study of Pain (IASP)

Michael G. DeGroote Institute

Pain Canada

Partnership for the Engagement of People in Pain Research (PEPR)

AQDC - Quebec Chronic Pain Association

Quebec Pain Research Network (QRPN)

University Health Network - Opioid Course

University of Toronto Centre for the Study of Pain (UTCSP)

United States Association for the Study of Pain (USASP)