



Consent

1-3 Month
Follow-up6-9 Month
Follow-up12-15 Month
Follow-upAnnual
Follow-up

Introduction/Hypothesis

Establishing pain registries and biorepositories is critical for advancing pain research. In 2019 we created the Pain Registry Biobank (PR Biobank), based on the recommendations by the Surgeon Generals Pain Management Task Force. This research protocol creates a longitudinal registry collecting patient-reported outcomes, electronic health data, and biological samples, storing all of the data and samples for future use. This patient outcomes registry can also support point-of-care treatment decision making and allows aggregation of data from a large number of patients and enables assessment of the safety and effectiveness of therapies. The Pain Registry Biobank is a multi-site IRB-approved research protocol currently enrolling participants at three Military Treatment Facilities. Researchers may apply to use the Pain Registry Biobank's data and samples in projects to advance pain research and explore other related topics.

Study Design/Methods

The Biobank has over 500 participants enrolled and includes over 1450 baseline and follow-up completed visits. The participant data is collected through a case report form (CRF), a Pain Assessment Screening Tool and Outcomes Registry (PASTOR) survey that includes the Defense and Veterans Pain Rating Scale (DVPRS), and various National Institutes of Health Patient-Reported Outcomes Information System (NIH PROMIS) measures and electronic health record data. The biological samples collected are blood and saliva with various additives to optimize later biochemistry, immunoassay, proteomic, genetic, or other laboratory analysis. The Biobank seeks to collect data and specimens from enrolled participants at baseline, 1 to 3 months post baseline, 6 to 9 months post baseline, 12 to 15 months post baseline, and then every year.

Contact Information

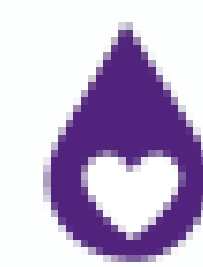
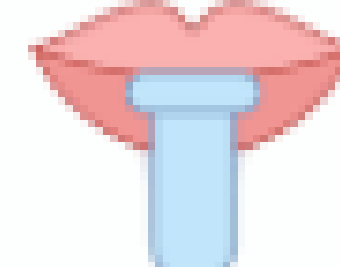
Please reach out to DVCIPM for more information and apply to use the data and samples from this database in your own research study.

Email: mary.mcduffie.ctr@usuhs.edu

Phone: 301-538-8785

Results

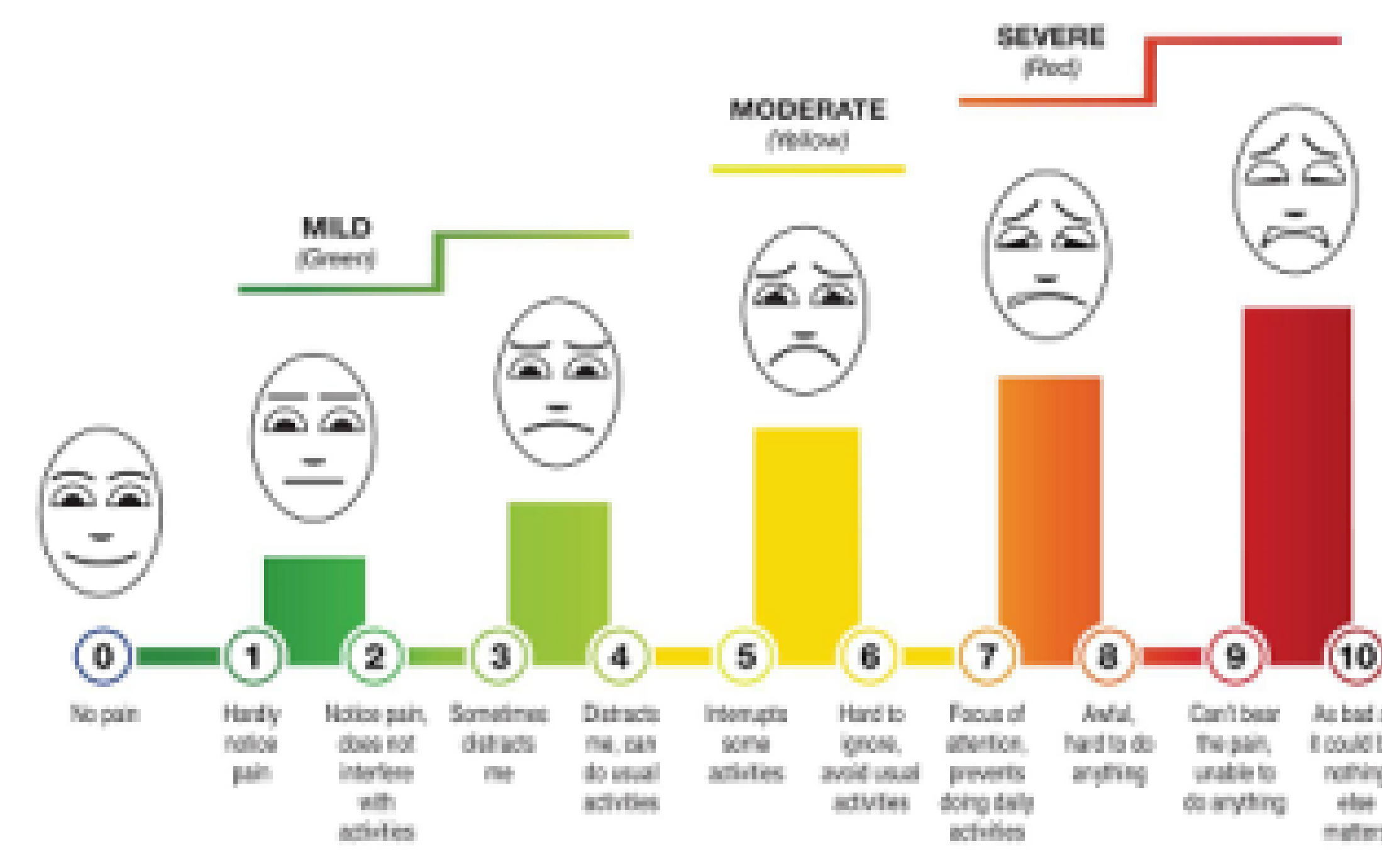
In the Biobank, there are over 1,248 PASTOR surveys completed, 957 blood samples, and 269 saliva samples collected at the various time points, (up to year 6) across all sites. Data collected include patient reported outcomes, diagnoses, surgeries, and medications data back to one year prior to enrollment and throughout the study. Data also includes anesthesia and regional anesthesia data, and narcotic prescriptions. ____ % of our enrollees report reported pain at their baseline visit.

Blood
~3 tablespoonsDeidentified
health dataSaliva
4-10mL

Discussions/Conclusions

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Defense and Veterans Pain Rating Scale



Patient Reported Outcomes

PASTOR

Behavioral

- Alcohol Use
- Prescription Pain Medication Misuse
- Pain Treatment History and Effectiveness
- History of Presenting Illness

Psychosocial

- Depression, anxiety, anger
- PTSD Screener
- Social Role Satisfaction

Pain

- Defense and Veterans Pain Rating Scale
- Pain Catastrophizing Scale
- UW Cap
- TBI Headache
- Pain Interference
- Neuropathic Pain

Physical

- Physical Function
- Fatigue
- Sleep-related Impairment

Biological Samples

- Plasma
- Serum
- PAXGene DNA
- PAXGene RNA
- Saliva

Specimen Type

- Blood (~3 tablespoons)
- Saliva (4-10 mL)

Data Collection

Electronic Health Record Data Collected:

- Diagnosis codes
- CPT codes
- Hospitalizations in the last year
- ED visits in the last year
- Date of surgery
- Duration of surgery
- PACU time duration
- Medications given in the OR and the PACU: opioid and non-opioid, route, quantity, dose
- Prescription medications
- ETOH use/tobacco
- TBI history
- History of blast exposure, cancer, amputation
- Pain treatments
- COVID history and immunizations
- Demographic information
- Deployment history



Type of anesthesia: MAC, general, neuraxial
Regional blocks given: site and type, laterality, ultrasound guided