

## **Developing a Pain Research Strategy for Europe: an international network of world-leading experts and patient representatives (PRiSE)**

### **Communication and dissemination strategy**

#### **Overview**

The European Pain Federation EFIC convened a meeting of the PRiSE consortium<sup>1</sup> on the 4<sup>th</sup> October 2024 to discuss ideas and define a communication and dissemination strategy for the European Pain Research Strategy<sup>2</sup>. The meeting was held to develop ideas on the strategic purposes for dissemination, and to consider regional variances in how the European Pain Research Strategy may apply. The meeting was attended by leading pain researchers across Europe, representing a variety of disciplines and research interests.

#### **Definitions**

Throughout this document, a variety of terms and acronyms are used which should be set forward here:

- ‘European Pain Research Strategy’ – formally known as ‘*a pain research strategy for Europe: A European survey and position paper of the European Pain Federation EFIC*’ – the basis for the dissemination strategy, articulating research priorities for the European pain research community
- ‘Communication and dissemination strategy’ – The strategy being defined in this document, i.e. the strategy for dissemination of the ‘European Pain Research Strategy’
- ‘Research Strategy Roadmap’ – the plan established by the European Pain Federation EFIC for the development of the ‘European Pain Research Strategy’, defining in advance the vision, mission and values of such a Strategy
- ‘Implementation plan’ – an initial set of actions established at the outset of the development of the ‘European Pain Research Strategy’ via the ‘Research Strategy Roadmap’, many of which would be taken forward and expanded upon via the ‘Communication and dissemination strategy’
- ‘European Pain Federation EFIC’ – the scientific society representing the multidisciplinary pain research community in Europe
- (European) Pain research community – the researchers and research institutions (in Europe) with a primary focus on pain science, usually but not exclusively linked to the European Pain Federation EFIC. As they operate autonomously to EFIC, we use this term throughout the paper as distinct from EFIC.

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<sup>1</sup> ‘Developing a Pain Research Strategy for Europe: an international network of world-leading experts and patient representatives (PRiSE)’ is funded by the ERA NET NEURON funding platform, via the 2022 European Networking Groups Call on Chronic Pain <https://www.neuron-eranet.eu/>

<sup>2</sup> ‘A pain research strategy for Europe: A European survey and position paper of the European Pain Federation EFIC’ <https://onlinelibrary.wiley.com/doi/full/10.1002/ejp.4767>

## **Attendees**

### In person

| <b>Name</b>               | <b>Affiliation</b>   |
|---------------------------|--|
| Luis Garcia-Larrea        | INSERM and Claude Bernard University Lyon (France)           |
| Esther Pogatzki-Zahn      | University of Münster (Germany)                              |
| Brona Fullen              | University College Dublin (Ireland)                          |
| Thomas Graven Nielsen     | Aalborg University (Denmark)                                 |
| David Finn                | University of Galway (Ireland)                               |
| Kevin Vowles              | Queens University Belfast (United Kingdom)                   |
| Ioannis Sotiropoulos      | National Centre of Scientific Research “Demokritos” (Greece) |
| José Antonio López García | University of Alcala (Spain)                                 |

### Virtual

| <b>Name</b>                           | <b>Affiliation</b>                               |
|---------------------------------------|--|
| Kirsty Bannister                      | King’s College London (United Kingdom)           |
| Magdalena Kocot-Kępska                | Jagiellonian University (Poland)                 |
| Hugo Miguel Vale Leite Santos Almeida | University of Minho (Portugal)                   |
| Mira Meeus                            | University of Antwerp (Belgium)                  |
| Snezana Tomasevic -Todorovic          | University of Novi Sad (Serbia)                  |
| Gisele Pickering                      | University Hospital of Clermont-Ferrand (France) |
| Susanne Becker                        | University of Zurich (Switzerland)               |
| Mary O’Keeffe                         | University College Dublin (Ireland)              |

## **Objectives of the meeting**

The objectives of the meeting were to:

- Determine a communication and dissemination strategy for the European Pain Research Strategy
- Consider the purposes of dissemination and identify useful actions
- Reflect on possible divergent perspectives across Europe and establish ideas for how to foster ownership of the Strategy at national level

## **Update on Strategy development and publication process**

The meeting opened with a reminder of the European Pain Research Strategy findings and an update on the publication process.

The manuscript was resubmitted to the European Journal of Pain upon addressing minor revisions.

Update 19 December: The manuscript has now been published and is available online:

<https://onlinelibrary.wiley.com/doi/full/10.1002/ejp.4767>

Following publication of the European Pain Research Strategy, the PRiSE consortium aimed to:

- 1. Reach consensus on the most important research priorities across basic, pre-clinical, translational, and clinical chronic pain research, and how they should be addressed*
- 2. Explore enablers and barriers to successful implementation of the Strategy*
- 3. Develop a web platform to amalgamate developments in, and track the success of our implementation efforts*
- 4. Create a roll-out framework to ensure its successful implementation.*

Those objectives were to be addressed in three work packages (WPs):

*WP1. We will conduct two 2-day face to face workshops at EFIC's office in Brussels to reach consensus on priorities, how they should be addressed, and explore enablers and barriers to successful implementation of the Strategy.*

*WP2. We will conduct online focus groups to identify key features of a web platform to track and record the success of our implementation efforts.*

*WP3. We will conduct a multifaceted dissemination and communication approach to roll-out the Strategy.*

The 4<sup>th</sup> October meeting would make progress on those work packages, with this document aiming to encapsulate the key outcomes.

### **Foundational communications activities**

The group discussed the basic foundational activities required to effectively disseminate the Strategy, reflecting upon similar work undertaken within the IMI-PainCare project. These activities would include:

- The development of some form of 'web platform' (details of which would be discussed later)
- The organisation of congress sessions, primarily at 'Pain in Europe', the congress of EFIC.
- The sharing of information via the EFIC newsletter and website news articles
- Posting via the EFIC social media accounts
- The creation of information packs' for special target audiences
- The creation of visual explainers and infographics

The EFIC team highlighted the importance of considering communication beyond the core pain science audience, taking the attendees of the meeting outside of their comfort zone and thinking about the various audiences for the European Pain Research Strategy. The audiences and the messages appropriate to them are considered in detail below.

The EFIC team also highlighted the need to consider the need to periodically evaluate progress when considering the value of communication and dissemination. The implementation plan for the European Pain Research Strategy, as set out in the initial [roadmap](#), suggests the following as implementation actions and means of evaluating progress:

*Our implementation plan:*

- *Disseminate the strategy via targeted briefing papers and communication tools to reach policy makers, funders and key institutions*
- *Roll-out the actions of the strategy directly applicable to EFIC, including any new working groups, task forces, scientific papers etc*
- *Expand on EFIC's recently launched Pain Scientist Network*
- *Orientate any new funding opportunities provided by or guided by EFIC*
- *Seek new funding opportunities via industry partners*
- *Disseminate the strategy via national partners (e.g. EFIC national chapters) and offer presentations at scientific meetings – enable translation in national languages if needed*
- *Network existing European pain research initiatives and build synergies for future collaboration*
- *Monitor and disseminate future research calls to assess strategy communication success*
- *Bolster EFIC's position as a partner in research consortia through its intellectual leadership*

*Evaluating our progress:*

- *Systematic yearly evaluation will be carried out to ensure the quality and viability of the projects*
- *Increase in research collaborations*
- *Funding successes*
- *Involvement in research consortia*
- *Growth in Pain Scientist Network participation*
- *Meeting invites*
- *Educational content produced relevant to our four main themes*

The European Pain Research Strategy has ambitions beyond its initial publication and status as a scientific paper. To be successful, the strategy has to contribute to tangible progress in terms of its influence on the research landscape, policy priorities, funding opportunities and so forth. A communication and dissemination strategy is therefore more than a series of actions, but a long-term process requiring consistent delivery and periods of reflection and re-orientation. The EFIC team briefly reflected on the idea of a 'web platform', and the possibility that this be used as a focal point for evaluating progress. The 'web platform' could serve as a public listing of the dissemination strategy and the various metrics by which its success is measured.

The ideas set out in the initial strategy roadmap would be fleshed out below in the full communication and dissemination strategy.

### **European Pain Research Strategy dissemination purposes**

The main focus of the meeting was to identify and explore certain strategic considerations of dissemination, reflecting on target audiences and purposes. These were drafted ahead of the meeting as such:

- **Purpose 1:** Motivate and mobilise leading pain researchers to carry out research projects that implement the priorities of the European Pain Research Strategy
- **Purpose 2:** Convince policy makers and funders (public and private) to understand the importance of pain research and shape future funding schemes in accordance with the European Pain Research Strategy
- **Purpose 3:** Promote ownership of the European Pain Research Strategy by professional associations and partners of EFIC, to influence research priorities outside of the core pain science community
- **Purpose 4:** Partner with patients to reflect on components of the European Pain Research Strategy that relate to the lived experience of pain and co-create future collaborative actions

The group split into breakout groups to reflect at length on these purposes and then report back to the group in plenary. The discussions helped articulate concise and meaningful actions to put towards these purposes.

***Purpose 1:** Motivate and mobilise leading pain researchers to carry out research projects that implement the priorities of the European Pain Research Strategy*

The idea set forward here is that the European Pain Research Strategy should influence and inspire individual researchers to carry out research that correlates with the priorities of the strategy. This would naturally be limited to researchers who have some degree of autonomy in defining their projects. Some attendees felt that this was overly optimistic, noting the degree to which researchers adapt to priorities and call topics of major funders. Despite these limitations, we explored the topic, noting that researchers nevertheless maintain a core focus, irrespective of call topics and themes.

### **Conclusions and proposed actions**

1. The European Pain Research Strategy should influence pain researchers via its initial scientific publication in the European Journal of Pain and its promotion by the European Pain Federation EFIC. The most basic signs of progress to follow are the number of citations and the number of views of the paper.
2. A more substantial marker of success would be the publication of a novel research paper aligned with the European Pain Research Strategy that fundamentally influences the pain research community, with a very high citation rate, that influences early career researchers to get further involved in the field.
3. The European Pain Federation EFIC sits above the European pain research community, connecting and mobilising individual researchers and research institutions with its activities. Those activities have their own processes and leadership, and fundamentally a level of scientific autonomy is required. Nevertheless, those activities could be used to incentivize research aligned with the European Pain Research Strategy.
4. Grants and prizes offered by EFIC, as well as the submissions systems and guidance used for projects like the EFIC Congress and European Journal of Pain could be used to stimulate research aligned with the European Pain Research Strategy.

5. The European Pain Research Strategy should be referenced in curricula across Europe, reflecting the ‘Scholar’ dimension of the CANMEDs framework for physician education. Likewise for allied healthcare professionals, the Strategy should be seen as a reference point for understanding the status of pain research, current knowledge and bottlenecks towards progress,

### **Specific practical ideas**

- Develop tracker for citations and views of the original paper.
- Establish a system for endorsement of pain research funding proposals, connecting endorsement with pursuit of the priorities in the European Pain Research Strategy.
- Discuss alignment of categories of European Pain Federation EFIC grants, prizes and submission systems with the European Pain Research Strategy.
- Disseminate information on the European Pain Research Strategy to leading educators and curricula development groups.
- Provide slides on the European Pain Research Strategy to pain research experts across Europe to share with their students.

**Purpose 2:** *Convince policy makers and funders (public and private) to understand the importance of pain research and shape future funding schemes in accordance with the European Pain Research Strategy*

The idea set forward here is that the European Pain Research Strategy is used as a reference point when major funding programmes are assembled. Programmes for which the funding is coming from public sources usually have an element of democratic accountability and a need to reflect publicly shared and shaped priorities. Therefore, there is a need to ensure that the pain research community is not absent from such debates. Likewise, where funding programmes and priorities are assembled by experts outside of public consultation processes, the pain research community needs to have well-articulated and credible reference points that stand to represent well-established priorities for the field. In addition, the European Pain Research Strategy could potentially influence private funders, including the pharmaceutical industry, who may seek to demonstrate alignment with the strategy or take it to represent important bottle-necks and potential clinical end-points that their investments should seek to target.

### **Conclusions and proposed actions**

1. Pain as a public health priority is not well-understood by policymakers or funders. The European Pain Research Strategy is important as, for the first time, someone is having a real attempt at convincing those influencing public funding to understand pain (and chronic pain in particular) as a field of science and an unmet need.
2. Pain has been neglected as a field of research funding historically, whereas adjacent fields such as mental health have prospered. The pain research community needs to reflect on the reasons for this, as well as to take inspiration from successful fields when making its case to funders.
3. The lack of health economic data to quantify the cost of unmanaged pain and the potential savings through improved treatment has hampered the success of research funding applications, especially for calls for which pain science is not the sole focus. The communication and dissemination strategy needs to take the best available economic argumentation to strengthen the case. Hopefully, the roll-out of ICD-11 in the near future

will help address this problem, by improving diagnosis coding and establishing stronger European data sets concerning people living with chronic pain.

4. The pharmaceutical and medical device industries are likely to focus on research priorities they define on the basis of factors such as i) significant patient demand ii) public/political interest iii) profitability and iv) the feasibility of innovation and commercialisation. A society-led research strategy will struggle to challenge these basic priorities. Nevertheless, we should aim to disseminate the strategy to pharmaceutical and medical device manufacturers as funders of research. It should be an ambition to convince private funders to see the European Pain Research Strategy as an important source to cite when establishing the public/political interest in a field of research.
5. National-level funders require an approach tailored to their system and their language. Therefore the European Pain Research Strategy needs some form of translation, either in full or via a cover letter or fact sheet in different languages.

### **Specific practical ideas**

- Develop an introductory text that sets out the needs for action e.g. quantifies the burden of pain.
- Develop an introductory text that explains basic pain concepts, to help get around stigma associated with pain management and pain science.
- Use a monitoring service that tracks citations of documents like the European Pain Research Strategy within policy documents.
- Organise a virtual roundtable meeting with R&D teams from companies invested in pain research.
- Develop cover letters and fact sheets in languages other than English.

**Purpose 3:** *Promote ownership of the European Pain Research Strategy by professional associations and partners of EFIC, to influence research priorities outside of the core pain science community*

The idea set forward here is that the pain research community is potentially too small and niche to have a sizeable impact alone on potential targets such as the European Commission research framework programme. Therefore, a communication and dissemination strategy should aim to establish common ground between EFIC, representing the pain research community, and other scientific societies and partner organisation with a shared stake in the improvement of pain science knowledge. EFIC currently works cooperatively with partner organisations via a formulation known as the [European Pain Forum](#). Cooperation within the forum is always voluntary, and therefore there is no guarantee of dissemination support for the strategy. In addition, some partner organisations naturally will wish to prioritise their own sectoral interests and their own equivalent strategy documents where they exist. Nevertheless, EFIC have established a high level of trust and cooperation with partners and would expect some degree of support.

### **Conclusions and proposed actions**

1. Each pain-adjacent scientific society either has a pain-focused working group or scientific panel, or at least has champions of pain science within. We need to map out and network with these sub-groups to promote the European Pain Research Strategy across our network



2. We should approach scientific societies and congresses from the ground-up. Proposals promoting pain science and the need for stronger pain research funding should be submitted within formal channels for workshops rather than seeking favour from the leaderships of such organisations.
3. The European Pain Federation EFIC is often invited to showcase projects at other congresses via 'open theatre' type sessions. We should develop a short presentation on the European Pain Research Strategy for delivery in such forums. In addition, we should prepare a presentation that EFIC team members would be equipped to deliver, in cases where congresses are not attended at scientific level.
4. Researchers often work in scientific fields where pain should be seen as an important dimension though pain does not feature as a core component of their own research (e.g. cancer care). Research funding schemes are often targeted towards these other scientific fields and neither funders nor researchers are sensitive to the need to address the pain dimension of their field. We should consider the benefit of interjecting within these other scientific fields, by developing introductory materials that reflect their initial level of detachment from our field. For example – '*Why include pain within your cancer research proposals?*'

### Specific practical ideas

- Map the various pain-focused subgroups or pain champions within partner societies
- Establish a virtual meetings programme to explain and promote the European Pain Research Strategy to partner societies
- Seek formal endorsement of the European Pain Research Strategy and seek promotion of the Strategy on partner websites and communications channels.
- Organise a series of joint webinars partner societies to promote the commonalities between our fields of research and promote the European Pain Research Strategy.
- Develop very short facts sheets on pain science and the European Pain Research Strategy targeted at researchers from other fields.

**Purpose 4:** *Partner with patients to reflect on components of the European Pain Research Strategy that relate to the lived experience of pain<sup>3</sup> and co-create future collaborative actions*

The idea set forward here is that patient and public involvement (PPI) in the development and implementation of pain research priorities should be welcomed, and that this should take effect within the implementation of European Pain Research Strategy. Key opinion leaders within the pain science community have recently established<sup>45</sup> principles for how PPI can be facilitated within pain research. The European Pain Research Strategy has various priorities for which patient involvement will improve implementation. Partnering with patients will also have a secondary benefit in demonstrating the legitimacy of the strategy in the eyes of policymakers who have

<sup>3</sup> Terminology is constantly changing with regards to language and what is considered to be appropriate for the description of those people for whom the field of clinical practice is targeted. As of 2025, the phrase 'people with lived experience' (of pain) is growing in popularity. However, 'patients' is frequently used as short-hand, as well as the term 'patients' organisation' or 'patient advocacy group', by the individuals concerned. We therefore use the terms interchangeably.

<sup>4</sup> 'Patient engagement in designing, conducting, and disseminating clinical pain research: IMMPACT recommended considerations' <https://pubmed.ncbi.nlm.nih.gov/38198239/>

<sup>5</sup> 'Enhancing and Facilitating the Trustworthiness of Pain Evidence (ENTRUST-PE)' <https://m.entrust-pe.org/>



repeatedly called for patients to be involved in the development of research programmes and strategies.

### **Conclusions and proposed actions**

1. Patient involvement in the definition of research priorities is often critical to success in influencing public funders of research. The experience of the European Pain Federation EFIC has been that politicians are usually more open to listening to those affected rather than those working on the solutions. For that reason, we have a strong interest in seeking alignment between researchers and patients on priorities.
2. In addition, patient-involvement in research is becoming recognised as an important value in and of itself, as well as potential enabler of success. Trial recruitment, the language and tools used to stimulate patient reported outcomes (pain being fundamentally subjective), and the aspects of the human experience and prioritisation of certain treatment outcomes are just three factors which should be improved through direct patient involvement in pain research projects. The European Pain Research Strategy itself would benefit from a deeper involvement of patients in further defining priorities and articulating them within the frame of reference for non-researchers.
3. Consultation meetings and surveys could be established to compare priorities from the two communities. Patients could be asked to rank the priorities of the European Pain Research Strategy, or to interpret them from their perspective.
4. We need to define a pathway for collaboration with the pain patient community, considering the strengths and weakness of the main umbrella organisation Pain Alliance Europe. The European Pain Federation could establish consultation channels with and for PAE, that reflect the broad scope of PAE, in terms of national make-up and pain-type concerned. We may need to go beyond the boundaries of PAE to cover certain topics which are fundamental to pain science but for which PAE may have gaps e.g. acute pain and cancer pain.
5. We will need to define modes of interaction and consultation that are flexible towards the different populations concerned, including potential communication barriers, mobility issues and (potential lack of) digital skills. Patients' organisations are frequently composed of individuals with a high degree of digital literacy and a scientific and political knowledge above the average.
6. We need to define a scope of work for this patient engagement workstream and consider investing resources into it, as many of the actions and tools required are unlikely to be easily incorporated into our existing working methods.

### **Specific practical ideas**

- Set up consultation process with patients' organisations to reflect upon and articulate aspects of the European Pain Research Strategy that reflect their priorities and concerns.
- Set up patient consultation framework to strengthen our ability to gain feedback on topics beyond the purview of the Pain Alliance Europe structure.
- Draft a cover letter to be co-signed by EFIC and PAE leaders endorsing the European Pain Research Strategy and setting out the ways in which the two organisations will be working to establish a patient role within its implementation.
- Develop a plain language summary of the European Pain Research Strategy to enable patients to understand the project and its relevance to them and their conditions.

## **Regional and national interpretations of- and reactions to the Strategy**

The group split into two breakout groups (one for virtual attendees and one for those present in-person) to reflect on differences in interpretation of- and reactions to the Strategy, taking into account different national contexts, existing priorities, research agendas and funding available for research.

In general, the group did not consider there to be a large chasm between what we might consider 'Western Europe' and 'Eastern Europe' on the contents of the European Pain Research Strategy and the value of its recommendations locally. The group discussed the potential economic and cultural 'dividing lines' that are often drawn, noting the dominance of research institutions in North-Western Europe and in larger economically developed countries with more of a focus on their 'knowledge economy' and research and development as a component of national GDP. The group featured researchers from Poland and Serbia, as well as attendees from what we might call Southern European or 'mediterranean' countries. Many attendees also frequently collaborated with colleagues and institutions in less economically developed countries in the region. The conclusion was that the European Pain Research Strategy itself does not require regional divergences or interpretations that would fundamentally alter its contents.

The main conclusion of this part of the meeting was that dissemination of the strategy requires national and local adaptation irrespective of the country and its economic and cultural circumstances. The strategy requires translation, but also its own national champions and an approach to dissemination tailored to the local environment. Various actions were considered:

- National higher education institutions and educational frameworks should be targeted directly.
- National health and science ministries should be targeted, and national funding agencies should not be ignored.
- National stakeholders should be empowered to promote pain research and the strategy with our support and endorsement.
- EFIC's national chapters should formally endorse the strategy and promote it to their own members via webinars.
- National patients' organisations should be engaged with to see if they can become champions for the strategy nationally, where they often have a strong voice in discussions with government.

In addition, the group saw it as potentially attractive to promote the European Pain Research Strategy outside Europe, to other regions of the globe or via the International Association for the Study of Pain.

## **Conclusions and proposed actions**

The meeting was productive and illuminating, helping to define concrete ideas that carry out the 'purposes' of dissemination described above. The group featured many leading pain scientists, who bring a wealth of experience to the discussions, and who could help separate the stronger ideas from the weaker, and help dispel myths and misunderstandings. The group also had a good balance of national representatives, helping to ensure that the conclusions were unbiased on regional grounds. The contributions of the experts enriched the dissemination and

communications strategy beyond the initial considerations of the EFIC team and beyond the initial ideas set out in the ‘research strategy roadmap’.

The next steps are for the EFIC team to publish the dissemination and communications strategy on the EFIC website and to set out the key actions and KPIs visually as a central point for those interested in the future of the strategy. Publicising and updating on the strategy in this way will help incentivise progress and ensure the EFIC team stay focused on achieving success. The core components of what will be visualised on the website are described below.

## **Implementation actions**

### *Materials*

1. Develop basic ‘information pack’ on the European Pain Research Strategy, including short briefings on basic pain concepts, addressing any stigma around pain management (e.g. via a Q&A for tricky questions), the importance of pain science, the burden of pain and key economic arguments on the cost of unmanaged pain.
2. Translate the ‘information pack’ and the paper itself into languages other than English.
3. Develop cover letters for target audiences in adjacent scientific fields e.g. oncology, mental health, neurology, rehabilitation, rheumatology.
4. Develop plain language summary of the Strategy for patient and public dissemination..
5. Develop infographics to represent the European Pain Research Strategy and the key points of the information pack.
6. Develop slides to be integrated by all key opinion leaders in pain science .

### *Outreach*

7. Map and target research policy and funding stakeholders for meetings.
8. Organise and launch outreach programme targeted at partner scientific societies.
9. Map and target educational leaders and curricula .
10. Organise ‘industry roundtable’ to discuss the strategy.
11. Launch consultation process with Pain Alliance Europe and consider additional actions to build in patient involvement in the implementation of the strategy.

### *Internal reorientation*

12. Establish proposal endorsement system.
13. Discuss alignment of categories of European Pain Federation EFIC grants, prizes and submission systems with the European Pain Research Strategy.
14. Discuss role of the strategy with the Editor-in-Chief of the European Journal of Pain.

## **KPIs and tracking methods (numbers in brackets refer to ‘purposes’ above)**

- Number of meetings with the European Commission or other government entities/funders where the paper is a subject of discussion (2)
  - Self-reported by EFIC based on outreach programme established by EFIC team
- Number of meetings with politicians responsible for research policy where the paper is a subject of discussion (2)
  - Self-reported by EFIC based on outreach programme established by EFIC team
- Number of meetings with partner societies where the paper is a subject of discussion (3)
  - Self-reported by EFIC based on outreach programme established by EFIC team

- Number of public webinars held in association with partner societies where the paper is a subject of discussion (3)
  - All webinars to be promoted by EFIC and archived on website
- Number of scientific sessions where the paper is a subject of discussion
  - All events where sessions held to be promoted by EFIC and archived on website
- Citations of original paper (1)
  - EFIC to regularly track the data on the EJP website
- Views of original paper (1)
  - EFIC to regularly track the data on the EJP website
- Citations of the original paper within policy or similar (e.g. policy study, funding strategy etc) documents from funders or government entities (2)
  - SAGE Policy Profiles or similar tools to be used to regularly track data
- Citations of the original paper within funding applications by researchers (1)
  - Based upon requests made by researchers for endorsement
- Amount of funding awarded by EFIC aligned with the Strategy (1)
  - Based upon (possible) grants to be established in future reflective of strategy or applications made targeted at the strategy
- Number of submissions to the EJP aligned with the Strategy (1)
  - Based upon (possible) orientation of the EJP submission system (e.g. special issues) reflective of the strategy
- Number of congress abstract submissions aligned with the Strategy (1)
  - Based upon (possible) orientation of the congress submission system (e.g. special issues) reflective of the strategy
- Number of references to the Strategy within educational curricula (1)
  - EFIC to track targeted curricula after outreach programme established by EFIC team
- Number of endorsements of the Strategy by partner organisations (3)
  - EFIC to seek endorsements after outreach programme established by EFIC team

### **Reporting Schedule**

The EFIC team will establish a quarterly meeting schedule to check-in on key reporting requirements listed above, and to identify updates to the section of the EFIC website documenting the dissemination and communication strategy. In addition, the EFIC team will set up automated updates on high value KPIs such as citations of the original paper within policy or similar documents from funders or government entities.

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**PRiSE Consortium**

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|---|--|
| <b>Scientific Coordinator<br/>INSERM and Claude<br/>Bernard University Lyon<br/>1(France)</b> | Director of Research Luis Garcia-Larrea is the EFIC's President Elect, will provide leadership to implement the Strategy at EFIC, is Editor in Chief at the European Journal of Pain which will play a significant role in communication and implementation; will provide expertise on priorities relating clinical neurology and neurophysiology of pain in humans: psychophysics, electrophysiology (EMG, EEG, rTMS), functional imaging (fMRI, PET-scan), and through being involved in research and clinical practice, his contribution will aim at bridging the gap between these areas and identify lines of action with potentialities of meaningful results in patients. |
| <b>University Hospital of<br/>Clermont-Ferrand<br/>(France)</b>                               | Professor Gisele Pickering is Lead of the EFIC Pain Research Strategy, will provide leadership at the workshops, and will provide expertise on priorities relating to clinical trials, benefits and harms of analgesics (e.g. ketamine), pharmacology, translational research, and assessment and treatment of pain in older adults.   |
| <b>University College Dublin<br/>(Ireland)</b>  | Associate Professor Brona Fullen is current President of EFIC, will provide leadership to implement the Strategy through EFIC, and will provide expertise on non-pharmacological clinical research priorities, particularly relating to physiotherapy, health literacy, and self-management.   |
| <b>European Pain<br/>Federation EFIC<br/>(Belgium)</b>  | EFIC will organise and coordinate the scientific activities of the networking group; and widely disseminate, communicate, and implement the Research Strategy; Dr Mary O'Keeffe will ensure the inclusion of early career researcher perspectives and provide expertise on priorities relating to biopsychosocial management of chronic low back pain and other chronic musculoskeletal pain conditions.   |
| <b>Aalborg University<br/>(Denmark)</b>   | Professor Thomas Graven Nielsen will provide expertise on priorities relating to neurobiology, translational pain research on neuroplasticity in musculoskeletal pain and human technological pain biomarkers and is Member of the EFIC Steering Group developing the European Pain Research Strategy.   |
| <b>University of Galway<br/>(Ireland)</b>   | Professor David Finn will advise on preclinical and clinical research on reciprocal interactions between pain and mood disorders/stress/negative affect and endogenous cannabinoid and opioid systems and is a Member of the EFIC Steering Group developing the European Pain Research Strategy.   |
| <b>King's College London<br/>(United Kingdom)</b>   | Dr Kirsty Bannister will provide expertise on priorities relating to bridging bench and bedside pain research, in particular back and forward translational experiments focus on addressing the problem of failure when it comes to the discovery of novel analgesics and is a Member of the EFIC Steering Group developing the European Pain Research Strategy.   |
| <b>Universite catholique de<br/>Louvain (Belgium)</b>   | Prof Andre Mouraux will provide expertise on priorities relating to pain mechanisms, neuroscience, and translational research, and is a Member of the EFIC Steering Group developing the European Pain Research Strategy.  |
| <b>Rambam Health care<br/>campus (Israel)</b>   | Professor Elon Eisenberg will provide expertise on priorities relating to clinical assessment and management of neuropathic pain, complex regional pain syndrome, cancer-related pain, as well as opioids and cannabinoids, and is a Member of the EFIC Steering Group developing the European Pain Research Strategy.   |
| <b>University of Zurich<br/>(Switzerland)</b>   | Professor Suzanne Becker will provide expertise on priorities relating to psychobiological mechanisms of pain, the role of dopamine and endogenous opioids, functional neural correlates and brain circuitries, assessment of patient important outcomes, and is a Member of the EFIC Steering Group developing the European Pain Research Strategy.   |

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| <b>University of Antwerp (Belgium)</b>  | Professor Mira Meeus will provide expertise on priorities relating to physiotherapy, rehabilitation, exercise, and patient reported outcomes, and is a Member of the EFIC Steering Group developing the European Pain Research Strategy.  |
| <b>Pain Alliance Europe (Belgium)</b>   | Deirdre Ryan will provide expertise on patients' wants, needs, and preferences, and is a Member of the EFIC Steering Group developing the European Pain Research Strategy.  |
| <b>Royal Brompton and Harefield Hospitals Foundation Trust (United Kingdom)</b> | Felicia Cox will provide expertise on priorities related to pain nursing, assessment and management of postoperative pain, and opioids, and is a Member of the EFIC Steering Group developing the European Pain Research Strategy.  |
| <b>Technical University of Munich (Germany)</b>                                 | Professor Thomas Tolle will provide expertise on digital medicine for chronic pain, diagnosis, pathophysiology, assessment, and treatment of chronic neuropathic pain, and is a Member of the EFIC Steering Group developing the European Pain Research Strategy.                         |
| <b>University of Aberdeen (United Kingdom)</b>                                  | Professor Patrice Forget will provide expertise on priorities relating to perioperative epidemiology and clinical pharmacology, particularly opioids.   |
| <b>University of Minho (Portugal)</b>   | Dr Hugo Almeida will provide expertise on priorities relating to comorbidities, in particular cognitive-emotional, risk factors for chronic pain, and personalised care   |
| <b>National Centre of Scientific Research "Demokritos" (Greece)</b>             | Dr Ioannis Sotiropoulos will provide expertise related to co-morbidities and risk factors (e.g., lifetime stress, depression, persistent pain, sex), and assessment and management of pain in people with dementia or cognitive impairment.   |
| <b>University of Alcala (Spain)</b>   | Professor Jose Antonio Lopez-Garcia will provide expertise on priorities relating to measurement of mood disorders and pre-clinical neuropathic pain research.  |
| <b>University of Groningen (The Netherlands)</b>                                | Professor Michiel Reneman will provide expertise on non-pharmacological treatment for chronic musculoskeletal pain, multimodal rehabilitation, return to work, and physical functioning.  |
| <b>Catholic University of Croatia (Croatia)</b>                                 | Professor Livia Puljak will provide expertise on priorities relating to research methodology, mood disorders, evidence-based use of analgesics, and clinical epidemiology.  |
| <b>Sapienza University (Italy)</b>  | Professor Andrea Truini will provide expertise on priorities relating to assessment and management of painful neuropathies.   |
| <b>University Medical Centre Maribor (Slovenia)</b>                             | Professor Martin Rakuša will provide expertise on priorities relating to the assessment and management of cognitive impairment and dementia in chronic pain.  |
| <b>University of Finland (Finland)</b>  | Professor Eija Kalso will provide expertise on priorities relating to opioid pharmacology; neuropathic and inflammatory pain mechanisms; clinical trials in chronic pain; chronic postoperative pain and chronic cancer pain.   |
| <b>Jagiellonian University (Poland)</b>   | Professor Magdalena Kocot-Kępska will provide expertise on priorities related to the clinical multimodal management of chronic non-cancer and cancer pain.  |
| <b>University of Novi Sad (Serbia)</b>  | Professor Snezana Tomasevic-Todorovic will provide expertise on priorities relating to outcome measures, assessment, and treatment of fibromyalgia, and comorbidities.  |
| <b>Queen's University Belfast (United Kingdom)</b>                              | Professor Kevin Vowles will provide expertise on priorities relating to assessment of psychological factors, psychological interventions for children and adults with chronic pain, outcome measure development, and effective and appropriate opioid and analgesic use for chronic pain. |

#### **EFIC team**

Mary O'Keeffe – Research Projects Advisor, University College Dublin

Nathan Skidmore – Research Projects Assistant, Durham University

Zsofia Nagy – Research Projects Assistant

Sam Kynman – Executive Director

Melinda Borzsak Schramm – Communications Manager

Giacomo Quaglio – Education Projects Officer