Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

accelerate clinical trials of non-addictive pharmacologic/non-pharmacologic therapeutics ("assets") for pain conditions of high unmet need. We present EPPIC-Net's accomplishments since opening in Q4 of 2019. In its first year, EPPIC-Net established a robust infrastructure including a Clinical Coordinating Center, Data Coordinating Center, and 12 Specialized Clinical Centers across the US, providing broad outreach to diverse pain populations. For accepted assets, EPPIC-Net delivers a collaborative network of multi-disciplinary pain experts who provide novel early phase clinical trial design, incorporating proof-of-concept testing and biomarker validation, study conduct, and data analysis. NINDS utilizes a unique, rigorous, 3-stage application/review process, with trials funded under NIH's "Other Transactions" Authority. For accepted assets, trials are run by the NIH-funded network, at no cost to asset providers who provide clinical grade asset for the trial. Asset owners retain intellectual property rights to their asset. In its first two years of operation, EPPIC-Net funded clinical trials for three assets. The first trial, focused on painful knee osteoarthritis, is open to enrollment. Start-up activities are underway for the others. The latter two trials will be conducted under an innovative master platform protocol for painful diabetic peripheral neuropathy. The master protocol will run in parallel with clinical trials for additional accepted therapeutics addressing other pain conditions of high unmet need. EPPIC-Net continues to seek innovative, non-addictive investigational therapeutics ready for early phase clinical trials (IND/IDE ready or approved) for ANY pain condition lacking adequate treatment. Proposed therapeutics can include novel drugs, small molecules, biologics, natural products, and devices, as well as repurposed drugs or devices. Applications from academia, industry, and not-for-profit organizations, worldwide, can be submitted at any time and are reviewed on a rolling basis.

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Online Self-Management for Chronic Burn Pain: Results of a Randomized Controlled Trial

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Following burn injury, survivors experience high rates of chronic pain and psychosocial concerns, including post-traumatic stress disorder (PTSD) and depression. Despite long-term pain and distress, survivors have limited access to effective pain psychology treatments after discharge in the United States. The current study compared the efficacy of an online self-management program for chronic pain after burn injuries to a time equivalent education control. The Take Charge of Burn Pain Recovery (TCBR-Pain) program involved seven online chronic pain coping modules based on cognitive-behavioral therapy. Adults at least six months post burn injury hospital discharge and experiencing pain greater than 3/10 severity were recruited and randomized into the TCBR-Pain (N = 47) or Control program (N = 49). Outcomes were assessed at pre-treatment, immediately post-treatment, 2-month, and 5-month follow-up. Full program completion was lower for the TCBR-Pain group (53%) relative to the Control group (90%). Linear models were fit to outcomes, adjusting for pre-treatment scores, adherence, and completion. On average, the TCBR-Pain group reported lower pain intensity relative to the Control group at post-treatment (MTCBR-Pain = 3.2, SDTCBR-Pain = 1.8; MControl = 4.1, SDControl = 1.9; $p < .001$). Among secondary outcomes, the TCBR-Pain group reported lower pain catastrophizing (MTCBR-Pain = 14.0, SDTCBR-Pain = 10.3; MControl = 17.6, SDControl = 11.8; $p = .03$) and borderline effects toward lower PTSD symptoms (MTCBR-Pain = 14.0, SDTCBR-Pain = 6.5; MControl = 16.0, SDControl = 6.1; $p = .08$) at post-treatment relative to the Control group. Although preliminary, these findings suggest online self-management programs can serve a role in delivering effective pain psychology interventions to survivors with chronic burn pain. The TCBR-Pain program attrition rate was higher than the Control program, but lower than typical e-health intervention attrition rates (60−80%). However, future research is needed to improve patient engagement in online pain self-management programs.

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Impact of COVID-19 on the Patient Enrollment for a Pragmatic, Cluster Randomized Clinical Trial for Fibromyalgia

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The goal was to present our experience on adapting to the challenges of the COVID-19 pandemic during enrollment to a pragmatic clinical trial. Transcutaneous Electrical Nerve Stimulation (TENS) in Physical Therapy (PT) Study (FM-TIPS) is a pragmatic, cluster-randomized clinical trial examining if the addition of TENS to routine PT improves movement-evoked pain in patients with fibromyalgia(FM). FM patients (n=600) will be enrolled from 33 PT clinics (17 PT only, 16 PT with TENS) across six healthcare systems. During the planning year, COVID-19 impacted PT practice and in-person interactions requiring the study team to adapt clinician training and data capture procedures. We will discuss the pandemic's impact during the patient enrollment. We developed alternative strategies to protect study integrity and minimize missing data due to potential restrictions of in-person visits including procedures for electronic consent and training participants in TENS use virtually and/or in-person using personal protective equipment and social distancing. Assessment of the primary outcome variable and questionnaires were transitioned for the patient to perform at home virtually with embedded patient-specific instructional videos. To enhance clinic engagement, weekly enrollment updates, monthly meetings, newsletters, and action plans for underperforming clinics were developed. To increase patient communication, a "welcome" touchpoint by phone, reminder emails, and touchpoints ahead of primary and secondary data collection points were added. Several clinics were added to increase the heterogeneity of the sample, to replace clinics that are unable to participate due to site closures or understaffing, and to decrease the enrollment burden on participating sites. COVID-19 posed considerable challenges to the statistical design and analysis of this pragmatic trial. We developed a plan for uneven enrollment across clinics and a sub-analysis of data for patients enrolled during or after the pandemic. Conducting this trial during COVID-19 required greater flexibility for providers and patients to facilitate continued enrollment. FM-TIPS work is supported by the National Institutes of Health (NIH) through the NIH HEAL Initiative under award number UG3AR076387 from the National Institute of Arthritis and Musculoskeletal and Skin Diseases. This work also received logistical and technical support from the PRISM Resource Coordinating Center under award number U24AT010961 from the NIH through the NIH HEAL Initiative. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH or its HEAL Initiative.

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Effects of Savoring Meditation on Pain-Related Corticostriatal and Positive Emotional Function

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This study evaluated the affective and neural mechanisms supporting the effects of Savoring Meditation (SAV) on pain processing in patients with rheumatoid arthritis. SAV was designed to help patients with chronic pain attend to the multisensory experiences engendered by meditating on a personally meaningful positive emotional memory. We hypothesized that, relative to a non-mindful breathing (NMB) control, SAV would increase positive emotions, reduce anhedonia, and engage the corticostriatal circuits, a network of brain regions associated with appraisals of rewarding and aversive stimuli. Target corticostriatal regions included the nucleus accumbens (NAc) and the dorsolateral prefrontal cortex (DLPFC). Patients were randomized to a brief 4-session (20 minutes each) course of SAV (n=21; n=17 with complete imaging data) or the NMB control (n=23; n=18 with complete imaging data). At post-intervention, mechanistic outcomes were assessed with functional MRI using a perfusion-based arterial spin labeling technique during noxious thermal stimulation to determine if SAV was associated with corticostriatal activation when compared to rest, with NMB