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VOLUME III

FOCUS on Research

Whole Health Research May Provide Treatment Answers for Opioid Crisis

As a physician and clinic director with the San Francisco VA Health Care System, Dr. Karen Seal strives to treat patients holistically, as opposed to focusing narrowly on a disease or symptom.

For scores of Veterans who suffer chronic pain – usually with other ills from the physical and mental wear and tear of military service – promoting whole-person wellness is especially crucial.

Current treatments for chronic pain often rely on opioids, which have limited efficacy, are addictive and could cause a host of severe complications. Many experts agree that reliance on opioids has fueled what is now a national crisis.

As a researcher, Seal leads a new national study on Whole Health approaches that include interdisciplinary teams of pain care professionals, personalized health planning, peer coaching and evidence-based complementary and integrative models to manage pain in Veterans.

“With the current opioid epidemic, there is increasing recognition that pain care requires a multi-modal biopsychosocial approach,” said Seal, a scientist supported by the Veterans Health Research Institute – NCIRE. She also is a UCSF professor of medicine and psychiatry and director of the Integrated Care Clinic for Iraq and Afghanistan Veterans and the Integrated Pain Team Clinic at the SFVAHCS.

Last fall, she was awarded several million dollars from the National Center for Complementary and Integrative Health (NCCIH),

part of NIH, to lead a six-year demonstration project that aims to implement a new Whole Health model for chronic pain care and improve overall functioning and quality of life in Veterans.

The project is part of a joint initiative of the Department of Health and Human Services, the Department of Defense (DoD) and the Department of Veterans Affairs (VA), focusing on non-drug approaches for pain management.

“Finding solutions for chronic pain is of critical importance, especially for military personnel and Veterans who are disproportionately affected,” said NIH Director Francis S. Collins, MD, PhD, in announcing, last September, 12 national projects that are part of NIH-DoD-VA Pain Management Collaboratory. “Bringing the science to bear through these real-world research projects will accelerate our search for pain management strategies for all Americans, especially as we work to address the nation’s opioid crisis.”

Chronic pain is one of the most prevalent problems among Veterans, striking 50 percent of men and 75 percent of women Veterans. For those with post-traumatic stress, it’s even worse – up to 80 percent of Vietnam Veterans and 50 percent of Iraq and Afghanistan Veterans with post-traumatic stress are diagnosed with chronic pain.



*Karen Seal, MD, MPH
Integrated Pain Clinic*

NCCIH-Funded Study: Whole Health Team vs. Primary Care Group Education to Promote Non-Pharmacological Strategies to Improve Pain, Functioning, and Quality of Life in Veterans

SFVAHCS/UCSF/NCIRE Investigators:

Karen Seal, Principal Investigator (Pain, Opioids, Whole Health, Health Services)
Brian Borsari, Co-Investigator (Motivational Interviewing)
Shira Maguen, Co-Investigator (PTSD)
Thomas Neylan, Co-Investigator (Sleep)
Natalie Purcell, Co-Investigator (Qualitative Methods, Whole Health)
Carolyn Gibson, Co-Investigator (Women's Health, PTSD, Pain)
John Hixson, Co-Investigator (Health Informatics)

Collaborating Sites:

West Haven/Yale University
Indiana University
Little Rock VA/ University of Arkansas
VA Minneapolis/ University of Minnesota
VA Denver/University of Colorado
VA Portland, Oregon Health Sciences University
Kaiser Permanente, Seattle, Washington

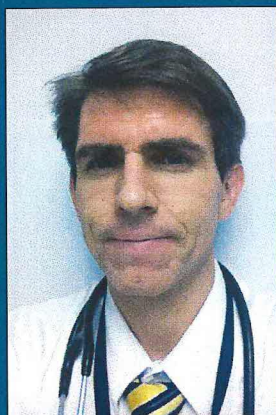
“Our previous research shows the effectiveness of combining a wide variety of non-pharmacologic therapies for improving chronic pain outcomes in Veterans,” said Seal.

Indeed, an Institute of Medicine consensus report (2011), Centers for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain (2016), and the Department of Health and Human Services' National Pain Strategy (2016) have all called for a multi-modal biopsychosocial approach in the treatment of chronic pain, she noted.

In the new NCCIH-funded project, Seal and co-researchers will study, in various VA sites in the U.S., 600 Veterans with moderate to severe chronic pain. They will compare an intensive Whole Health Team (WHT) versus less intensive Primary Care Group Education Approach.

>> TO READ THE FULL ARTICLE PLEASE VISIT: www.ncire.org/dna/Seal.html

Q and A: An Interview with Steven A. Yukl, MD



Steven A. Yukl, MD

Staff Physician, Medical Service, SFVAHCS
Associate Professor of Medicine, UCSF

Q: Describe your lab's research and how it is helping to better understand and treat HIV.

A: My laboratory seeks to understand some of the mechanisms that prevent HIV from being cleared by the immune system or antiviral drugs. These include the ability of HIV to establish a reversibly silent, hidden infection in some CD4+T cells in the blood (“latent infection”), the persistence of larger numbers of infected cells in the tissues, the fact that HIV disables the immune system, and the possibility that existing drugs might not completely

block spread of virus within the body. Our laboratory studies most of these different obstacles to the cure of HIV. However, we are particularly interested in the mechanisms that govern latent infection and how these differ in various tissues and cell types. A better understanding of these mechanisms could contribute to new therapies aimed at HIV cure, functional cure, or reducing the sequelae of lifelong infection.

Q: Why/how did you enter HIV research and bring that research to SFVAHCS?

A: Even before starting a fellowship in Infectious Diseases, I was particularly interested in HIV because of the increasing prevalence of the global pandemic, the severity and complexity of disease manifestations that can be caused by an organism with such a tiny genome, the lack of understanding of disease pathogenesis or immune reaction, and the paucity of available therapies for HIV. During my first year as an Infectious Diseases fellow at UCSF, I was introduced to different HIV researchers at UCSF and the SFVAHCS, including Dr. Harry Lampiris and Dr. Joseph Wong. Due in part to interactions with these researchers, I became interested in

HIV latency and chose Dr. Wong to be my research mentor for the remainder of my fellowship. I went on to obtain mentored and then independent grant funding, and I have now established my own laboratory and research program here at the SFVAHCS.

Q: What have been the highlights of your research?

A: It is always rewarding to discover something new that you can share with the research community. One of our recent highlights was developing a new approach that can be used to investigate the degree to which different mechanisms contribute to latent HIV infection in patients. The results were very surprising and unexpected, and they challenge much of what is known about latency.

Q: What are the challenges?

A: It is particularly challenging to study HIV latency. There are no methods to isolate latently-infected cells from patients and no consensus on an in vitro model for latency, or whether any model recapitulates what happens in vivo. Available therapies are not

>> TO READ THE FULL ARTICLE PLEASE VISIT: www.ncire.org/dna/Yukl.html

Phishing E-mails

Advice from NCIRE IT

Phishing scams are typically fraudulent e-mail messages appearing to come from legitimate enterprises. These messages usually direct you to a spoofed website and get you to provide private information such as username and password.

While the e-mail filtering engine on e-mail server has improved over the years, there is no absolute method to prevent phishing e-mails from getting to the inbox. We all need to be aware of phishing e-mails and take precautions.

- Do not respond to any e-mail requesting personal or financial information. If the e-mail sender is a company you know or someone you know, call them to verify if information is

needed using the number on their company websites or in your address book, not the number in the e-mail.

- Do not click on links or open attachments in a suspicious e-mail message. These could potentially contain malware or ransomware.

If you are not sure if an e-mail you received is a phishing e-mail, please don't hesitate to contact the NCIRE IT Helpdesk (23939 or helpdesk@ncire.org) for assistance.

Here's an article on how to recognize phishing e-mail messages. <https://www.microsoft.com/en-us/safety/online-privacy/phishing-symptoms.aspx>



2018
mileage rate =
54.5 cents

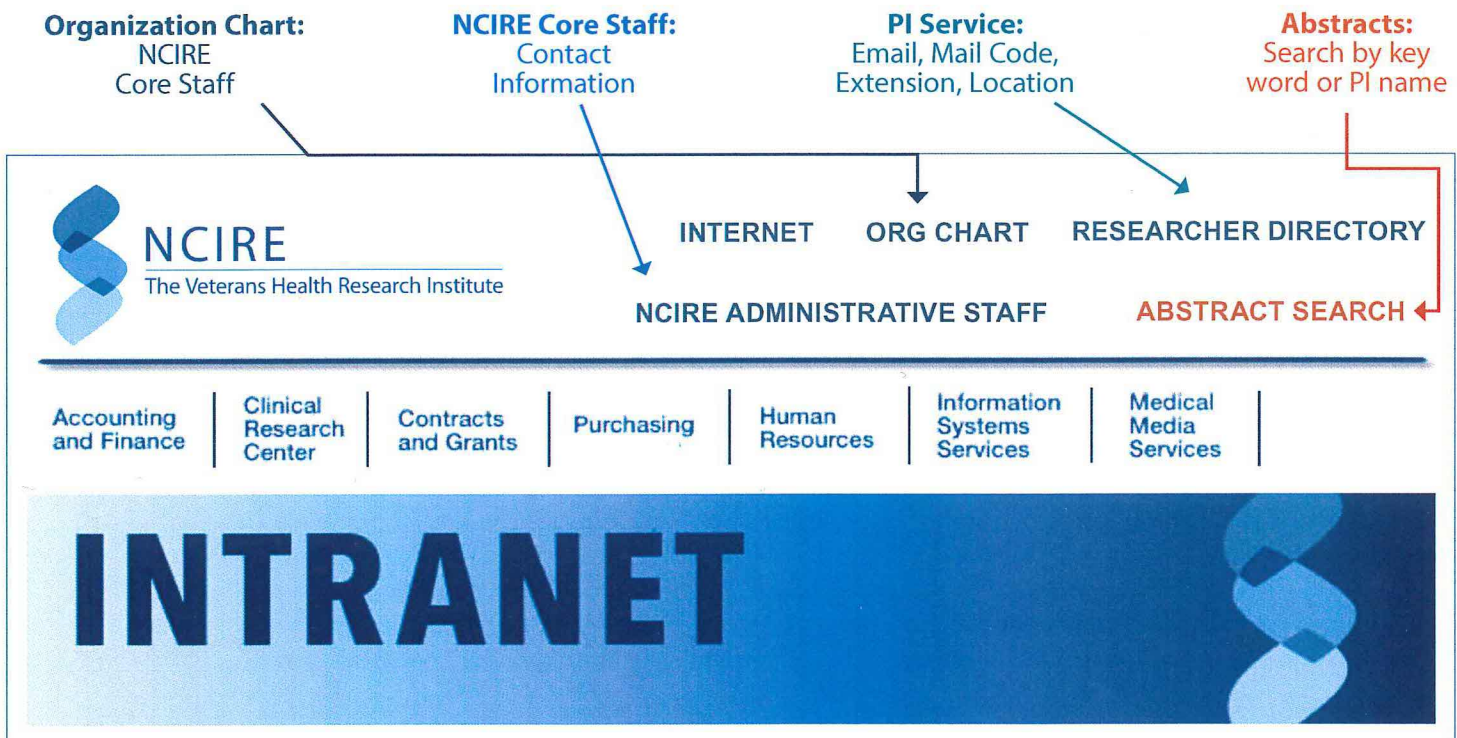
New punch out vendor:



Note:

ReQlogic has been upgraded to version 11, which resolves a significant compatibility issue. All punch out vendors are functional now. Contact purchasing@ncire.org with questions.

NCIRE's Intranet at Your Fingertips



Contracts and Grants Update

NCIRE's Contracts and Grants Department continues to provide resources to our PI Community.

Please find the following useful links on the NCIRE Intranet home page:

- Pre-Award Roles and Responsibilities
- Post-Award Roles and Responsibilities
- Open Industry Trial Opportunities
- NCIRE Federal Awards

NIH/DoD
Submissions
(Applications):

77

NIH/DOD
Awards:

13

New Cooperative
Research and Development
Agreements (CRADA):

20

Message from the Chief Executive Officer

The last few months at NCIRE have been transitional as we cope with several challenges and financial concerns. I understand the distraction and the anxiety that many of you feel. Please be assured that NCIRE leadership and our administrative staff, with the support of our Board of Directors, is committed to promoting NCIRE's ability to be flexible, to facilitate research, to maximize the impact of research outcomes, and to ensure efficient use of resources. Our Contracts and Grants Team continue to update funding opportunities for our research community, and they are always available to assist you throughout the application process and provide grant management support for the duration of your project.

- We are exploring ways to diversify our research portfolio and will now consider approving applications for foundation grants on a case-by-case basis.
- The latest Contracts and Grants opportunities can be found on NCIRE's Intranet home page.

- As of July 24th NCIRE has facilitated the submission of 77 applications this fiscal year, and 13 awards have been funded. We have initiated 20 new CRADAs and have received \$2.9 million in industry revenue during the first nine months of fiscal year 2018, which exceeds the total received for the entire previous fiscal year.

I thank you for your dedication and hard work, and for your partnership with NCIRE. I would really like to hear from all you; please share your thoughts (rebecca.rosales@ncire.org). As always, you have remained focused on our important mission to Advance Veterans Health.



Rebecca Rosales, MBA, CRA

About NCIRE

NCIRE - The Veterans Health Research Institute has one mission and one goal: Advancing Veterans Health. We sustain a scientific community of clinicians and researchers and support over 200 researchers who have joint faculty appointments at the University of California, San Francisco (UCSF) and the San Francisco VA Health Care System (SFVAHCS) and are working to foster innovation through leadership in the field of Veterans health research. Our broad portfolio of projects receives generous support from the National Institutes of Health, the Department of Defense, and individual donors, making us the largest nonprofit research institute devoted to Veterans health in the US. NCIRE is a 501(c)3 nonprofit. (Tax ID #94-3084159). Visit NCIRE at www.ncire.org



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