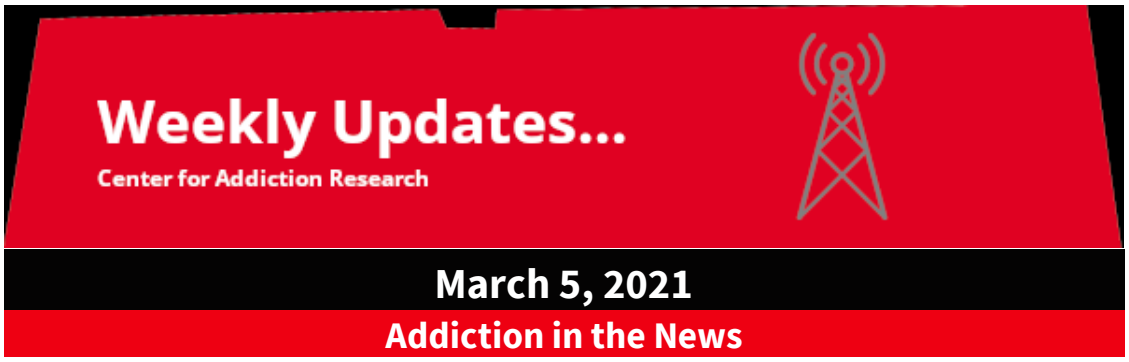
UC CAR Weekly Newsletter 3.5.2021

Welcome to the weekly newsletter from the Center for Addiction Research! Each newsletter includes highlights from addiction in the news topics, active funding opportunities offered by NIDA/NIAAA, and information about any new publications from CAR members.

Thank you for your interest in the Center for Addiction Research - our mission is to accelerate scientific progress in the prevention and treatment of substance use disorders and their consequences by fostering research collaborations across: 1) UC departments, colleges, and centers including Cincinnati Children's Hospital Medical Center; 2) Local, regional, and state community and governmental partners; and 3) Other academic institutions and industry."



UC/ Regional News

Sherman to receive Distinguished Research Professor Award (CAR member)
Dean's List Weekly News from the College of Medicine 3/1/2021

Kenneth Sherman, MD, PhD, has been named as a 2021 recipient of the Distinguished Research Professor Award by the University of Cincinnati.

Sherman, the Robert and Helen Gould Endowed Professor of Internal Medicine and chief of the Division of Digestive Diseases, is receiving the award for the STEM disciplines. The award was approved by the UC Board of Trustees Feb. 23.

Sherman's work and expertise in liver disease contributed to the first U.S. Food and Drug Administration-approved direct acting drugs for hepatitis C. Sherman and his colleagues today are one of only a few groups in the U.S. working on diagnostic improvement and innovation for hepatitis viruses like hepatitis B and E.

"I am honored to receive this recognition from the University of Cincinnati," Sherman says. "I am proud to have had the opportunity to continue the tradition of excellence in liver disease research, education and clinical care that started with Dr. Leon Schiff, the father of modern hepatology, and the first UC division director in gastroenterology and hepatology in the 1930s. I am grateful for the support and

opportunities provided by the University of Cincinnati College of Medicine and my colleagues."

Internationally known for his hepatology research, which primarily involves viral hepatitis epidemiology, natural history, immunopathogenesis, diagnostics and treatment, Sherman's primary focus is on liver disease in HIV-infected patients. He was among the first in the country to recognize how hepatitis can impact patients with HIV. He was a key player in the use of mathematical models to characterize treatment of hepatitis C and to lead studies that established the paradigm of response-guided therapy in both hepatitis C-infected and hepatitis C/HIV-infected patients.

Sherman also has played a leading role in the development of cost-effectiveness models related to hepatitis C, which has influenced public health policy. In collaboration with Mark Eckman, MD, Alice Margaret Posey Endowed Chair in the Department of Internal Medicine, he has published models of hepatitis C screening, use of hepatitis C-infected organs in kidney transplantation and evidence to support universal hepatitis C screening in adults.

Sherman received his doctorate in microbiology from Rutgers University and his medical degree from George Washington University. He came to the College of Medicine in 1994 after completing his internal medicine residency at Tripler Army Medical Center, and a fellowship in gastroenterology and hepatology at Fitzsimmons Army Medical Center and the University of Colorado, and serving as faculty in that program in Colorado.

From 1998 until 2004, Sherman served as director of hepatology. In 2003 he became chief of the Division of Digestive Diseases. During his leadership, the division has grown from seven faculty members to nearly 30.

Sherman is the fifth College of Medicine faculty member to receive the honor since the university began awarding it in 2006. Previous recipients were Joseph Broderick, MD, professor, Department of Neurology and Rehabilitation Medicine (2007); the late Peter Stambrook, PhD, former chair of the Department of Cancer and Cell Biology (2015); James Herman, PhD, Flor Van Maanen Professor of Pharmacology and Therapeutics and chair, Department of Pharmacology and Systems Physiology (2016); and David Hui, PhD, professor, Department of Pathology and Laboratory Medicine (2018).

National News

Administration Does Not Have To Wait On Lawmakers To Make Buprenorphine Prescription Rule Changes Permanent, Report Says.

Forbes (2/28, 10.33M) contributor Graison Dangor says buprenorphine, "a key treatment for opioid addiction, will become harder to prescribe once temporarily rules for telehealth expire, but a new report says that the Biden administration can make the change permanent without Congress." The decision to loosen buprenorphine prescription "rules is pegged to the Secretary of Health and Human Services' declaration on a public health emergency." Congress has the ability to "pass legislation making the changes permanent," but the Biden Administration "does not have to wait for Congress to act, according to a report released Tuesday by researchers at George Washington University." The Substance Abuse and Mental Health Services Administration is mentioned.

X The X-Waiver: How Congress Can Facilitate Treatment For Opioid Abuse. In an op-ed for The Hill (2/25, 5.69M), Oklahoma Attorney General Mike Hunter (R) and North Carolina Attorney General Josh Stein (D) urge Congress to eliminate a DEA-related waiver that is needed in order for healthcare practitioners to "legally treat patients for opioid use disorder using buprenorphine." They add, "Experts worldwide, including the National Institute on Drug Abuse, agree that buprenorphine is a safe, effective treatment for opioid use disorder."

Funding Opportunities

NOT-DA-21-031
Request for Proposals (RFP) Notice: Development & Manufacture of Pharmaceutical Products for the Treatment of Substance Abuse Disorders

NOT-NS-21-031
Notice of Intent to Publish a Funding Opportunity Announcement for Blueprint Neurotherapeutics Network (BPN): Biologic-based Drug Discovery and Development for Disorders of the Nervous System (UG3/UH3 Clinical Trial Optional)

RFA-DA-22-010
Advancing technologies to improve delivery of pharmacological, gene editing, and other cargoes for HIV and SUD mechanistic or therapeutic research (R01- Clinical Trial Optional)

RFA-DA-22-007

Notice of Special Interest (NOSI): Using Data to Advance HIV Epidemic Knowledge and Program Planning

RFA-DA-22-014
Notice of Special Interest (NOSI): Multi-Level HIV Prevention Interventions for Individuals at the Highest Risk of HIV Infection

RFA-DA-22-015
Notice of Special Interest (NOSI): Promoting Viral Suppression among Individuals from Health Disparity Populations Engaged in HIV Care

CAR Member New Publications

"Phenobarbital and Clonidine as Secondary Medications for Neonatal Opioid Withdrawal Syndrome" Stephanie L. Merhar, Songthip Ounpraseuth, Lori A. Devlin, Brenda B. Poindexter, Leslie W. Young, Sean D. Berkey, Moira Crowley, Adam J. Czynski, Autumn S. Kiefer, Bonny L. Whalen, Abhik Das, Janell F. Fuller, Rosemary D. Higgins, Vaishali Thombre, Barry M. Lester, P. Brian Smith, Sarah Newman, Pablo J. Sánchez, M. Cody Smith, Alan E. Simon and FOR THE EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT NEONATAL RESEARCH NETWORK AND THE NIH ENVIRONMENTAL INFLUENCES ON CHILD HEALTH OUTCOMES (ECHO) PROGRAM INSTITUTIONAL DEVELOPMENT AWARDS STATES PEDIATRIC CLINICAL TRIALS NETWORK

Official Journal of the American Academy of Pediatrics,
DOI: https://doi.org/10.1542/peds.2020-017830

ABSTRACT

Background and Objectives: Despite the neonatal opioid withdrawal syndrome (NOWS) epidemic in the United States, evidence is limited for pharmacologic management when first-line opioid medications fail to control symptoms. The objective with this study was to evaluate outcomes of infants receiving secondary therapy with phenobarbital compared with clonidine, in combination with morphine, for the treatment of NOWS.

Methods: We performed a retrospective cohort study of infants with NOWS from 30 hospitals. The primary outcome measures were the length of hospital stay, duration of opioid treatment, and peak morphine dose. Outcomes were compared by group by using analysis of variance and multivariable linear regression controlling for relevant confounders.

Results: Of 563 infants with NOWS treated with morphine, 32% (n = 180) also received a secondary medication. Seventy-two received phenobarbital and 108 received clonidine. After adjustment for covariates, length of hospital stay was 10 days shorter, and, in some models, duration of morphine treatment was 7.5 days shorter in infants receiving phenobarbital compared with those receiving clonidine, with no difference in peak

morphine dose. Infants were more likely to be discharged from the hospital on phenobarbital than clonidine (78% vs 29%, P < .0001).

Conclusions: Among infants with NOWS receiving morphine and secondary therapy, those treated with phenobarbital had shorter length of hospital stay and shorter morphine treatment duration than clonidine-treated infants but were discharged from the hospital more often on secondary medication. Further investigation is warranted to determine if the benefits of shorter hospital stay and shorter duration of morphine therapy justify the possible neurodevelopmental consequences of phenobarbital use in infants with NOWS.