

Raymond W. Houde Lecture Award Recipients

- 2006: James L. Henry, PhD (McMaster University): **Pain Can Become a Disease Itself**
- 2008: Charles Inturrisi, PhD (Weil Medical College of Cornell University):
Identification and Targeting of Pain Signaling Proteins
- 2010: Charles S. Cleeland, PhD (M.D. Anderson Cancer Center): **A Translational Pathway for Pain and Symptom Treatments**
- 2012: Russell Portenoy, MD (Beth Israel Hospital, NYC): **What's New in Cancer Pain?**
- 2014: Gavril W. Pasternak, MD, PhD (Memorial Sloan-Kettering Cancer Center): **The Role of Clinical Insights in Shaping our Understanding of Opioid Drug Action**
- 2016: John T. Farrar, MD, PhD (University of Pennsylvania School of Medicine):
Issues in the Design of Clinical Trials for Studies of Opioids - The Future of the Ray Houde Legacy
- 2018: Robert H. Dworkin, PhD (University of Rochester School of Medicine and Dentistry): **A Difference is a Difference Only if it Makes a Difference: What Constitutes Clinically Meaningful Opioid Sparing?**

Criteria for selecting a nominee based in large part to reflect Ray Houde's many contributions to pain medicine:

1. Clinical use of opioids
2. Clinical assessment of opioid activity
3. Focus on cancer related pain
4. Contributed to development of first equianalgesic pain chart
5. Mentored an outstanding group of scientists and physicians who have themselves become leaders in the field of pain medicine (Presidents of APS and EPA; recipients of John J. Bonica award from EPA, APS, or other groups; founders of new groups which focus on end of life care).
6. Developed analgesic assay methodology
7. Contributed to an understanding of clinical tolerance
8. Developed methods to assess clinical pain in the experimental and clinical situation
9. Taught medical students and residents and fellows about the clinical use of opioids
10. Worked with the FDA to develop guidelines for opioid analgesic studies
11. Insisted on rigorous statistical analysis and scientific method
12. Intellectual honesty and the perseverance to pursue it (it did not always make him popular with his colleagues);
13. Willingness to try new approaches
14. An abiding and deep interest in the welfare of his patients throughout the entire course of their disease;
 - a. An ability to look at the whole patient, including family context, fear of death, etc. Rather than distracting him from the studies, it gave him insight to the factors involved in the experience, management and relief of pain;
15. The ability to form and mentor a team that successfully prosecuted these aims.