



Exhibitor & Sponsorship Prospectus

Mayo Clinic Opioid Conference: Evidence, Clinical Considerations and Best Practice 2024

Sheraton San Diego Hotel & Marina, San Diego, California

September 19-21, 2024

Welcome -

On behalf of course directors Benjamin Lai, M.B., B.Ch., B.A.O., Oludare, Olatoye, M.D., and Julie L. Cunningham, Pharm.D., R.PH. and the Mayo Clinic School of Continuous Professional Development, we are pleased to announce this year's Mayo Clinic Opioid Conference: Evidence, Clinical Considerations and Best Practice, September 19-21, 2024 at Sheraton San Diego Hotel & Marina, San Diego, California.

Course Description

The Mayo Clinic Opioid Conference: Evidence, Clinical Considerations & Best Practice 2024 aims to highlight the shift in guidelines and public concern regarding the use of opioids in medical practice. This course provides the most up-to-date information regarding the appropriate indication for opioids in clinical practice. Topics cover the basics of opioid pharmacology and selection, evidence-based guidelines for opioid management, opioid tapering and legal considerations, as well as medical and interventional alternatives to opioids. In addition, the course covers a broad range of issues, including opioid use disorder and difficult patient conversations and guidelines to standardize the practice of opioid prescribing. This course includes lectures by experts in the field of pain medicine and opioid management as well as question and answer sessions.

Target Audience

This topic is important and has become a more visible public health issue. All fields within medicine that provide direct patient care are impacted, including medical, surgical and outpatient settings. All providers who prescribe (MD, DO, NP, PA, CNS) or administer (nurse, pharmacist, etc.) opioids to patients would benefit from attending this course. This course is particularly relevant for primary care providers that maintain and monitor patients on chronic opioid therapy.

Mayo Clinic recognizes these types of educational programs would not be possible without your support. We invite you to participate at this educational activity with an exhibit table or sponsorship listed below. Complete the online form by September 1, 2024. In support of ACCME guidelines, commercial support will be in a separate area from the educational activity. This event is open to multiple pharmaceutical companies.

For your convenience, our Federal tax identification number is 41-6011702. We look forward to the success of our course this year and hope you will be able to join us! If you have any questions, please feel free to contact us.

Sincerely,

Lisa Winter
CME Specialist
Mayo Clinic School of Continuous Professional Development

Kris Jones
Education Coordinator
jones.kristen@mayo.edu
Mayo Clinic School of Continuous Professional Development
200 First St SW, Plummer 2-60
Rochester, MN 55905

Sponsorship Opportunities

Technical and educational exhibits provide a professional and educational environment in which physicians can receive demonstrations, view products and services and discuss the clinical and surgical uses of these products and services, including how they may improve the quality of care and the management of the medical/surgical practice. Additionally, the exhibits enhance the educational content of the meeting helping to provide quality continuing medical education.

Please reach out to [Lisa Winter](#) or [Kris Jones](#) if you are interested in sponsoring our event.

Don't see what you are looking for? Contact us and we would be happy to discuss additional advertisement opportunities with you.

Opportunity	Fee	Fee Includes
Break	\$5,000	<ul style="list-style-type: none"> • Signage with company name and/or logo • Acknowledgement on webpage, announcements, and at break times during the course • An exhibit table for two representatives • List of conference attendees
Internet	\$5,000	<ul style="list-style-type: none"> • Signage with company name and/or logo • Acknowledgement on webpage, announcements, and at break times during the course • An exhibit table for two representatives • List of conference attendees

In-Person Exhibit Tables

- Interact face-to-face with numerous medical professionals
- Build visibility for your company in a competitive marketplace
- Expand your customer base and strengthen existing customer relationships
- Advertisement opportunities to expand reach and further socialize with attendees
- Introduce new products and services

[Click here to secure your exhibit table](#)

A signed letter of agreement is required to secure your exhibit table

Opportunity	Fee	Fee Includes
In-Person Exhibit Table	\$2,500	<ul style="list-style-type: none"> • An exhibit table for two representatives • Acknowledgement on webpage, announcements, and at break times during the course • List of conference attendees <p>Set-up: Wednesday, September 18th – Time TBD Tear Down: Saturday, September 21st – at conclusion of course Exhibit Hours: Thursday, September 19th 6:30am to Saturday, September 21st 12:30pm</p>

Payment

PREFERRED Payment: Credit card

To pay by credit card, please click [here](#)

By Check: Make checks payable to:

Mayo Clinic - MCSCPD

200 First St SW

Plummer 2-60, Attn: Kris Jones

Rochester, MN 55905

Reference: Opioid 5324R00418 on check

Mayo Clinic Tax ID: 41-6011702

Lodging

Lodging information can be found on the [course page](#).

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Thursday, September 19, 2024	
6:30 a.m.	<i>Registration and Breakfast</i>
7:30 a.m.	<p>Welcome and Course Overview <i>Dare Olatoye, M.D., Benjamin Lai, M.B., B.Ch., B.A.O., and Julie L. Cunningham, Pharm.D., R.Ph.</i></p> <ul style="list-style-type: none"> • Ice breaker questions
7:40 a.m.	<p>Current State: Guidelines, Regulations, Recommendations, and Challenges (DEA) <i>Ben Lai, M.B., B.Ch., B.A.O</i></p> <ul style="list-style-type: none"> • Discuss the current state of the opioid epidemic and how Covid has affected it • Summarize current legislative efforts to control opioid prescribing • Synthesize current major guidelines, requirements, and laws regarding chronic opioid prescribing • Discuss risk of Opioid Use Disorder, tolerance & central sensitization/opioid-induced hyperalgesia with chronic opioid use
8:20 a.m.	<p>CDC Opioid Prescribing Guidelines: Application in Transitions of Care <i>Casey Clements, M.D, PhD & Gretchen Colbenson, MD</i></p> <ul style="list-style-type: none"> • Describe how the guidelines differ (2016 vs 2022) and how these will affect practices for acute, subacute, and chronic prescribing • Describe transitions of care related to opioid therapy between the emergency department and inpatient setting with a case scenario • Review considerations of opioid management at hospital discharge
9:00 a.m.	<p>Clinical Pearls for Opioid Prescribing (DEA) <i>Julie L. Cunningham, Pharm.D., R.Ph.</i></p> <ul style="list-style-type: none"> • Differentiate the clinically relevant pharmacology of various commonly used opioids • Identify rational opioid treatment choices based on patient and medication factors • Describe the concerns with gabapentinoid risks for abuse, especially in combination with opioids. • Discuss place in therapy for low dose naltrexone (LDN) (+/- if still covered in James Watson presentation
9:40 a.m.	<i>Refreshment Break</i>
9:55 a.m.	<p>Urine Drug Testing and Patient Conversations (DEA) <i>Loralie J. Langman, Ph.D. & Benjamin Lai, M.B., B.Ch., B.A.O</i></p> <ul style="list-style-type: none"> • Integrate urine drug testing to support the treatment and monitoring of pain management patients • Describe the limitations of various screening and quantitative urine drug tests • Interpret urine drug testing results from pain management patients • Describe techniques to start conversations for unexpected UDT results

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10:35 a.m.	Medical Marijuana and CBD Products: Pro Con Debate <i>Thomas P. Pittelkow, D.O., M.P.H.</i> <ul style="list-style-type: none">• Examine differences between medical marijuana and CBD• Review Benefits/challenges to common medical indications (e.g. cost, coverage, travel across state lines)• Describe the steps to evaluate appropriate candidacy, monitor use and evaluate for side effects and drug interactions• Summarize the evidence for/against the therapeutic benefits and risks and place in therapy as opioids alternatives or adjuvants
11:15 a.m.	Buprenorphine: Use in Pain Management and Opioid Use Disorder (DEA) <i>Mark E. Deyo-Svendsen, M.D.</i> <ul style="list-style-type: none">• Summarize the clinically relevant pharmacology of buprenorphine• Describe OUD screening/monitoring and when to prescribe buprenorphine• Review the available buprenorphine formulations and examine differences• Discuss challenges, potential side effects, and contraindications with buprenorphine
11:55 a.m.	Buprenorphine Patient Cases at Transitions of Care: Panel Discussion (DEA) <i>Dare Olatoye, M.D., Benjamin Lai, M.B., B.Ch., B.A.O., and Julie L. Cunningham, Pharm.D., R.Ph.</i> <ul style="list-style-type: none">• Describe transitioning full mu opioid agonist to Buprenorphine Case: Patient with “red flags” for opioid misuse• Discuss patients where low dosing of buprenorphine would be preferred over standard initiation dosing Case: Patient with past opioid tapering failures and high degree of distress• Review the evidence for duration of use for buprenorphine. Case: patient stable on buprenorphine now wants to discontinue
12:35 p.m.	<i>Adjourn</i>

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Thursday, September 19, 2024 - \$200! – 3 hours	
Opioids & Pain Management: Interactive Case Reviews & In-Depth Discussion (Optional Add-on, Lunch Included) (DEA)	
1:00 p.m.	<p>The workshop will focus on opioids and challenging patient cases. Topics will include: tapering, managing patients on multiple controlled substances, unique scenarios across the lifespan, use of buprenorphine across clinical settings, applying 2022 CDC opioid prescribing guidelines in case-based scenarios. An opportunity for audience questions.</p> <p><i>Benjamin Lai, M.B., B.Ch., B.A.O., Dare Olatoye, MD, Julie Cunningham, PharmD, Frank (Andy) A. Bock, D.O., Nathan Smith PharmD, Charlie P. Hannon, M.D., MBA, Kim Bremseth RN.</i></p> <p>Learning objectives below:</p> <ul style="list-style-type: none"> • Review the role of opioids in acute, subacute, and chronic pain management. • Discuss the key components involved in monitoring patients on chronic opioids. • Demonstrate how to manage patients with opioid use disorder. • Integrate the 2022 CDC opioid prescribing guidelines into clinical practice across the lifespan.
4:15 p.m.	Adjourn

Friday, September 20, 2024	
6:30 a.m.	<i>Breakfast</i>
7:25 a.m.	<p>Welcome</p> <p><i>Dare Olatoye, M.D., Benjamin Lai, M.B., B.Ch., B.A.O., and Julie L. Cunningham, Pharm.D., R.Ph.</i></p>
7:30 a.m.	<p>Managing Challenges: Behaviors and Conversations</p> <p><i>Wesley P. Gilliam, Ph.D., L.P.</i></p> <ul style="list-style-type: none"> • Discuss case examples of difficult patient encounters • Describe the concept of central sensitization in chronic pain • Identify factors that contribute to difficult encounters with patients • Discuss practical strategies for managing difficult patient encounters
8:10 a.m.	<p>Biopsychosocial Spiritual model of chronic pain & OUD</p> <p><i>Holly Geyer, M.D. & Robert Kirchoff, M.D.</i></p> <ul style="list-style-type: none"> • Discuss Case-based patient: how to manage the biological, psychological, social & spiritual aspects of patients with chronic pain & OUD using a case-based approach. • Describe how to assess each of these aspects; what resources might need to be considered to address needs?

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	<p>Discuss provider burnout with the management of chronic pain patients & OUD patients: how providers would also benefit from a biopsychosocial-spiritual approach (to potentially reduce burnout) Resources for patients to manage the biological, psychological, social and spiritual needs of patients to optimize management of chronic pain & OUD</p>
8:50 a.m.	<p>Interventional Alternatives for Pain Management <i>Tim J. Lamer, M.D.</i></p> <ul style="list-style-type: none"> • Identify some of the most common interventional pain therapies & indications • Review an algorithm or framework for incorporating interventional pain therapies • Discuss ultrasound guided interventions in office and training • Illustrate common precautions &/or contraindications for interventional therapies including pain pump criteria, and peripheral nerve stimulators
9:30 a.m.	<p>Harm Reduction: Naloxone/New Illicit Drugs/Fentanyl Strips (DEA) <i>Christopher Arndt, Pharm.D., R.Ph.</i></p> <ul style="list-style-type: none"> • Discuss new formulations of naloxone and when to prescribe • Examine how to access naloxone and implication of OTC status • Describe the new worrisome illicit substances present and naloxone activity • Describe other potential harm reduction strategies such as fentanyl strips and safe supply • Discuss emerging street drugs (eg gas station heroin & xylazine)
10:10 a.m.	<i>Refreshment Break</i>
10:25 a.m.	<p>Supplements Commonly Used in Chronic Pain: What is the Evidence? <i>Linda Huang, Pharm.D., R.Ph.</i></p> <ul style="list-style-type: none"> • Review case base examples for considerations for supplement use in chronic pain patients • Identify literature exploring the use of select supplements associated with chronic pain • Review a <u>patient case</u> highlighting potential supplement use concerns
11:05 a.m.	<p>A surgeon's perspective on Pain & Opioids: Myths and Pearls (DEA) <i>Charlie P. Hannon, M.D., MBA</i> <i>Suggested format: What are my questions as a surgeon? Here is the answers. Pain Pearls after surgery.</i></p> <ul style="list-style-type: none"> • Discuss the approach for patient using chronic opioids with surgical needs. • Discuss a surgeon's role in opioid stewardship • Review the pros and cons of NSAIDs use post-operatively • Describe the ideal collaboration between the primary care physician and surgeon for patient pre and post-operative pain management
11:45 a.m.	<p>Nonopioid Adjuvants <i>James C. Watson, M.D.</i></p>

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	<ul style="list-style-type: none"> • Describe common reasons patients fail first line neuropathic pain adjuvants and practical approaches to maximize the chance of success with currently available agents • Discuss the limitations of evidence based neuropathic pharmacologic treatment algorithms • Review Clinical and Comorbidity variables that inform selection of second line non-opioid adjuvants using a patient case
12:25 p.m.	<i>Adjourn</i>

Saturday, September 21, 2024	
6:30 a.m.	<i>Breakfast</i>
7:25 a.m.	Welcome <i>Dare Olatoye, M.D., Benjamin Lai, M.B., B.Ch., B.A.O., and Julie L. Cunningham, Pharm.D., R.Ph.</i>
7:30 a.m.	Opioids in Medical Illness/Complex Pain Scenarios <i>Jacob J. Strand, M.D.</i> <ul style="list-style-type: none"> • Examine how to prevent avoidable side effects in patients with a serious illness who are being treated with opioids. • Develop a stepwise approach to the use of opioids in patients with liver & renal failure. • Discuss how to choose safe prescribing options for opioids in the treatment of non-pain symptoms. • Discuss the use of methadone for pain management
8:10 a.m.	Using Opioids in Older Adults (DEA) <i>Daniel E. Sanchez Pellecer, M.D.</i> <ul style="list-style-type: none"> • Develop a general framework to use opioids in older adults by • Review normal physiology changes of aging • Review polypharmacy implications when treating pain in older adults • Describe a practical approach to assess pain in cognitively impaired older adults • Review common opioid side effects in older adults • Describe how to retain pearls to the use of non-opioid pain adjuvants • Describe transitions of care pitfalls
8:50 a.m.	Opioid Side Effects and Management (DEA) <i>Laura S. Rhee, D.O.</i> <ul style="list-style-type: none"> • Recognize which opioid side effects are typically transient and which are pervasive. • Discuss management options for each opioid side effect discussed (remove testosterone) • Compare when to rotate opioid vs. when to treat the symptom. • Identify the risk for depression with opioid use, how to evaluate and treatment strategies

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9:30 a.m.	<p>CAREFUL Approach to Monitoring Patients on Controlled Substances & the Evidence of Combining the use of Opioids, Benzodiazepines and Other CNS Depressants. <i>Nathan Smith, PharmD & Kim Bremseth, RN</i></p> <ul style="list-style-type: none"> • Describe the role of nurses in monitoring patients on chronic opioids using the CAREFUL approach • Describe the evidence that supports the risk of co-prescribing opioids and CNS depressants • Discuss the evidence for long-term use of benzodiazepines, muscle relaxants and gabapentinoids • Review benzodiazepine tapering best practices and case examples
10:10 a.m.	<i>Refreshment Break</i>
10:25 a.m.	<p>Acute Pain Management for the Patient on Chronic Opioids (DEA) <i>Oludare (Dare) O. Olatoye, M.D.</i></p> <ul style="list-style-type: none"> • Discuss the clinical burden of patients on chronic opioid Therapy • Describe medication options used by patients on chronic opioid Therapy • Discuss implications of patients on MOUD • Review acute pain management strategies of patients on Chronic Opioid Therapy
11:05 a.m.	<p>Tapering Opioids (DEA) <i>Julie L. Cunningham, Pharm.D., R.Ph.</i></p> <ul style="list-style-type: none"> • Review and discuss the evidence-based literature and guidelines regarding opioid tapering • Describe the primary risks associated with opioid tapering • Discuss opioid tapering tips, tricks, barriers, and pitfalls • Describe best practices for communicating with patients before and during opioid tapering
11:45 a.m.	<p>Legal Implications of Opioid Prescribing (DEA) <i>Erin Skold, JD</i></p> <ul style="list-style-type: none"> • Discuss overview of potential legal implications of opioid prescribing in a case-based scenario • Review special considerations for chronic pain prescribing • Review special considerations for hospice and palliative care patients • Describe current state of telemedicine prescribing for opioids • Review overview opioid prescribing and provider responsibility to document and prescribe risk mitigation strategies
12:25 p.m.	Closing Remarks
12:30 p.m.	<i>Adjourn</i>

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Mayo Clinic

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **501 (c)(3) tax-exempt non-profit organization**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) 1
Exemption from FATCA reporting code (if any) A
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
200 First Street Sw

6 City, state, and ZIP code
Rochester, MN 55905

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

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or

Employer identification number

4	1	-	6	0	1	1	7	0	2
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *Kelly M. Huneke* Date ▶ 1/2/2024

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.