

LISBON ADDICTIONS 2022

How to Develop Global Surveys, Guidelines, Checklists and Consensus Statements in Prevention and Treatment of Addiction: New Innovations in the Pandemic Era

THURSDAY, NOVEMBER 24, 16:50

LISBON CONGRESS CENTRE, INSIGHTS ZONE 4 (14)

ALEXANDER BALDACCHINO

Drug Market and Use Changes During the COVID-19 Pandemic: A
Global Survey

HAMED EKHTIARI

A Methodological Checklist for fMRI Cue Reactivity Studies in
Addictions: Development and Expert Consensus

ANTONIO VERDEJO-GARCIA

Cognitive Training and Rehabilitation Approaches for Addiction: A
Delphi Consensus

TARA REZAPOUR

Translating Neuroscience into Addiction Prevention: A Delphi
Consensus Study

ARASH KHOJASTEH ZONOZI

Global Experts-centered Consensus Development; A Series of
Methodologies for Extending Harmonization and Global
Representativeness in Addiction Science

MARC POTENZA, HAMED EKHTIARI

How to Expand Expert-centered Methodologies within Various Areas of
Addiction Science in a Global Level? A Discussion on First-hand Experiences
in the Field and the Opportunities and Challenges on the Road Ahead



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ISAM

Global
Expert
Network



How to develop global surveys, guidelines, checklists and consensus statements in prevention and treatment of addiction: new innovations in the pandemic era

Welcome to ISAM-GEN Symposium!



Hamed Ekhtiari, MD, PhD

ISAM-GEN Secretary

University of Minnesota, USA

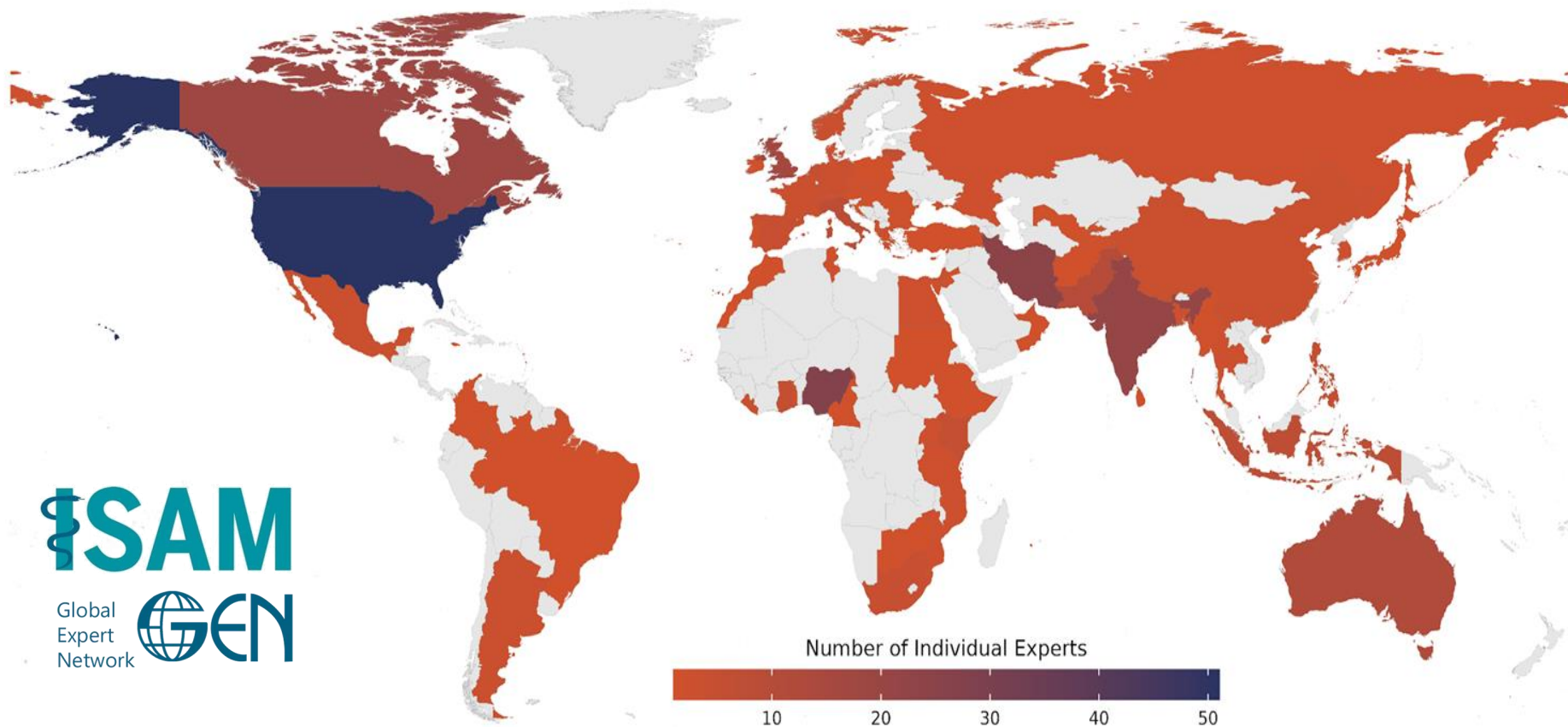


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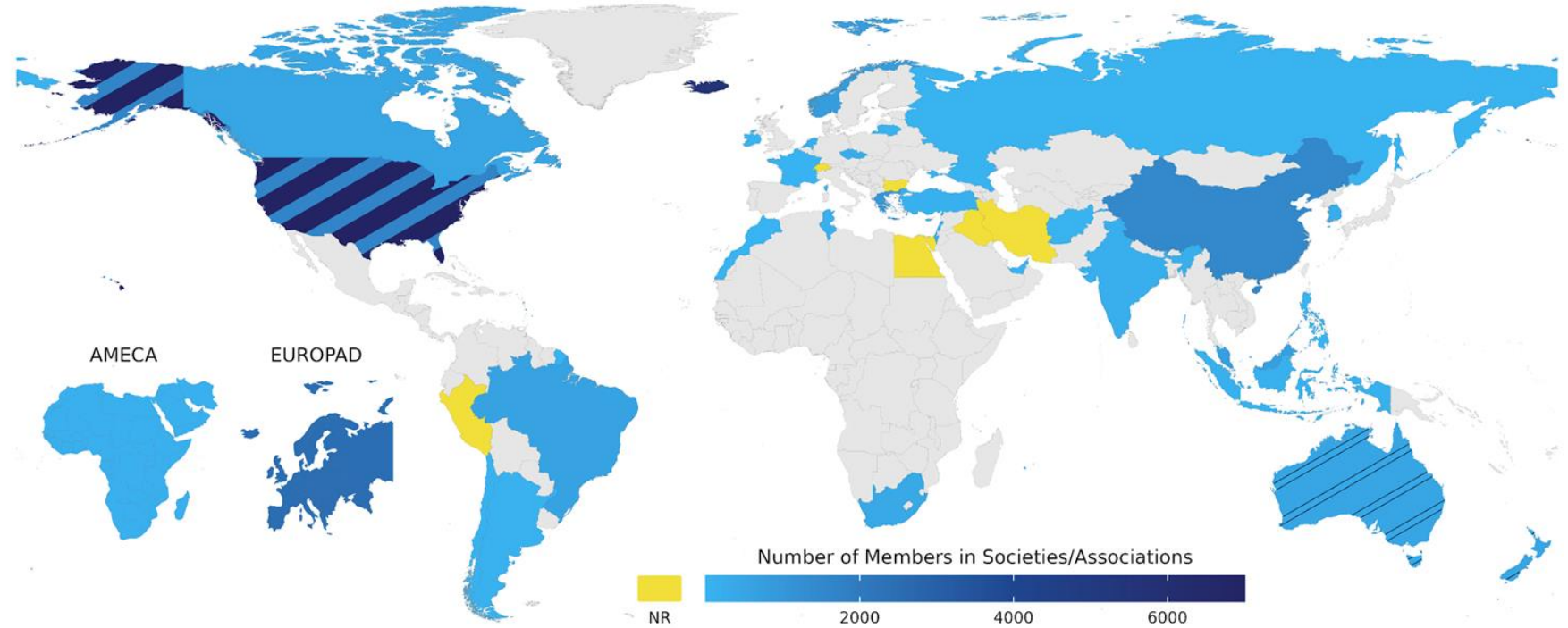


November 24, 2022

A. Global Distribution of Individual Addiction Experts



B. Global Distribution of Addiction Societies/Associations



World Addiction Medicine Reports: Study Protocol for the International Society of Addiction Medicine (ISAM) Global Expert Network (ISAM-GEN) Surveys

AUTHORS

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AUTHOR ASSERTIONS

Conflict of Interest: No ▾

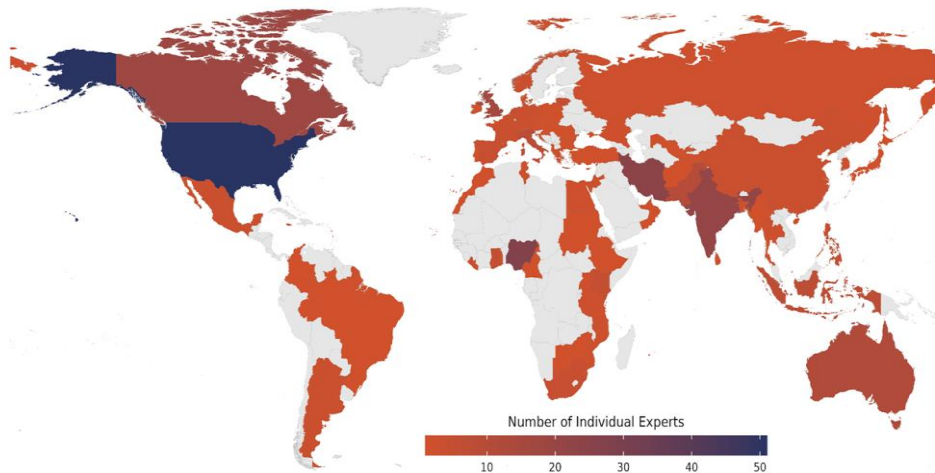
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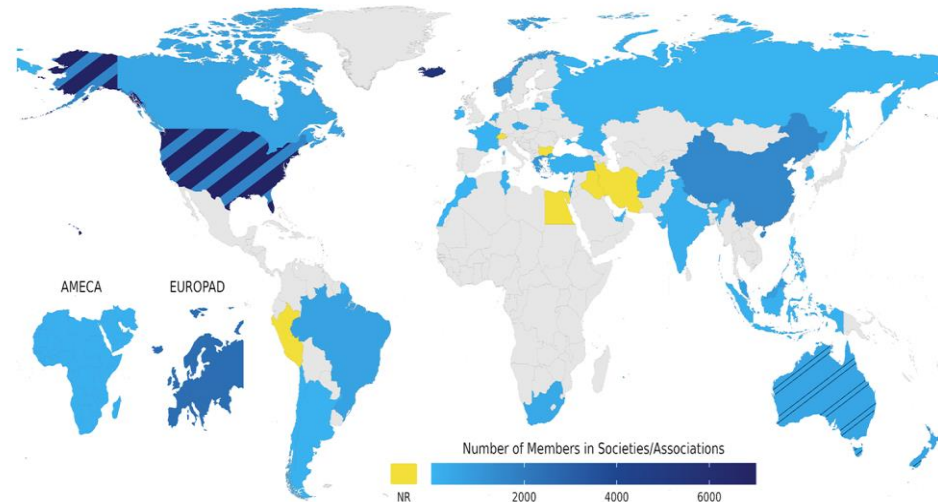


SCAN ME

A. Global Distribution of Individual Addiction Experts



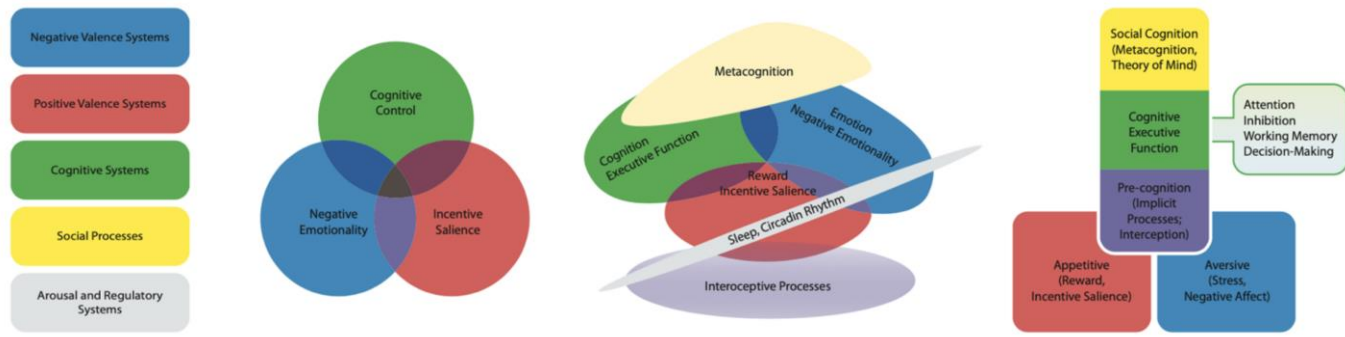
B. Global Distribution of Addiction Societies/Associations



Neuroscience-Informed Classification of Prevention Interventions in Substance Use Disorders: An RDoC-based Approach

Tara Rezapour, Parnian Rafei, Alex Baldacchino, Patricia J. Conrod, Geert Dom, Diana H. Fishbein, Atte Van Batenburg-De Vries, Vincent Hendriks, Nicola Newton, Nathaniel R. Riggs, Lindsay M. Squeglia, Maree Teesson, Jasmin Vassiri, Antonio Verdejo-Garcia, Hamed Ekhtiari

doi: <https://doi.org/10.1101/2022.09.28.22280342>



Cognitive training and remediation interventions for substance use disorders:A Delphi consensus study

 Antonio Verdejo-Garcia,  Tara Rezapour, Emily Giddens,  Arash Khojasteh Zonoozi,  Parnian Rafe
 Jamie Berry,  Alfonso Caracuel,  Marc L. Copersino,  Matt Field, Eric L. Garland,
 Valentina Lorenzetti,  Leandro Malloy-Diniz,  Victoria Manning,  Ely M. Marceau,
 David L. Pennington,  Justin Strickland,  Reinout Wiers, Rahia Fairhead,  Alexandra Anderson,
 Morris Bell,  Wouter J. Boendermaker,  Samantha Brooks,  Raimondo Bruno,  Salvatore Campa
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 Mary Sweeney, Hoa Vo,  Katie Witkiewitz, Steven P Woods,  Richard Yi, Min Zhao,  Hamed Ekhtiari

doi: <https://doi.org/10.1101/2022.07.28.22278144>



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Danesh*



*Aldo Alberto
Conti*



*Parnian
Rafei*



*Mehran
Zare-Bidoky*



*Mohsen
Ebrahimi*



*Ali Fathi
Jouzdani*



*Hossein Mohaddes
Ardabili*



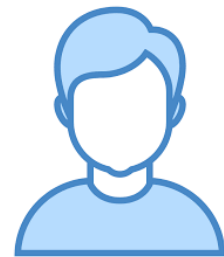
*Preethy
Kathiresan*



*Arshiya
Sangchooli*



*Jiang
Long*



*Your
Name*

How to develop global surveys, guidelines, checklists and consensus statements in prevention and treatment of addiction: new innovations in the pandemic era

Development of a Global Expert Survey Infrastructure and Longitudinal Surveys in Addiction Medicine



Marc Potenza, MD, PhD
ISAM Board Member
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Yale School of Medicine, USA



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November 24, 2022

How to develop global surveys, guidelines, checklists and consensus statements in prevention and treatment of addiction: new innovations in the pandemic era



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ISAM-GEN Pilot Survey: Global Survey on Treatment Service Provision for Opioid Use Disorder



Arash Khojasteh Zonoozi
Fatemeh Sadat Abolghasemi
ISAM-GEN Assistant Officers
Mashhad University of Medical Sciences, Iran



October 4, 2022

How to develop global surveys, guidelines, checklists and consensus statements in prevention and treatment of addiction: new innovations in the pandemic era



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ISAM GEN as a VICONs



Hamed Ekhtiari
ISAM-GEN Secretary
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October 4, 2022

ISAM Global Expert Network as a VICONs



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Lisbon Addiction Meeting
24 November 2022

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How to develop global surveys, guidelines, checklists and consensus statements in prevention and treatment of addiction: new innovations in the pandemic era



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What is Virtual Collaborative Networks in Science?

Promoting Diversity, Equity and Global Representativeness

Scientific Rigor, Open Research Consortiums, and Joint Decision Making

VICONS



SCAN ME

Let's Start with an Example: ACRI



Addiction Cue Reactivity



Association of Drug Cues and Craving With Drug Use and Relapse

A Systematic Review and Meta-analysis

Nilofar Vafaie, MS; Hedy Kober, PhD

CONCLUSIONS AND RELEVANCE Findings from this systematic review and meta-analysis suggest that drug cue and craving indicators play significant roles in drug use and relapse outcomes and are an important mechanism underlying SUDs. Clinically, these results support incorporating craving assessment across stages of treatment, as early as primary care.

Developing a VICONs with Addiction Cue Reactivity

Integration
Level



The diagram shows a blank coordinate system. The vertical axis is labeled 'Integration Level' and the horizontal axis is labeled 'Interaction Level'. The axes are represented by black lines with arrowheads at their ends. The origin is at the bottom-left corner.

Interaction
Level

Developing a VICONs with Addiction Cue Reactivity

Integration
Level

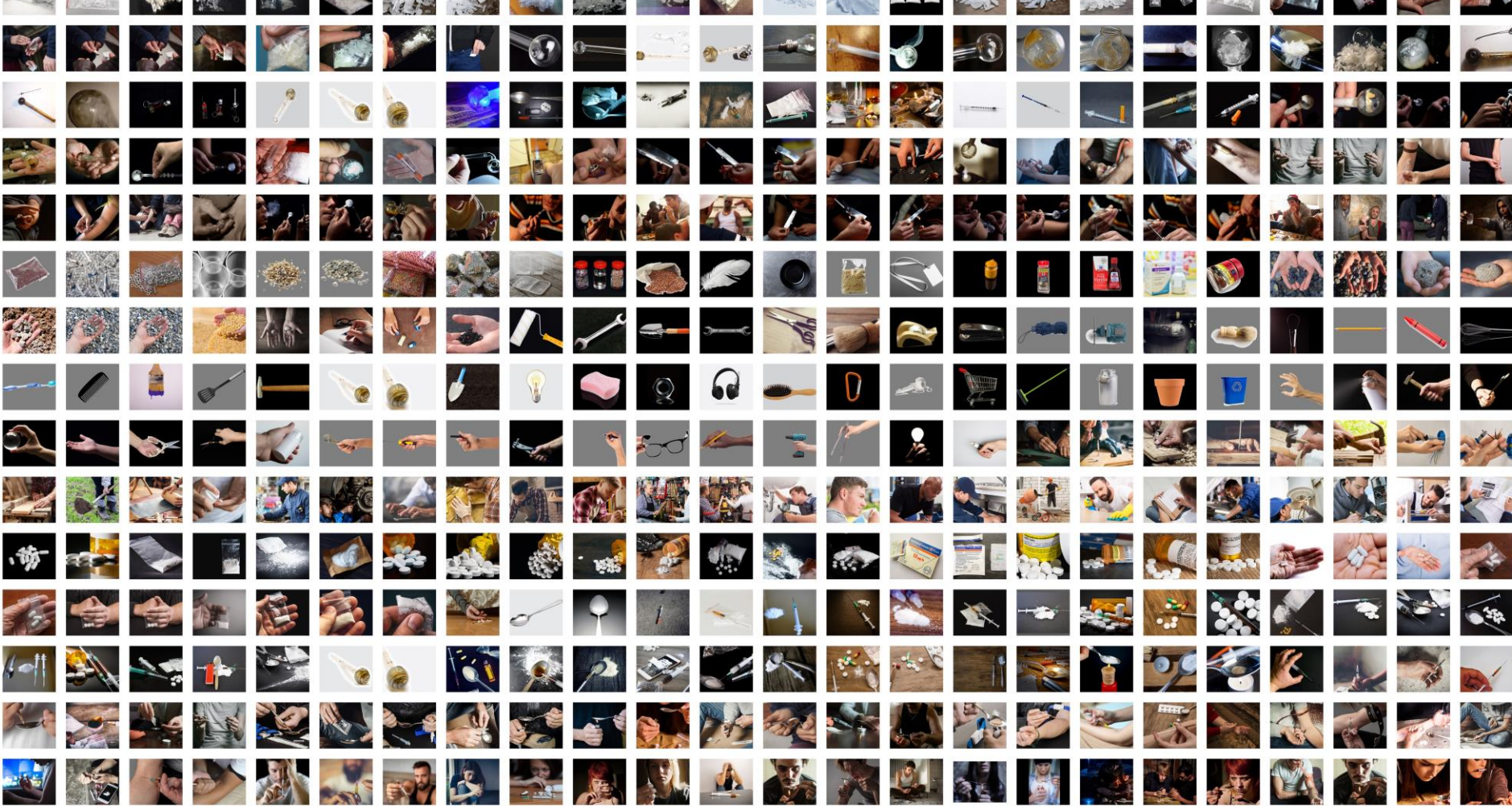
1. Networking: Involves communication and information exchange for mutual benefit

- Sharing experiences through webinars
- Sharing cue databases and tasks

Networking

Communication
and information
Exchange

Interaction
Level



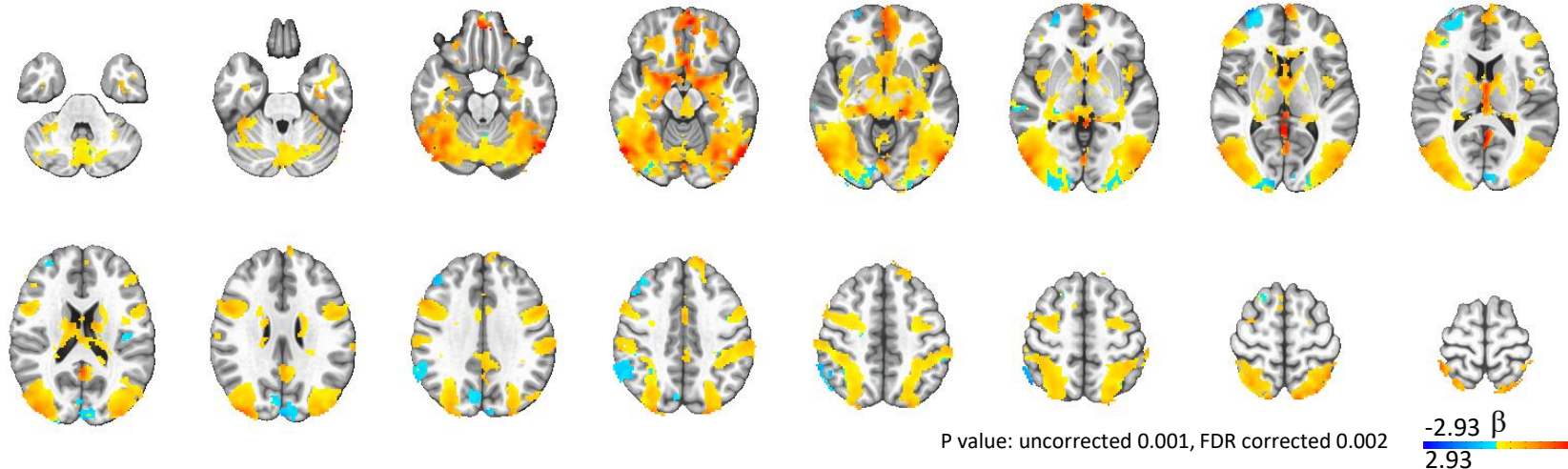


Neutral < Craving

It is never as good the second time around: Brain areas involved in salience processing habituate during repeated drug cue exposure in treatment engaged abstinent methamphetamine and opioid users

Hamed Ekhtiari , Rayus Kuplicki, Robin L. Aupperle, Martin P. Paulus

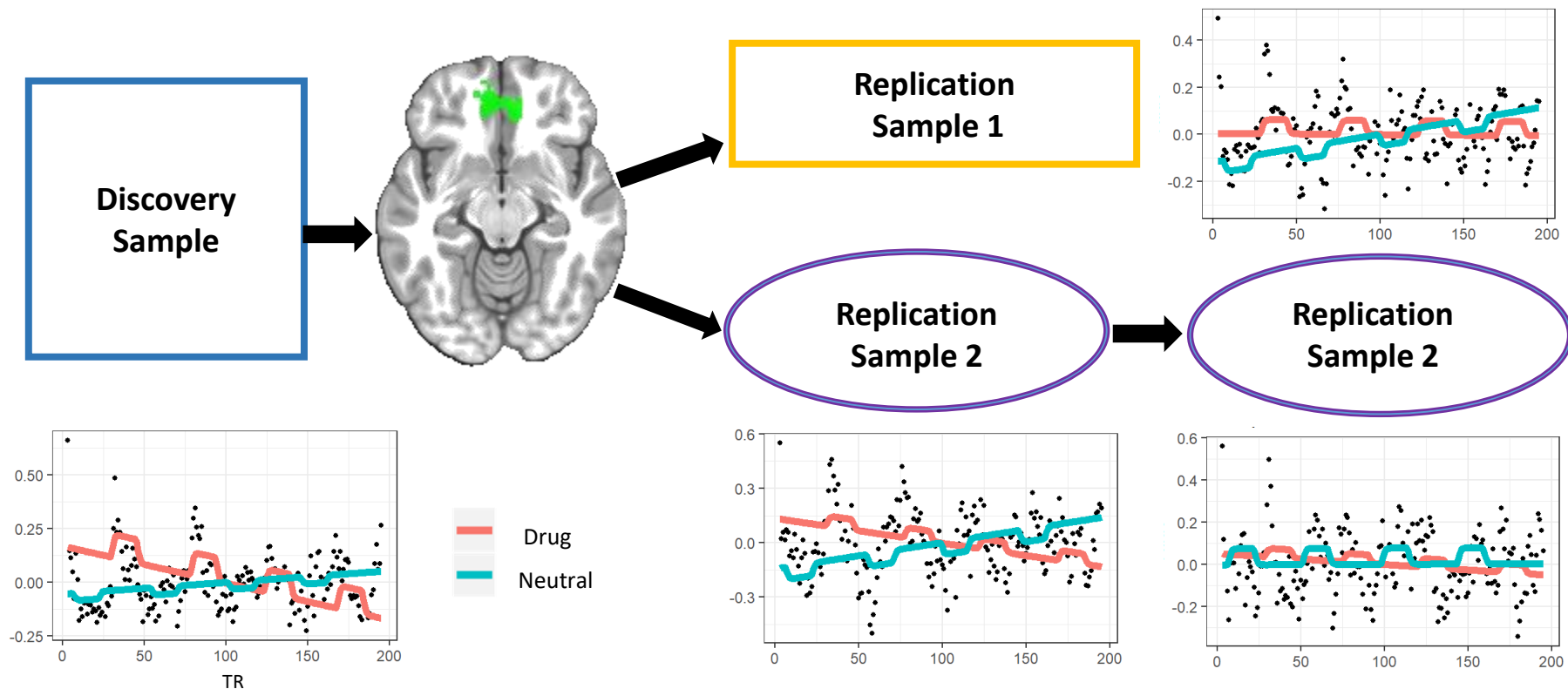
Drug>Neutral Contrast



Multiple Tasks/Databases for Repeated Assessments

It is never as good the second time around: Brain areas involved in salience processing habituate during repeated drug cue exposure in treatment engaged abstinent methamphetamine and opioid users

Hamed Ekhtiari , Rayus Kuplicki, Robin L. Aupperle, Martin P. Paulus



Developing a VICONs with Addiction Cue Reactivity

Integration
Level

1. Networking: Involves communication and information exchange for mutual benefit

- Sharing experiences through webinars
- Sharing cue databases and tasks

Networking

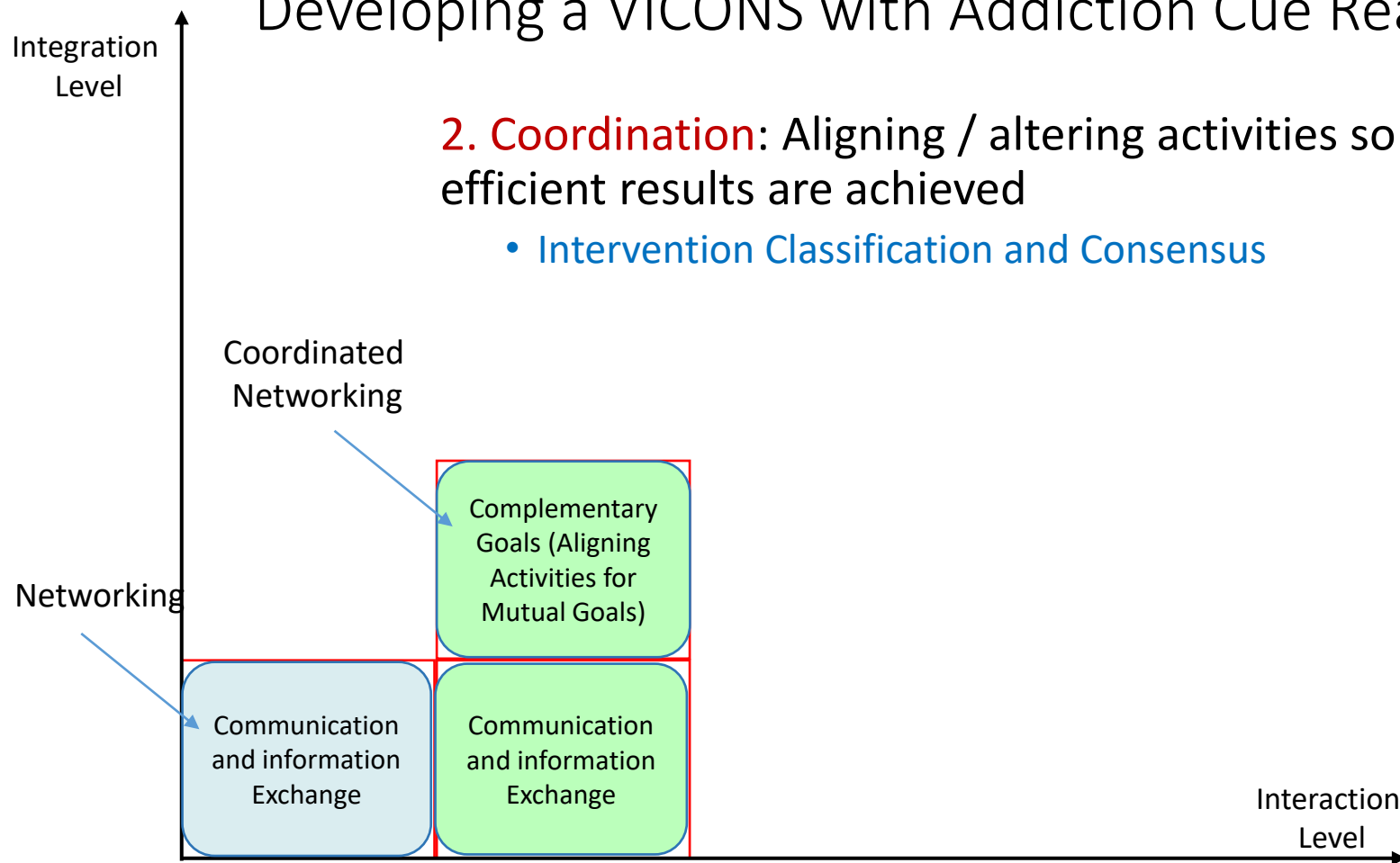
Communication
and information
Exchange

Interaction
Level

Developing a VICONs with Addiction Cue Reactivity

2. Coordination: Aligning / altering activities so that more efficient results are achieved

- Intervention Classification and Consensus



Cue-based Intervention Classification and Consensus



ISAM-NIG Symposium 2021: Cue-based Cognitive Interventions

6 videos • 81 views • Last updated on Nov 24, 2021



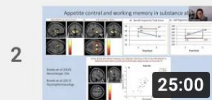
International
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(ISAM)

SUBSCRIBED



1 Hamed Ekhtiari — Cue-based Cognitive Interventions: the Current Status, Promises, and Challenges

International Society of Addiction Medicine (ISAM)



2 Samantha Brooks—Neural Processes of Appetite Control: Data from Working Memory Training Intervention

International Society of Addiction Medicine (ISAM)



3 Parnian Rafei — Cue-induced Retrieval and Reconsolidation with Episodic Foresight

International Society of Addiction Medicine (ISAM)



4 Victoria Manning— Cognitive Bias Modification for the Treatment of Alcohol Use Disorder

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5 Antonio Verdejo-García— "The Future of Cue-based Interventions for Addiction Treatment"

International Society of Addiction Medicine (ISAM)

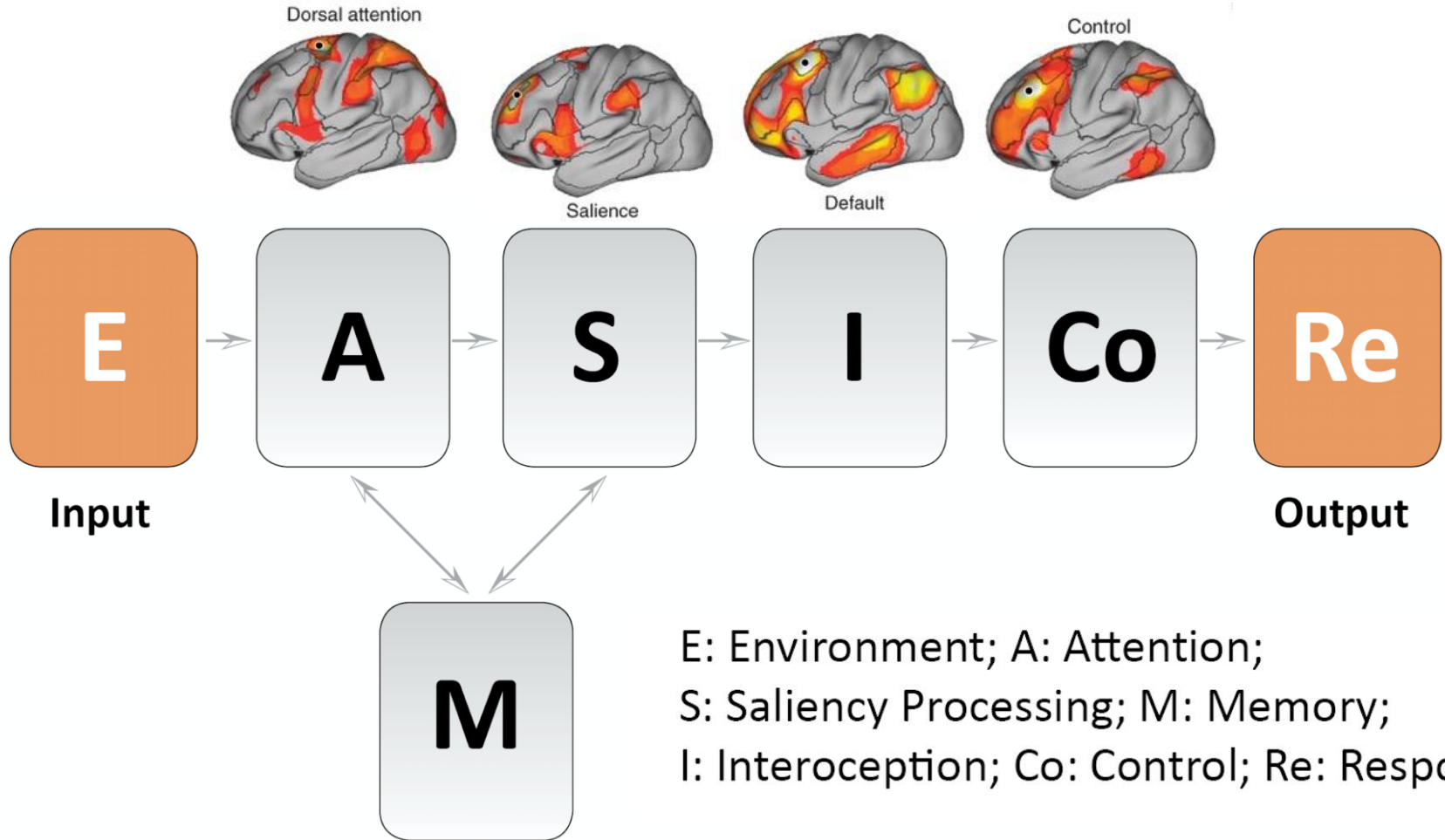


6 Serenella Tolomeo— Blunted Within-System and Increased Between-System Brain Abnormalities in AUD

International Society of Addiction Medicine (ISAM)



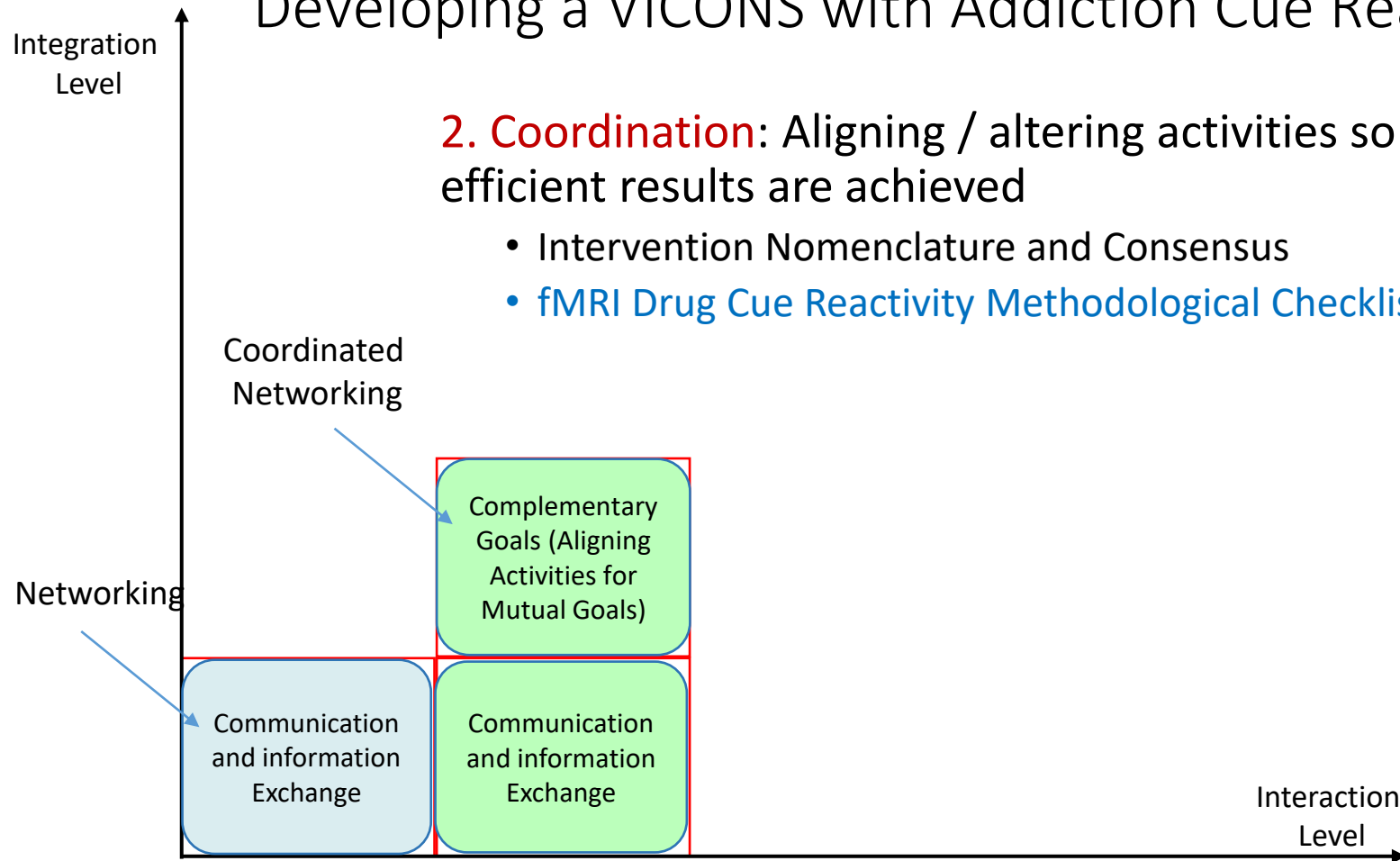
SCAN ME



Developing a VICONs with Addiction Cue Reactivity

2. Coordination: Aligning / altering activities so that more efficient results are achieved

- Intervention Nomenclature and Consensus
- **fMRI Drug Cue Reactivity Methodological Checklist**





OSFHOME ▼

A Systematic Review on fMRI Drug Cue ...

Files

Wiki

Analytics

A Systematic Review on fMRI Drug Cue Reactivity Studies

Contributors: [Hamed Ekhtiari](#), ACRI Secretariat

Date created: 2020-05-17 07:17 PM | Last Updated: 2021-05-02 12:21 PM

[Create DOI](#)

Category:  Project



The Steering Committee (SC)



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Lara Ray



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**Joseph
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Rita Goldstein



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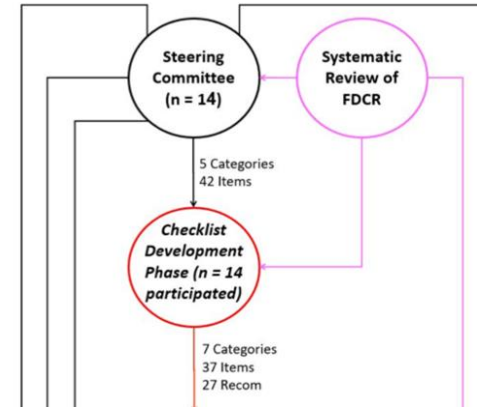
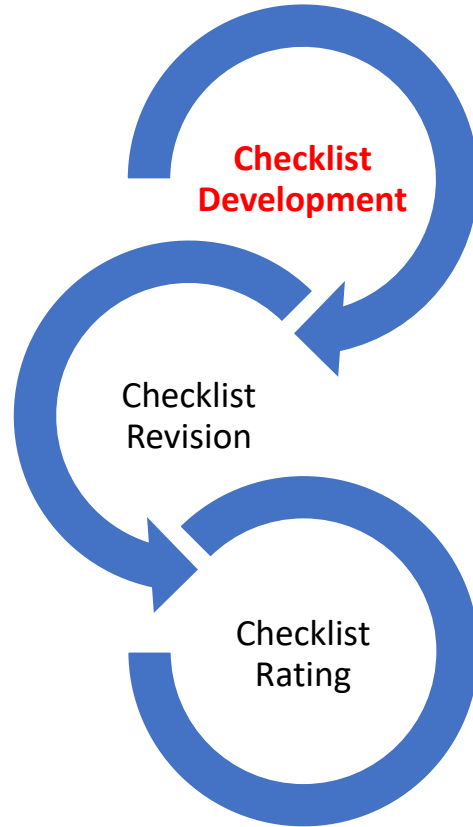


Martin Paulus

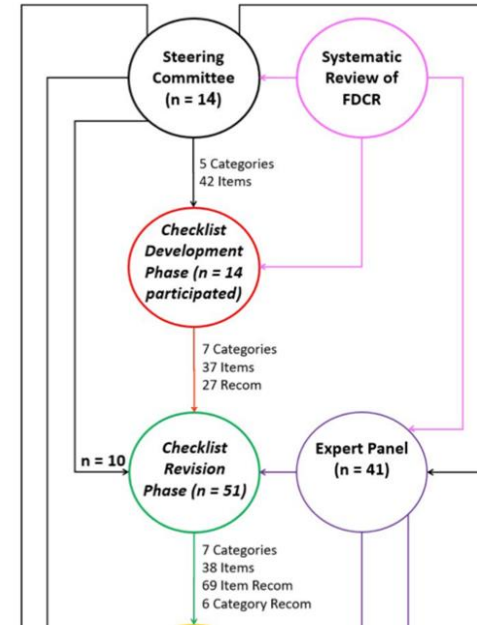
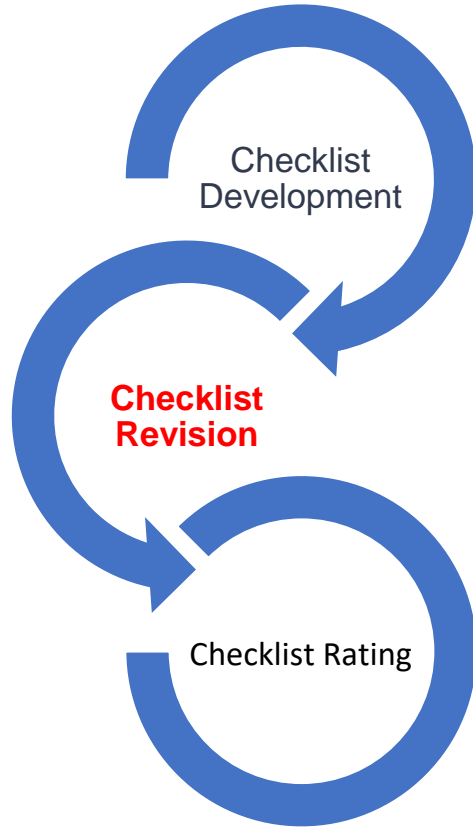


**Anna Rose
Childress**

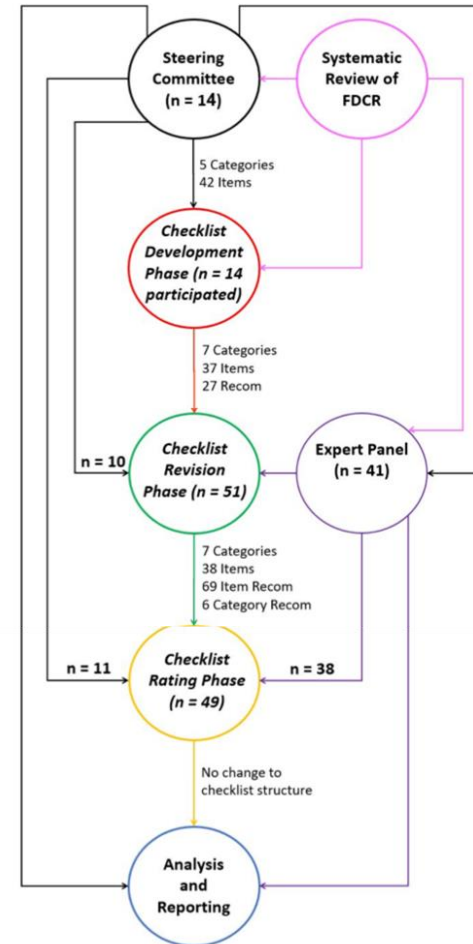
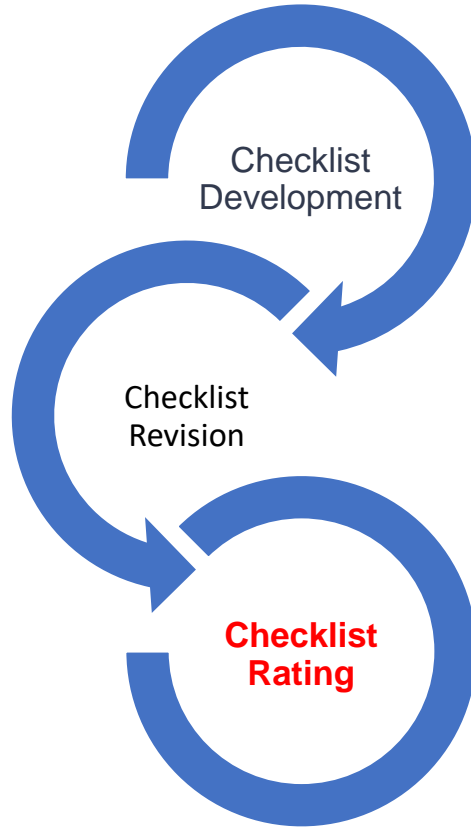
The Delphi Study; Making a Consensus



The Delphi Study; Making a Consensus



The Delphi Study; Making a Consensus



ENIGMA-ACRI Checklist: 7 categories, 38 items, 75 recommendations

Table B.1. Itemized list of main items for best practices and reporting

This checklist includes the items which are important to be reported and considered when conducting and reporting an fMRI drug cue reactivity (FDCR) study. This table grew out of a consensus among expert scientists in this field. Scientists are recommended to use this checklist to assess the quality of their study.

Categories	No.	Sub-Categories	Main Items to Report	Report
Participant Characteristics	1	Inclusion/Exclusion Criteria	Inclusion and exclusion criteria for all participant groups	
	2	Basic Demographics	Age and sex/gender for all participant groups	
	3	Advanced Demographics I	Education or a measurement of intelligence for all participant groups	
	4	Advanced Demographics II	Race or ethnicity for all participant groups	
	5	Psychiatric Profile	Any categorical or dimensional measurement of psychopathologies other than substance use disorder	
	6	Handedness	Handedness for all participant groups	
	7	Substance Use Profile-Main Drug	Route(s) of administration for the main substance (if it is obvious it doesn't need to be reported; i.e., there is only one route of administration for cigarette smokers or alcohol drinkers)	
	8	Substance Use Profile-Main Drug	Current and lifetime use pattern/severity for the main drug of use for all participant groups	
	9	Substance Use Profile-Other Drugs	Measures of current or lifetime use pattern/severity for drugs, other than the main drug of use, for all participant groups	
	10	Abstinence Status	Days/hours/minutes since last use (duration of abstinence) and how abstinence was verified for all participant groups	
	11	Addiction Treatment Status	Treatment status for all participant groups, (i.e., non-treatment seeking active users, treatment seeking active users, undergoing active treatment, treated and abstinent, relapsed after treatment, etc.)?	
General fMRI Information	12	fMRI pulse sequence and other acquisition details	Section for fMRI data acquisition details	
	13	fMRI preprocessing pipeline and other details	Section for fMRI preprocessing details	
	14	fMRI Data Processing	Section for MRI analyses and statistical modeling details	
	15	fMRI Data Reporting	Basic whole brain response to drug cues	
General Task Information	16	Task Design	Task structure (Event, Block or Mixed (events in blocks))	
	17	Number of Task Components	Number of runs (if more than one), blocks (for block-designed studies), and events (including drug cues, control cues, fixations, etc.)	
	18	Requested Engagement	Instructions to the study participants on how to engage with the cues	
	19	Temporal information of the event/block duration	Duration of each cue (for both event and blocked-design tasks) and the total block duration (for blocked-design tasks)	
	20	Temporal Information of the Task	Total task duration	
	21	Order of Blocks/Events	Order of block types (e.g., drug, control) (for blocked-designs) or event types (e.g., drug, control) (for event-related designs) (The order can be fully randomized (randomized and different between subjects), pseudorandomized (identical between subjects, but randomized once for the order of events/blocks), or not randomized (fixed order like neutral-drug-neutral-drug for all subjects))	

Cue Information	22	Data and resource-sharing	Sharing the behavioral task code or source images	
	23	Sensory Modality of Cues	Modality(ies) of utilized drug and neutral/control cues (The modalities can be word, picture, smell, taste, tactile, audio script, written script, imagination, silent video, audiovisual video, paraphernalia, substance itself, or mixed.)	
	24	Sources of Cues, Development	Source of drug and neutral/control cues	
	25	Sources of Cues, Validation	Extent of prior validation of drug and neutral/control cues used in the study (Drug and neutral/control cues in a study might be not validated, validated by assessing the craving induction of each cue individually using simple-item craving instruments like single-item VAS, or using standardized instruments of craving assessment and emotion or stress reactivity)	
	26	Drug and Neutral/Control Cue Content	Content of drug cues and its relationship to the targeted drug (These include stimulus related to the drug, stimulus related to instruments of drug use, stimulus related to various stages of drug use (i.e. "beginning" or "end" stimuli (lit cigarette vs. ashtray)), stimulus related to drug intake, stimulus related to typical drug consumption environments, stimulus related to preparation of drug, stimulus related to purchasing the drug, etc.)	
Craving Assessment Inside Scanner	27	Neutral/Control Matching to Drug-Cues for Physical Features	Factors for which drug and neutral/control cues have been matched (color, brightness, hue, content, complexity, scrambled drug cue, etc.)	
	28	Craving Assessment Inside Scanner, Presence	Craving assessment inside the scanner	
	29	Craving Assessment Inside Scanner, Time Points	Description of the Time points at which craving-related assessment is performed inside the scanner (e.g. before and/or after each cue/event/block/trial/scan/run/session) (Yes/No/Not Applicable [in case when there is no assessment inside the scanner])	
	30	Craving Assessment Inside Scanner, Instrument(s)	Description of the instrument(s) used to assess craving and craving-related constructs inside the scanner (Yes/No/Not Applicable [in case when there is no assessment inside the scanner])	
	31	Craving Assessment Inside Scanner, Technology	Description of the hardware used to obtain participant responses, with specifications of models and brands of devices, if necessary (e.g., response box, fiber-optic pad) (Yes/No/Not Applicable [in case when there is no assessment inside the scanner])	
Craving Assessment Outside Scanner	32	Craving Assessment Outside Scanner, Presence	Any craving-related assessment outside the scanner	
	33	Craving Assessment Outside Scanner, Time Points	Description of the time points at which craving-related assessment is performed outside the scanner (e.g., immediate before entering the scanner, immediately after exiting the scanner, etc.) (Yes/No/Not Applicable [in case when there is no assessment outside the scanner])	
	34	Craving Assessment Outside Scanner, Instrument(s)	Description of the instrument(s) used to assess craving and craving-related constructs outside the scanner (Yes/No/Not Applicable [in case when there is no assessment outside the scanner])	
Pre- and Post-scanning considerations	35	Pre-scanning Training and Familiarization	Procedure to train/familiarize participants with the task/scanner before the scanning	
	36	Pre-scanning Drug and Smoking Consumption	Whether participants were allowed to smoke or use other drugs prior to scanning	
	37	Other Tasks and Procedures in the Imaging Session	Presence and order of other tasks and procedures (e.g. resting fMRI or DTI before drug cue reactivity, familiarization, etc.) in the imaging session	
	38	Post-scanning Craving Management	Steps taken to reduce participant craving after performing the task	

a

Category 1: Participant Characteristics

- 1.1. Inclusion/Exclusion Criteria
- 1.2. Basic Demographics (Age and Sex/Gender)
- 1.3. Advanced Demographics I (Education and Intelligence)
- 1.4. Advanced Demographics II (Race/Ethnicity)
- 1.5. Psychiatric Profile (Disorders other than SUDs)
- 1.6. Handedness
- 1.7. Substance Use Profile-Main Drug, Route of Administration
- 1.8. Substance Use Profile-Main Drug, Pattern/ Severity
- 1.9. Substance Use Profile-Other Drugs
- 1.10. Abstinence Status
- 1.11. Addiction Treatment Status

Category 2: General fMRI Information

- 2.1. fMRI Pulse Sequence and other Acquisition Details
- 2.2. fMRI Preprocessing Pipeline and other Details
- 2.3. fMRI Data Processing
- 2.4. fMRI Data Reporting

Category 3: General Task Information

- 3.1. Task Design
- 3.2. Number of Task Components
- 3.3. Requested Engagement
- 3.4. Temporal Information of the Event/Block Duration
- 3.5. Temporal Information of the Task
- 3.6. Order of Blocks/Events
- 3.7. Data and Resource-Sharing

Category 4: Cue Information

- 4.1. Sensory Modality of Cues
- 4.2. Sources of Cues, Development
- 4.3. Sources of Cues, Validation
- 4.4. Drug Cues and Neutral/Control Stimuli Content
- 4.5. Drug Cues and Neutral Stimuli Matching for Physical Features

Category 5: Craving Assessment Inside Scanner

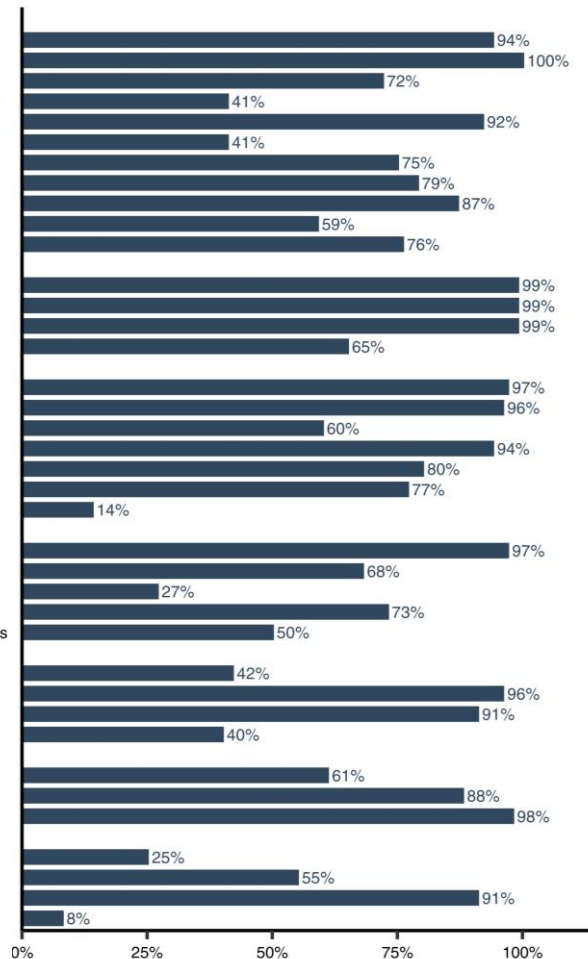
- 5.1. Craving Assessment Inside Scanner, Presence
- 5.2. Craving Assessment Inside Scanner, Time Points†
- 5.3. Craving Assessment Inside Scanner, Instrument(s)†
- 5.4. Craving Assessment Inside Scanner, Technology†

Category 6: Craving Assessment Outside Scanner

- 6.1. Craving Assessment Outside Scanner, Presence
- 6.2. Craving Assessment Outside Scanner, Time Points†
- 6.3. Craving Assessment Outside Scanner, Instrument(s)†

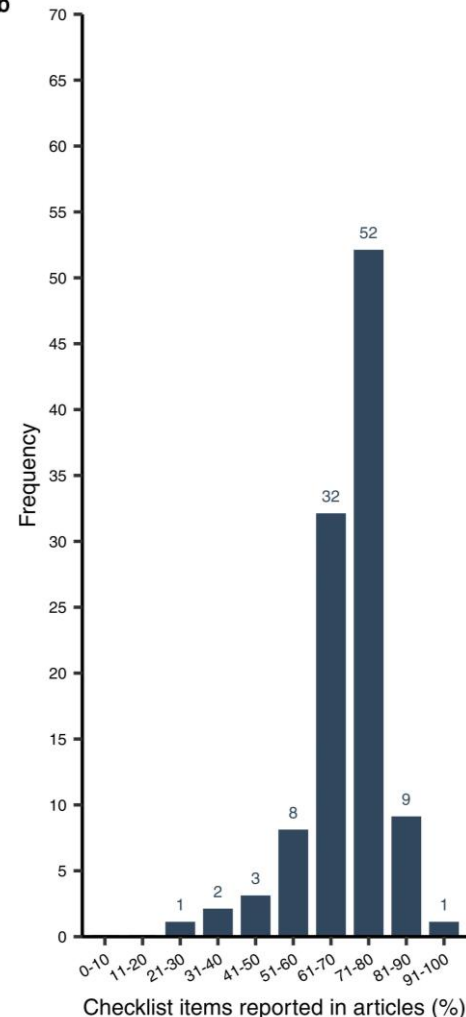
Category 7: Pre- and Post-Scanning Considerations

- 7.1. Pre-Scanning Training and Familiarization
- 7.2. Pre-Scanning Drug and Smoking Consumption
- 7.3. Other Tasks and Procedures in the Imaging Session
- 7.4. Post-Scanning Craving Management

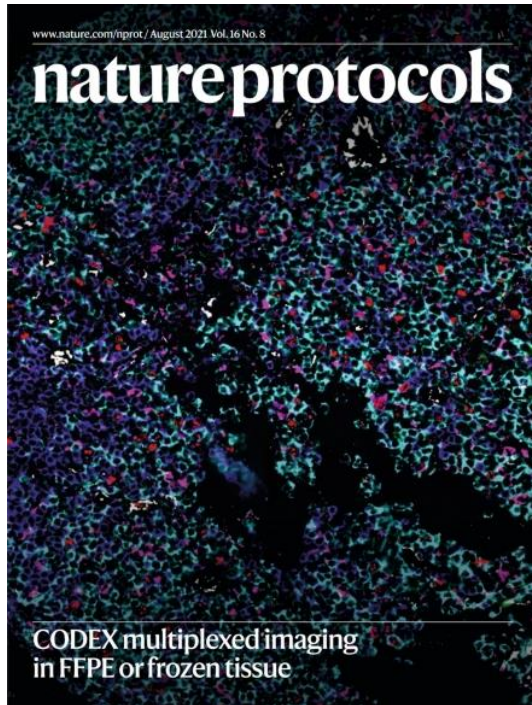


Articles that report a checklist item (%)

b



Checklist items reported in articles (%)



A methodological checklist for fMRI drug cue reactivity studies: development and expert consensus

Hamed Ekhtiari^{1,2}✉, Mehran Zare-Bidoky^{3,4,50}, Arshiya Sangchooli^{3,50}, Amy C. Janes⁵, Marc J. Kaufman⁵, Jason A. Oliver^{6,7,8}, James J. Prisciandaro⁹, Torsten Wüstenberg¹⁰, Raymond F. Anton⁹, Patrick Bach¹¹, Alex Baldacchino¹², Anne Beck^{10,13}, James M. Bjork¹⁴, Judson Brewer¹⁵, Anna Rose Childress¹⁶, Eric D. Claus¹⁷, Kelly E. Courtney¹⁸, Mohsen Ebrahimi¹⁹, Francesca M. Filbey¹⁹, Dara G. Ghahremani²⁰, Peyman Ghobadi Azbari^{3,21}, Rita Z. Goldstein²², Anna E. Goudriaan²³, Erica N. Grodin²⁰, J. Paul Hamilton^{24,25}, Colleen A. Hanlon²⁶, Peyman Hassani-Abharian²⁷, Andreas Heinz¹⁰, Jane E. Joseph²⁸, Falk Kiefer¹¹, Arash Khojasteh Zonoozi^{3,29}, Hedy Kober³⁰, Rayus Kuplicki¹, Qiang Li³¹, Edythe D. London³², Joseph McClernon⁶, Hamid R. Noori^{32,33}, Max M. Owens³⁴, Martin P. Paulus¹, Irene Perini^{24,25}, Marc Potenza^{30,35,36,37}, Stéphane Potvin³⁸, Lara Ray²⁰, Joseph P. Schacht³⁹, Dongju Seo³⁰, Rajita Sinha³⁰, Michael N. Smolka⁴⁰, Rainer Spanagel⁴¹, Vaughn R. Steele³⁰, Elliot A. Stein⁴², Sabine Steins-Loeber⁴³, Susan F. Tapert¹⁸, Antonio Verdejo-Garcia⁴⁴, Sabine Vollstädt-Klein¹¹, Reagan R. Wetherill¹⁶, Stephen J. Wilson⁴⁵, Katie Witkiewitz⁴⁶, Kai Yuan⁴⁷, Xiaochu Zhang^{48,49} and Anna Zilverstand²



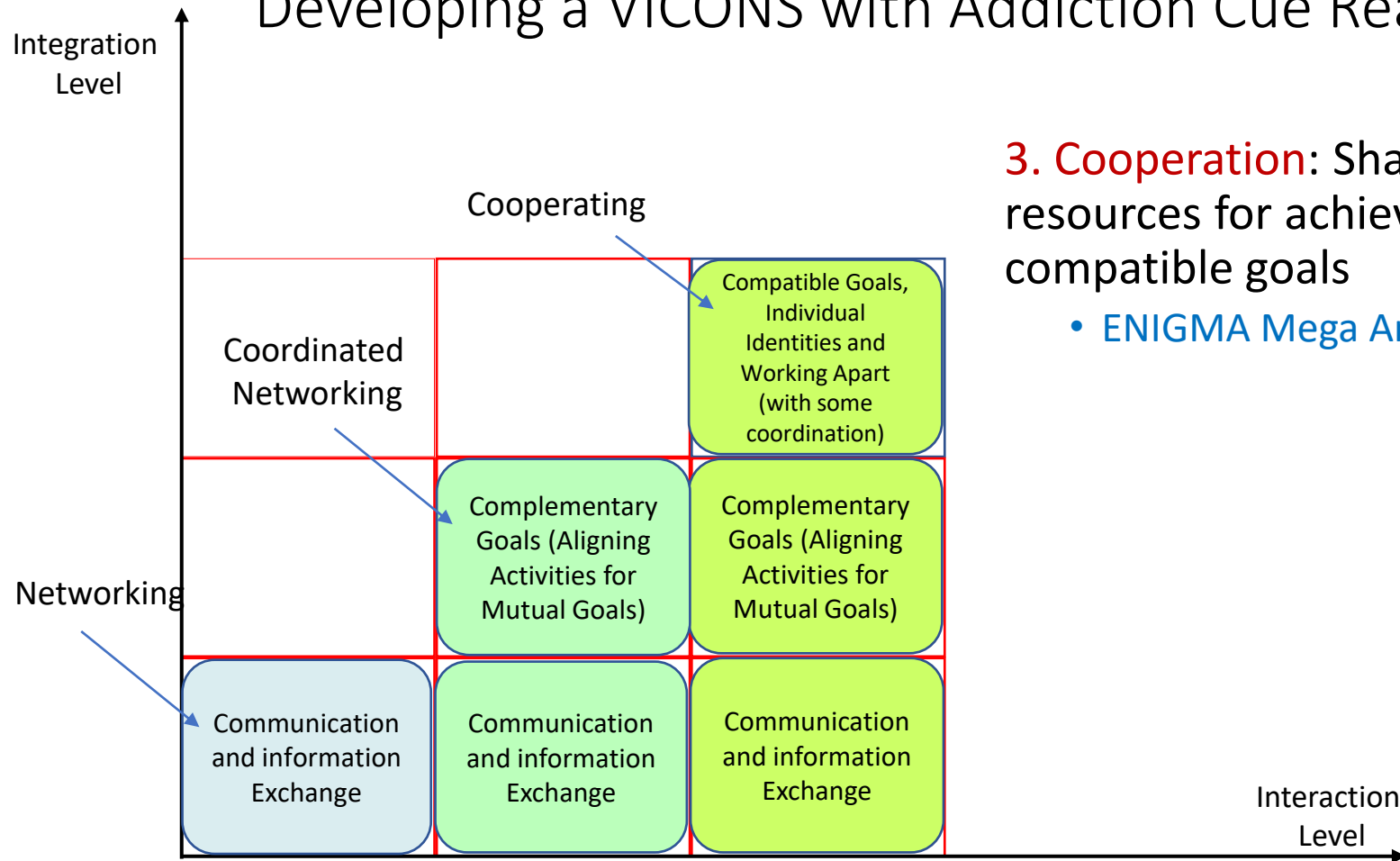
ENIGMA.ACRI@gmail.com



@ENIGMA_ACRI



Developing a VICONs with Addiction Cue Reactivity



3. Cooperation: Sharing resources for achieving compatible goals

- ENIGMA Mega Analysis



github.com/mindandbrain/halfpipe

Welcome to ENIGMA HALFpipe

hosted singularity-hub docker build passing continuous integration passing codecov 50%

HALFpipe is a user-friendly software that facilitates reproducible analysis of fMRI data, including preprocessing, single-subject, and group analysis. It provides state-of-the-art preprocessing using [fmripipre](#), but removes the necessity to convert data to the [BIDS](#) format. Common resting-state and task-based fMRI features can then be calculated on the fly using [FSL](#) and [nipype](#) for statistics.

NOTE: ENIGMA HALFpipe is pre-release software and not yet considered production-ready.

If you would like to beta test and provide feedback, thank you! We recommend using Beta 6, as this has all new features and all the latest bug fixes. For a detailed list of changes, please see the [changelog](#).

If you encounter issues, please see the [troubleshooting](#) section of this document.

To use a specific beta version, please use the following command to download HALFpipe.

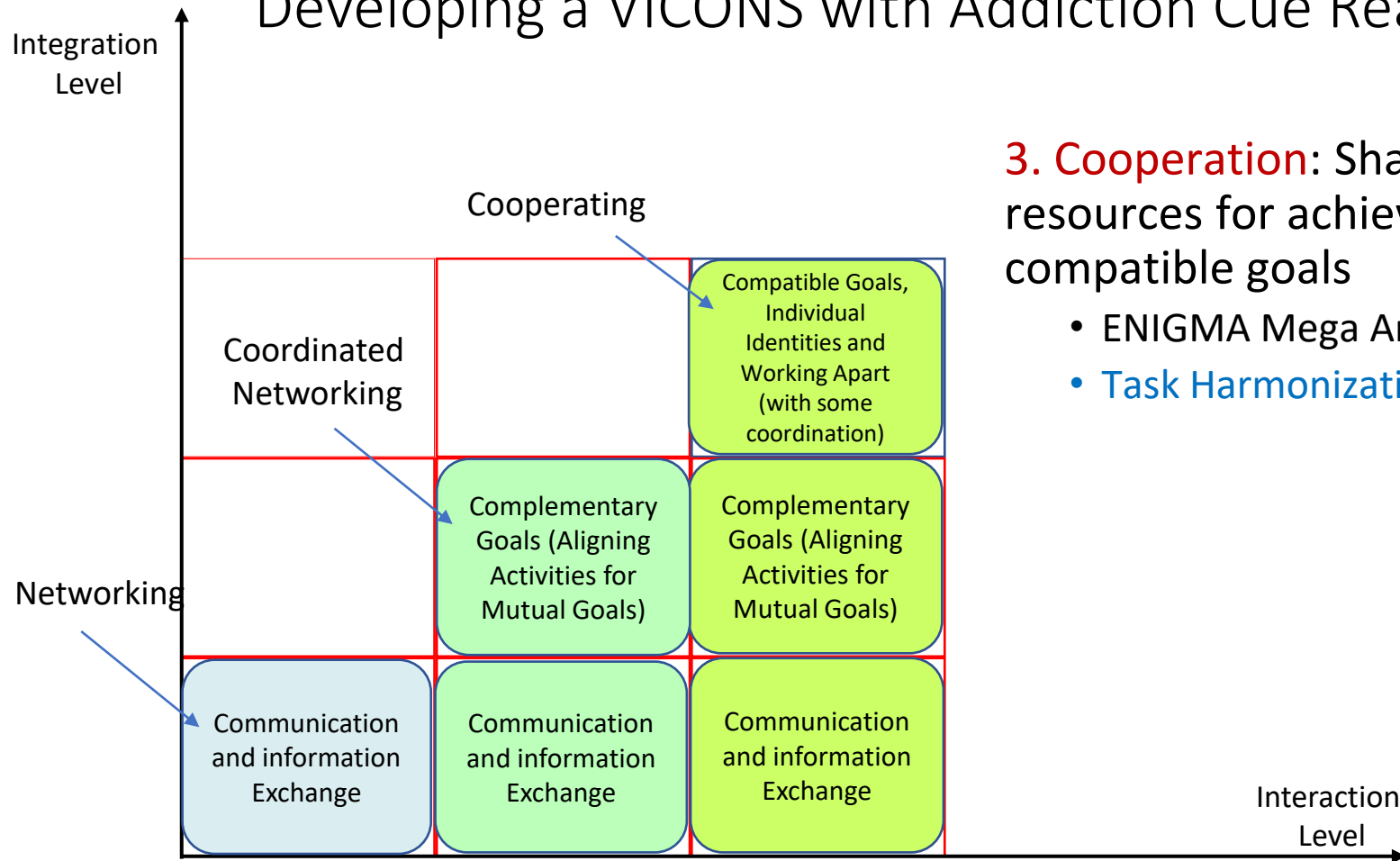
Version	Installation
Beta 6 (December 8th 2020)	<pre>singularity pull shub://mindandbrain/halfpipe:1.0.0b6</pre> <pre>docker pull mindandbrain/halfpipe:1.0.0b6</pre>
Beta 5 (October 29th 2020)	<pre>singularity pull shub://mindandbrain/halfpipe:1.0.0b5</pre> <pre>docker pull mindandbrain/halfpipe:1.0.0b5</pre>
Beta 4 (October 1st 2020)	<pre>singularity pull shub://mindandbrain/Halfpipe:1.0.0b4</pre> <pre>docker pull mindandbrain/halfpipe:1.0.0b4</pre>



fMRI Drug Cue-Reactivity Data Sharing

	A	B	C	D	E	F	G	H	I	J
1	fMRI Drug Cue-Reactivity Data Sharing									
2	PI of the Database	Contact	PI's Institution, Country	No. Subjects	No. Sessions	Main Substance	Cue Type	Design	MRI Instrument	Format of the Images
3	Hamed Ekhtiari/Martin Paulus	hekhtiari@laureateinstitute.org	Laureate Institute for Brain Research, USA	60	2	Opioid	Pictorial	Block	GE MRI 750, 3 T	NIFTI
4	Hamed Ekhtiari/Martin Paulus	hekhtiari@laureateinstitute.org	Laureate Institute for Brain Research, USA	65	1	Methamphetamine	Pictorial	Block	GE MRI 750, 3 T	NIFTI
5	Jason Oliver	Jason-Oliver@ouhsc.edu	University of Oklahoma Health Sciences Center	40	1	Nicotine	Pictorial	Block	GE MRI 750, 3 T	NIFTI
6	Patrick Bach	patrick.bach@zi-mannheim.de	Central Institute of Mental Health, Mannheim, Germany	98	2	Alcohol	Pictorial	Block	Siemens, MAGN	NIFTI
7	Patrick Bach	patrick.bach@zi-mannheim.de	Central Institute of Mental Health, Mannheim, Germany	35	2	Alcohol	Pictorial	Block	Siemens, MAGN	NIFTI
8	Sabine Vollstädt-Klein	s.vollstaedt-klein@zi-mannheim.de	Central Institute of Mental Health, Mannheim, Germany	14	2	Alcohol	Pictorial	Block	Siemens, MAGN	NIFTI
9	Sabine Vollstädt-Klein	s.vollstaedt-klein@zi-mannheim.de	Central Institute of Mental Health, Mannheim, Germany	22	2	Alcohol	Pictorial	Block	Siemens, MAGN	NIFTI
10	Sabine Vollstädt-Klein	s.vollstaedt-klein@zi-mannheim.de	Central Institute of Mental Health, Mannheim, Germany	71	1	Alcohol	Pictorial	Block	Siemens, MAGN	NIFTI
11	Sabine Vollstädt-Klein	s.vollstaedt-klein@zi-mannheim.de	Central Institute of Mental Health, Mannheim, Germany	92	2	Alcohol	Pictorial	Block	Siemens, MAGN	NIFTI
12	Markus Heilig	markus.heilig@liu.se	Center for Social and Affective Neuroscience, Linköping, Sweden	45	1	Alcohol	Pictorial	Block	Philips Ingenia 3 T	NIFTI
13	Xiaochu Zhang	zxcustc@ustc.edu.cn	University of Science and Technology of China, China	33	4	Nicotine	Pictorial	Event	Siemens Trio, 3 T	NIFTI
14	Xiaochu Zhang	zxcustc@ustc.edu.cn	University of Science and Technology of China, China	30	2	Alcohol	Pictorial	Event	GE MRI 750, 3 T	NIFTI
15	Rita Goldstein	rita.goldstein@mssm.edu	Icahn School of Medicine at Mount Sinai	58	1	Cocaine	Words	event-related	Siemens, Skyra, 3 T	NIFTI
16	Rita Goldstein	rita.goldstein@mssm.edu	Icahn School of Medicine at Mount Sinai	58	1	Cocaine	Pictures	event-related	Siemens, Skyra, 3 T	NIFTI
17	Rita Goldstein	rita.goldstein@mssm.edu	Icahn School of Medicine at Mount Sinai	23	2 (MPH vs. placebo)	Cocaine	Words	Block	Varian, 4 Tesla	*hdr & *.img
18	Rita Goldstein	rita.goldstein@mssm.edu	Icahn School of Medicine at Mount Sinai	19	2 (baseline + 6 months f/u)	Cocaine	Words	Block	Varian, 4 Tesla	*hdr & *.img
19	Rita Goldstein	rita.goldstein@mssm.edu	Icahn School of Medicine at Mount Sinai	94	1	Cocaine	Words	Block	Varian, 4 Tesla	*hdr & *.img
20	Mohammad Ali Oghabian	oghabian@sina.tums.ac.ir	Tehran University of Medical Sciences, Iran	62	1	Methamphetamine	Pictorial	Mixed (Event on	Siemens, MAGN	NIFTI
21	Marco Leyton	marco.leyton@mcgill.ca	McGill University	14	2 (d-amph vs. placebo)	Cocaine	Video	Block	Siemens, MAGN	NIFTI
22	Marco Leyton	marco.leyton@mcgill.ca	McGill University	15	1	Cocaine	Video	Block	Siemens, MAGN	NIFTI
23	Amy Janes	amy.janes@nih.gov	McLean Hospital/HarvardNIDA	70	1	Nicotine	Pictorial	Event-related	Siemens, Prisma	NIFTI
24	Kirsten Morley	kirsten.morley@sydney.edu.au	The University of Sydney, Australia	31	1	Alcohol	Pictorial	Block	GE MRI 750, 3 T	NIFTI
25	Kirsten Morley	kirsten.morley@sydney.edu.au	The University of Sydney, Australia	53	1	Alcohol	Pictorial	Block	GE MRI 750, 3 T	NIFTI
26	Kirsten Morley	kirsten.morley@sydney.edu.au	The University of Sydney, Australia	32	2	Alcohol	Pictorial	Block	GE MRI 750, 3 T	NIFTI
27	Dara Ghahremani/Edythe London	darag@ucla.edu	UCLA	17	2	Methamphetamine	Pictorial	event-related	Siemens, Prisma	NIFTI
28	Dara Ghahremani/Edythe London	darag@ucla.edu	UCLA	31	10 (abst+after smoking)	Nicotine	Video	event-related	Siemens, Trio, 3 T	NIFTI
29	Dara Ghahremani/Edythe London	darag@ucla.edu	UCLA	122	2 (abstinent + after smoking)	Nicotine	Video	block	Siemens, Prisma	NIFTI
30	Dara Ghahremani/Edythe London	darag@ucla.edu	UCLA	31	3 (pre/post behav intervent	Cannabis	Pictorial	event-related	Siemens, Trio, 3 T	NIFTI
31	Eric Claus/Katie Witkiewitz	edc5208@psu.edu	The Mind Research Network/University of New Mexico, USA	150	4	Alcohol	Pictorial	Event	Siemens, MAGN	NIFTI/BIDS
32	Francesca Filbey	francesca.filbey@utdallas.edu	University of Texas at Dallas	207	1	Cannabis	Tactile	Block	Philips Achieva 3 T	NIFTI
33	Francesca Filbey	francesca.filbey@utdallas.edu	University of Texas at Dallas	99	1	Cannabis	Tactile	Block	GE MRI 750, 3 T	NIFTI

Developing a VICONs with Addiction Cue Reactivity

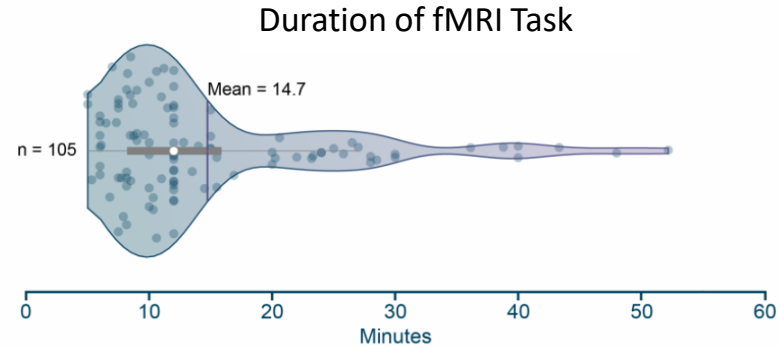


3. Cooperation: Sharing resources for achieving compatible goals

- ENIGMA Mega Analysis
- Task Harmonization Task Force

What do you think is the optimal range of length for the total duration of a standardized FDCR task (please give your answer in minutes)?

The mean length of the total task duration was 14.7 (± 9.8) minutes. The median length was 12 min. The range was 5–52 minutes You may select a **range** of time on the sliders below:



use the **first** slider for the **minimum** and the **second** slider for the **maximum**

Minimum (minutes)



Maximum (minutes)

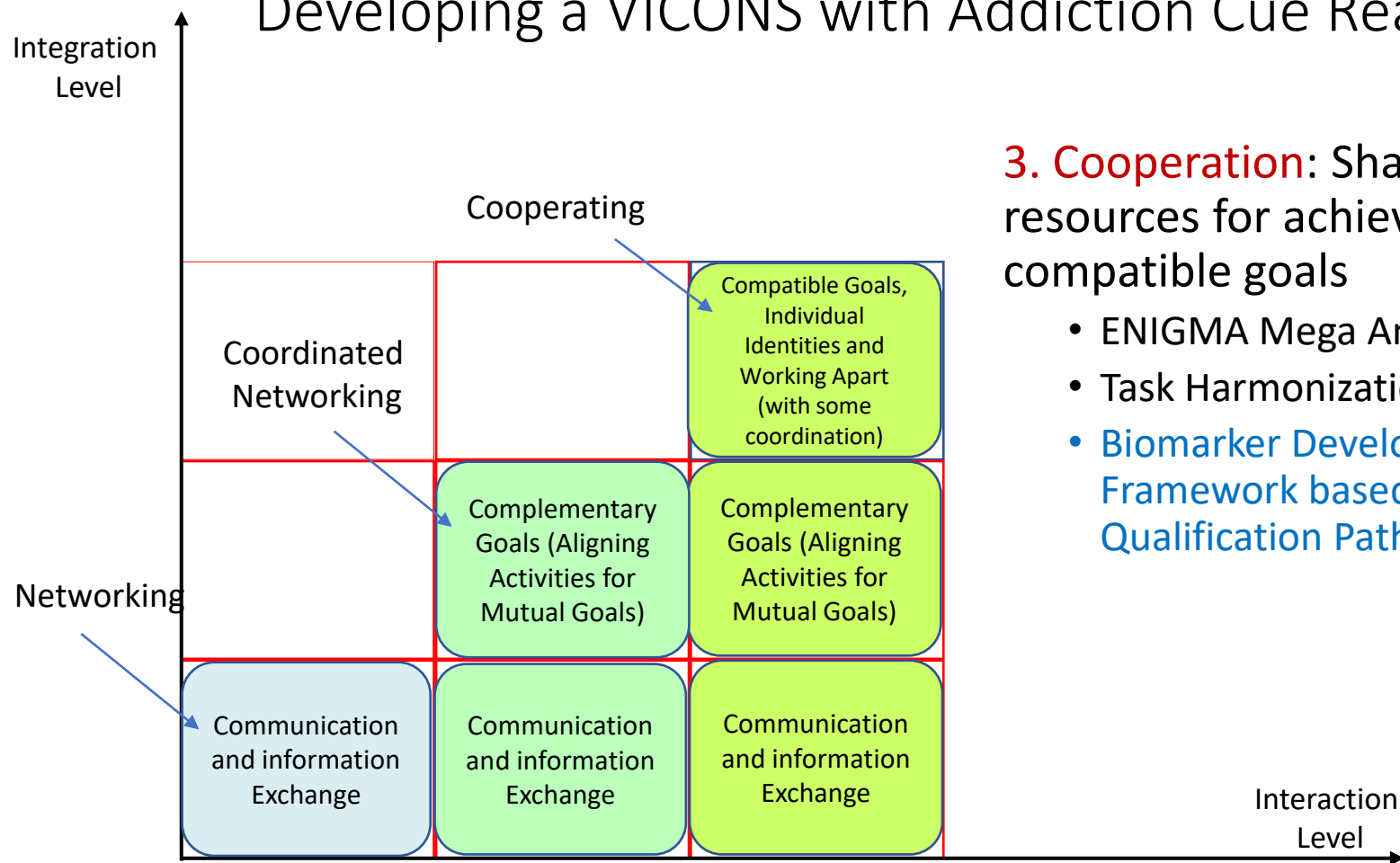


Survey Completion

0%  100%



Developing a VICONs with Addiction Cue Reactivity



3. Cooperation: Sharing resources for achieving compatible goals

- ENIGMA Mega Analysis
- Task Harmonization Task Force
- Biomarker Development Framework based on the FDA Qualification Pathway

ISAM-NIG PRESENTS:

“Biomarkers for Addiction Treatment Development: fMRI Drug Cue Reactivity as an Example”

WEBINAR CO-HOSTS:



Hugh Garavan
University of Vermont



Antonio Verdejo-García
Monash University



Anna Zilverstand
University of Minnesota



Hamed Ekhtiari
Laureate Institute for Brain Research

**OCTOBER 29TH, 2020, 3 - 5 PM
(NEW YORK TIME)**



International Society of Addiction Medicine- Neuroscience Interest Group (ISAM-NIG)- 3rd Webinar

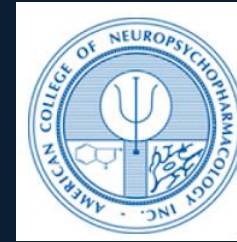
Biomarkers for Addiction Treatment Development: fMRI Drug Cue Reactivity as an Example

In Collaboration with ENIGMA-ACRI Network

October 29th, 2020



ACNP2021



Study Group:

Brains before brawn: Using brain-based, outcome-relevant, endophenotypes in

Phase 2 medication development for psychiatric disorders – to improve our success in larger Phase 3 clinical trials.

Chair



Anna Rose Childress
University of Pennsylvania

Co-Chair/Moderator



Tanya Ramey
Medical officer, NIDA

Speaker



Mario Oquendo
University of Pennsylvania
Industry Speaker

Speaker



Diego Pizzagalli
Harvard Medical School
Discussant

Speaker



Kathleen Brady
University of South California
Discussant

Speaker



Joseph Schacht
University of Colorado

Speaker



Hamed Ekhtiari

Speaker



Gerard Moeller

Speaker



Patricio O'Donnell
Takeda Pharma

Discussant



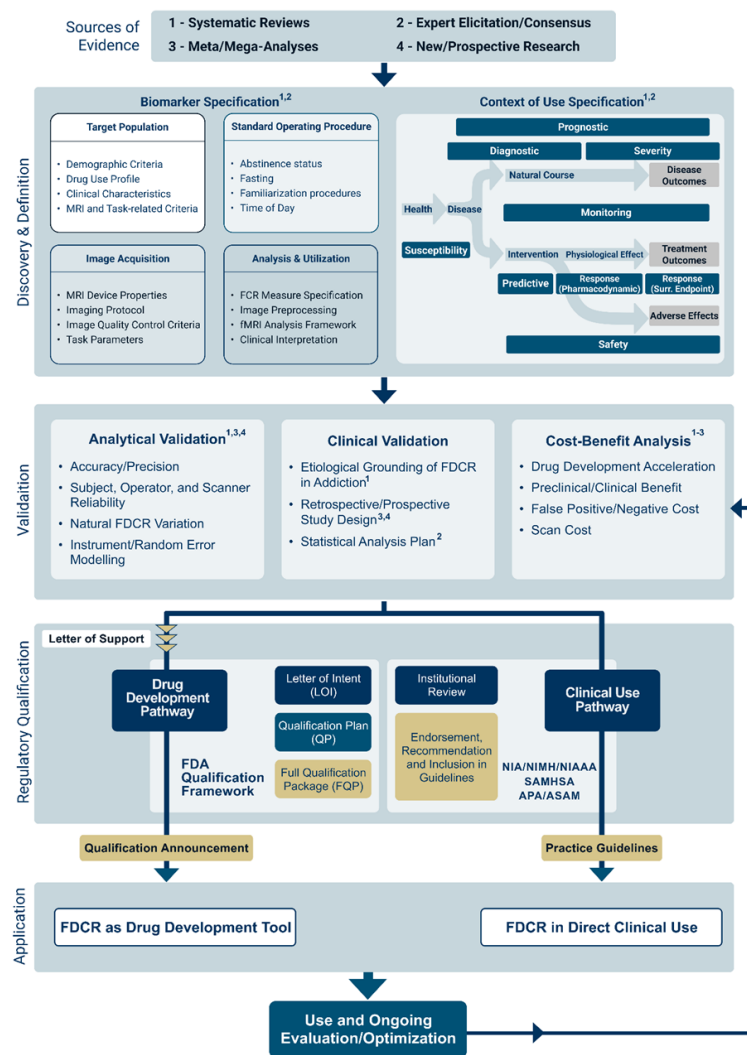
George Koob
Director, NIAAA

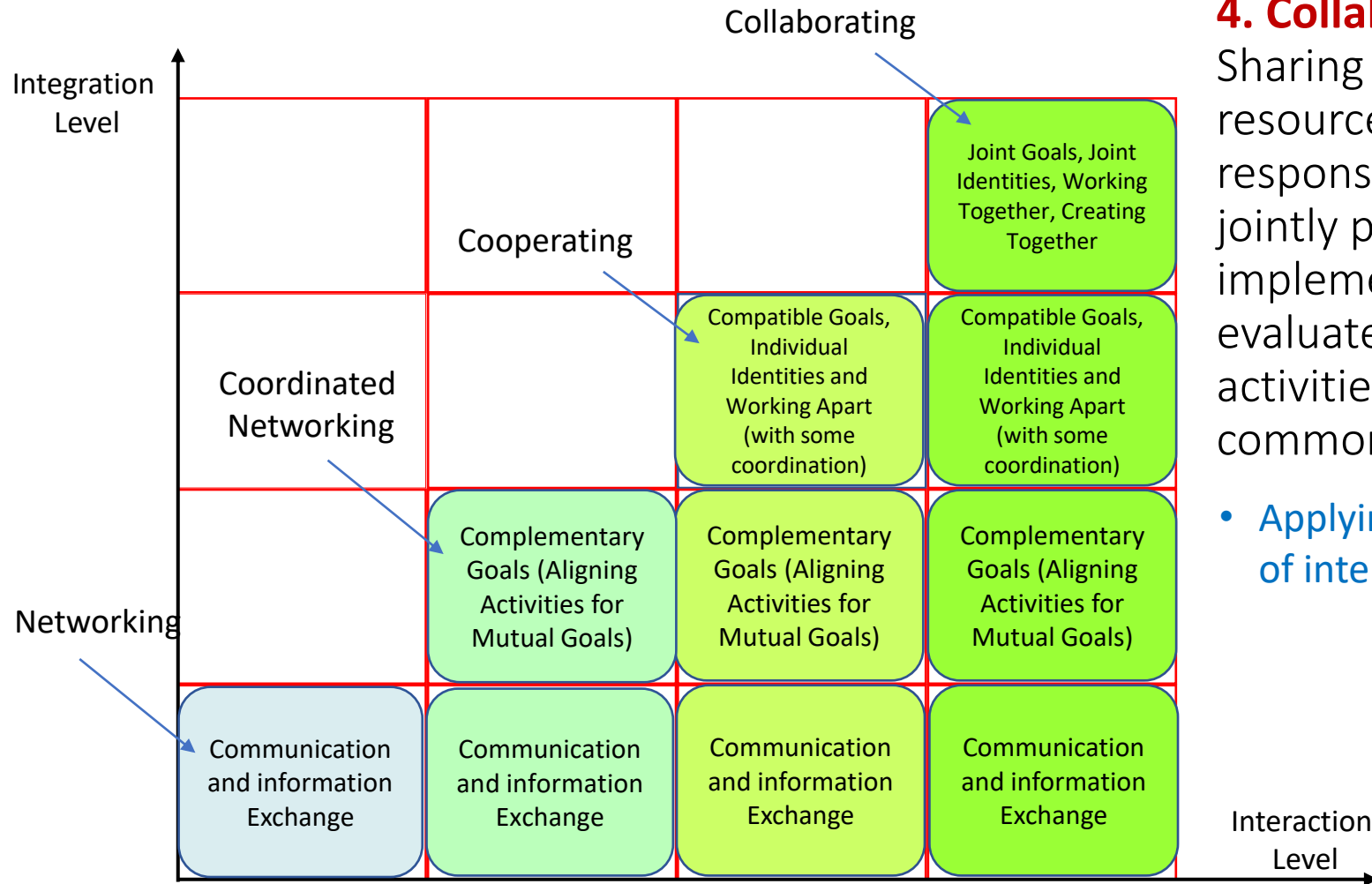
Discussant



Nora Volkow
Director, NIDA

SUN. 5
DEC. 3-
5/30 PM
(ET)



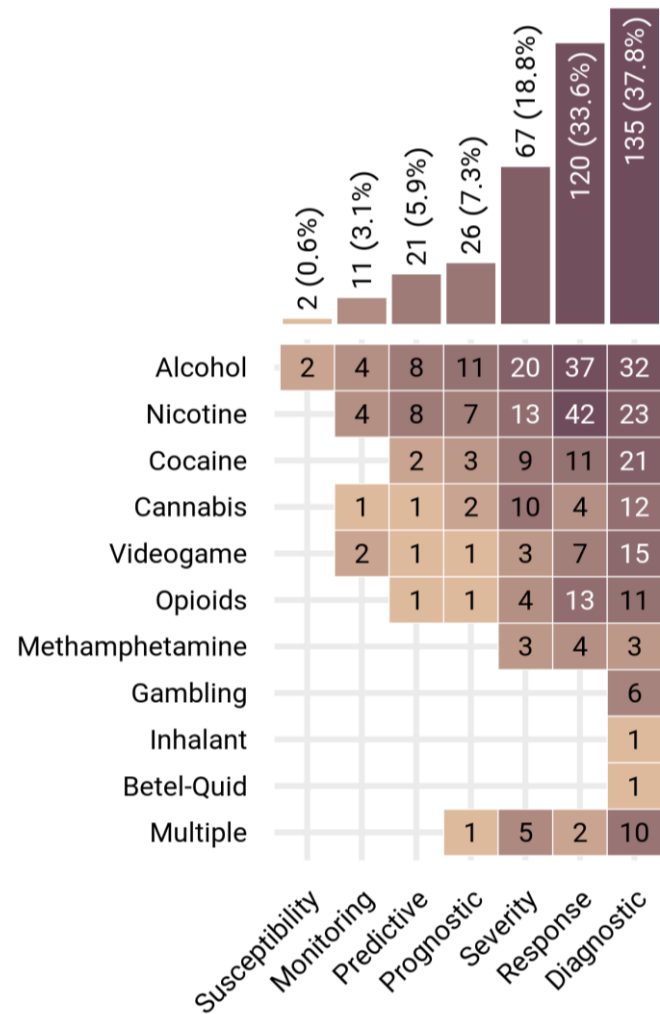
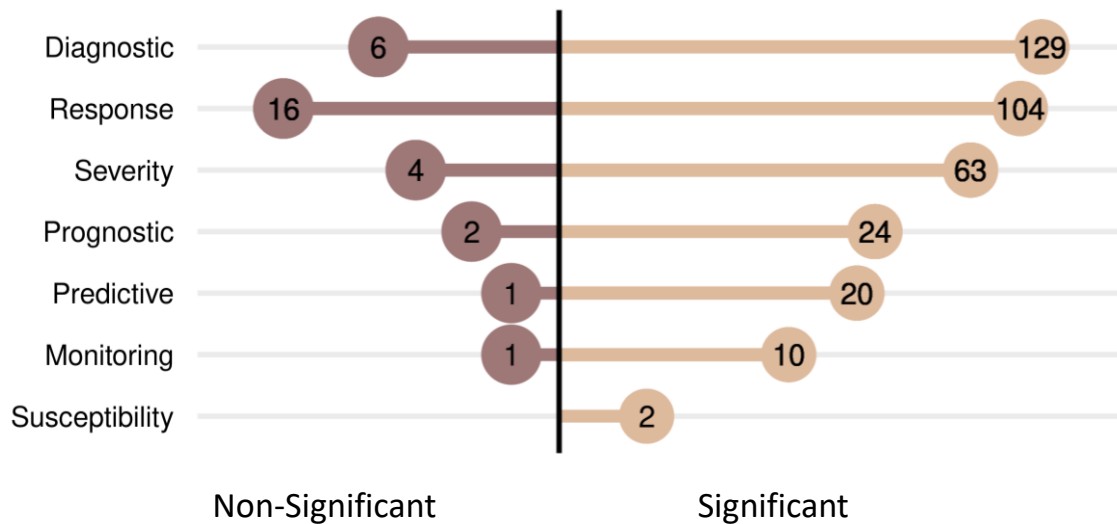


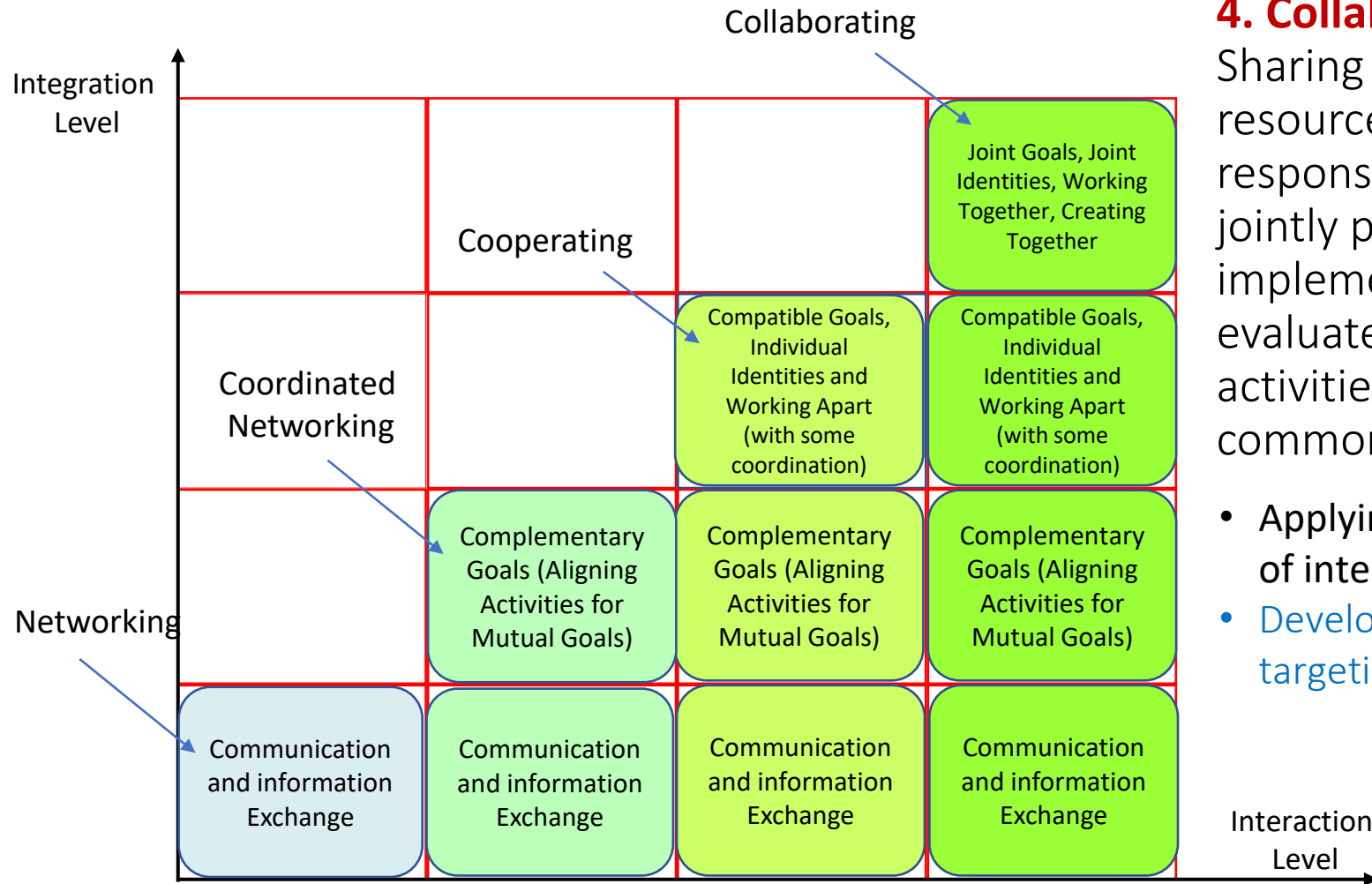
4. Collaboration:

Sharing information, resources and responsibilities to jointly plan, implement, and evaluate a program of activities to achieve a common goal

- Applying for FDA letter of interest

Applying for FDA Letter of Interest



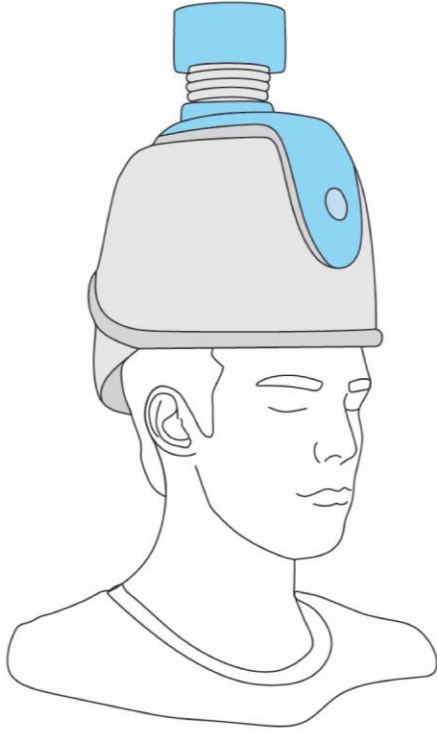


4. Collaboration:

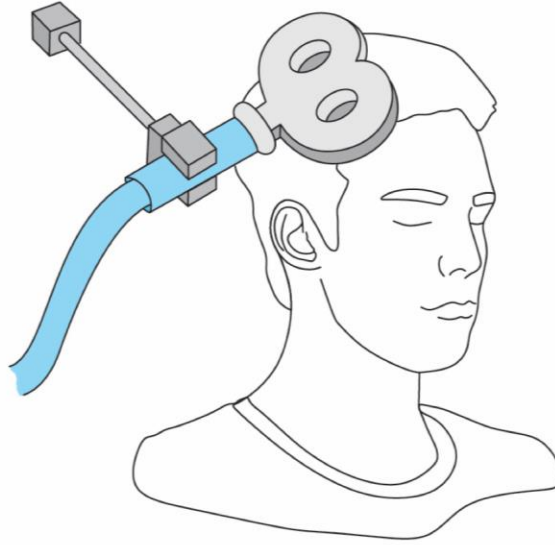
Sharing information, resources and responsibilities to jointly plan, implement, and evaluate a program of activities to achieve a common goal

- Applying for FDA letter of interest
- Developing a shared targeting map

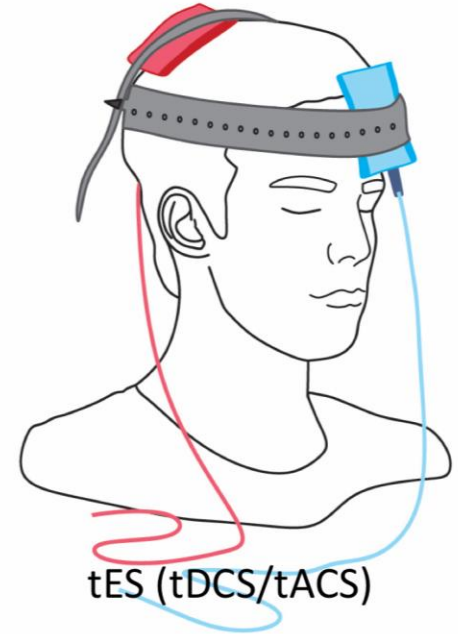
Defining Targets for Non-Invasive Brain Stimulation (NIBS) Interventions



Deep TMS



rTMS (Magnetic)



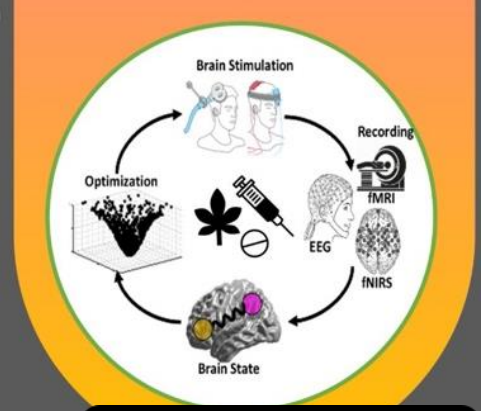
tES (tDCS/tACS)

Optimized Non-Invasive Brain Stimulation for Addiction Treatment

WEDNESDAY
27 July

START AT
10:00 AM

EASTERN
TIME



SCAN ME



a. Lesion-based, Alcohol & Smoking



nature
medicine













ARTICLES

<https://doi.org/10.1038/s41591-022-01834-y>

 Check for updates

OPEN

Brain lesions disrupting addiction map to a common human brain circuit

Juho Joutsa ^{1,2,3,17} , Khaled Moussawi ^{4,5,17}, Shan H. Siddiqi^{3,6,17}, Amir Abdolahi⁷, William Drew ^{3,6}, Alexander L. Cohen ^{3,6,8,9}, Thomas J. Ross ⁴, Harshawardhan U. Deshpande ⁴, Henry Z. Wang¹⁰, Joel Bruss¹¹, Elliot A. Stein ⁴, Nora D. Volkow ¹⁶, Jordan H. Grafman^{12,13,14}, Edwin van Wijngaarden¹⁵, Aaron D. Boes ¹¹ and Michael D. Fox ^{3,6} 

a. Lesion-based, Alcohol & Smoking



nature
medicine













ARTICLES

<https://doi.org/10.1038/s41591-022-01834-y>

 Check for updates

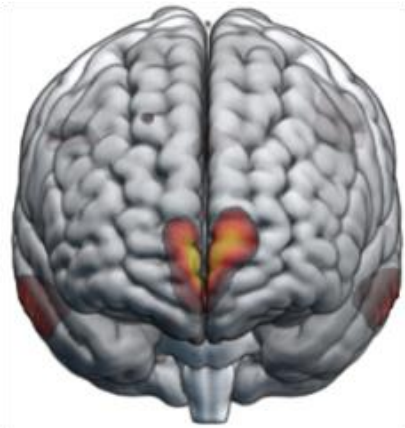
OPEN

Brain lesions disrupting addiction map to a common human brain circuit

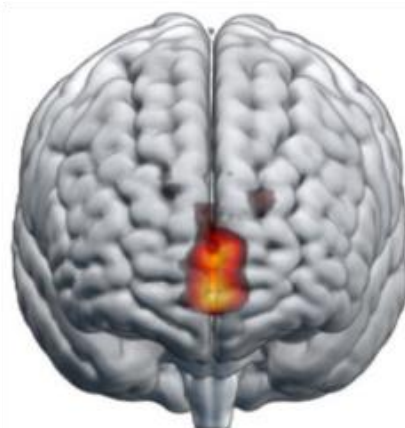
Juho Joutsa ^{1,2,3,17} , Khaled Moussawi ^{4,5,17}, Shan H. Siddiqi^{3,6,17}, Amir Abdolahi⁷, William Drew ^{3,6}, Alexander L. Cohen ^{3,6,8,9}, Thomas J. Ross ⁴, Harshawardhan U. Deshpande ⁴, Henry Z. Wang¹⁰, Joel Bruss¹¹, Elliot A. Stein ⁴, Nora D. Volkow ¹⁶, Jordan H. Grafman^{12,13,14}, Edwin van Wijngaarden¹⁵, Aaron D. Boes ¹¹ and Michael D. Fox ^{3,6} 



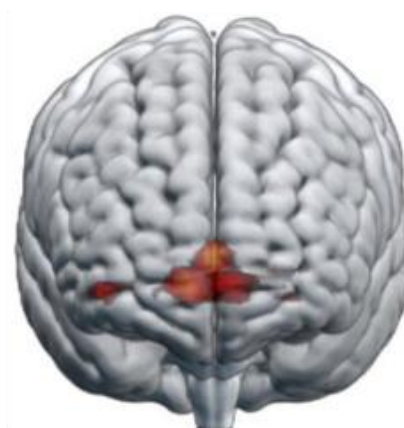
**a. Lesion-based,
Alcohol & Smoking**



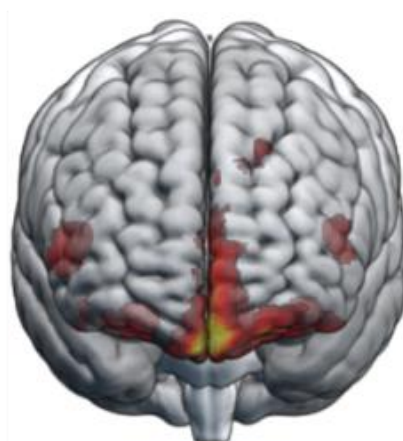
**b. Cue-reactivity,
Alcohol**



**c. Cue-reactivity,
Smoking**



**d. Cue-reactivity,
Methamphetamine**

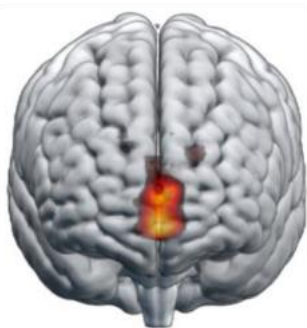


I. Importance of frontopolar: Evidence from fMRI maps

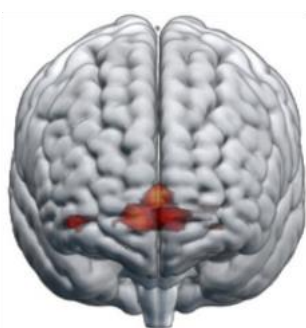
**a. Lesion-based,
Alcohol & Smoking**



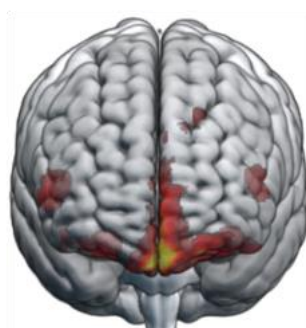
**b. Cue-reactivity,
Alcohol**



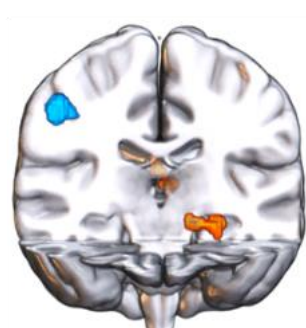
**c. Cue-reactivity,
Smoking**



**d. Cue-reactivity,
Methamphetamine**

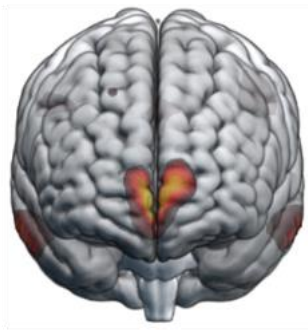


**e. Cue-reactivity
connections to frontopolar**

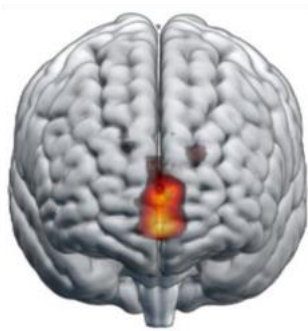


I. Importance of frontopolar: Evidence from fMRI maps

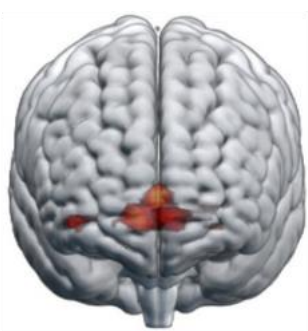
a. Lesion-based, Alcohol & Smoking



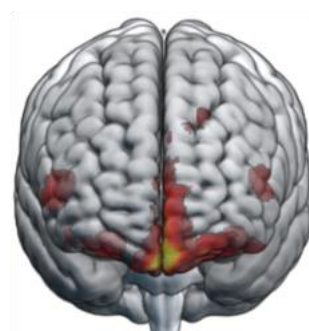
b. Cue-reactivity, Alcohol



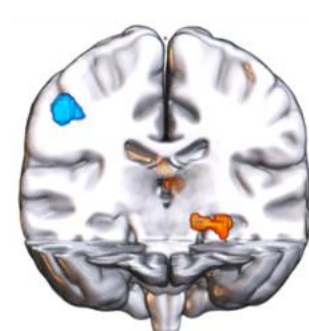
c. Cue-reactivity, Smoking



d. Cue-reactivity, Methamphetamine

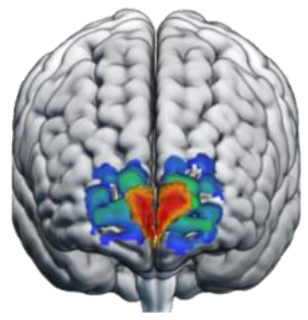


e. Cue-reactivity connections to frontopolar

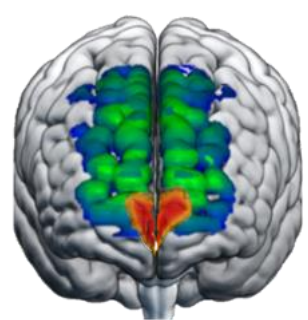


II. Importance of frontopolar: Evidence from electrical field (EF) maps

f. Deep TMS EF maps



H4 coil



H7 coil

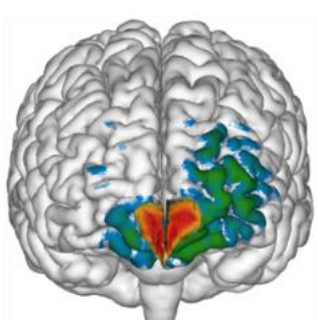
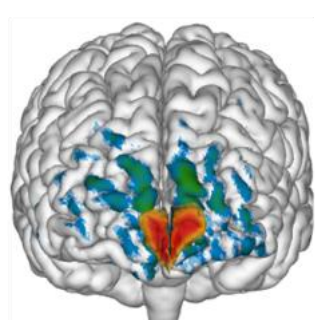
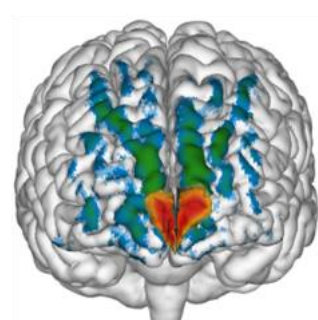


Figure8 coil



F3-Fp2 montage

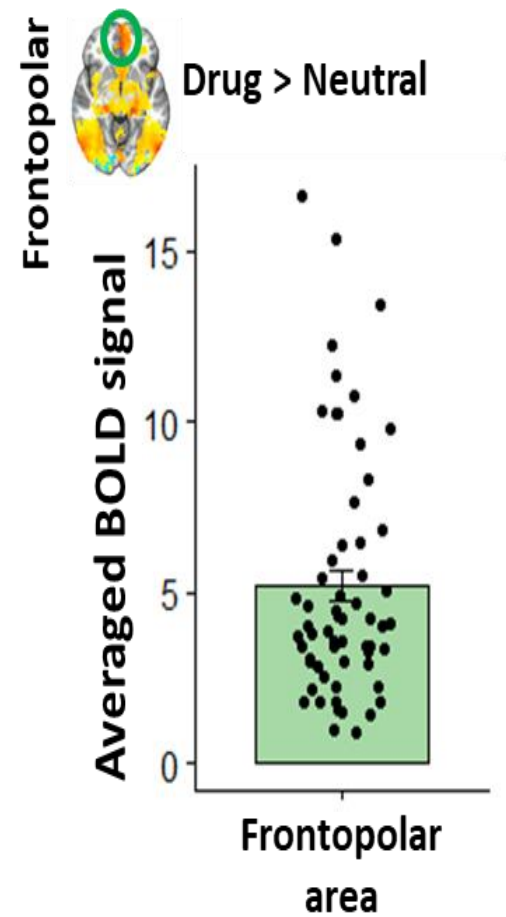


F3-F4 montage

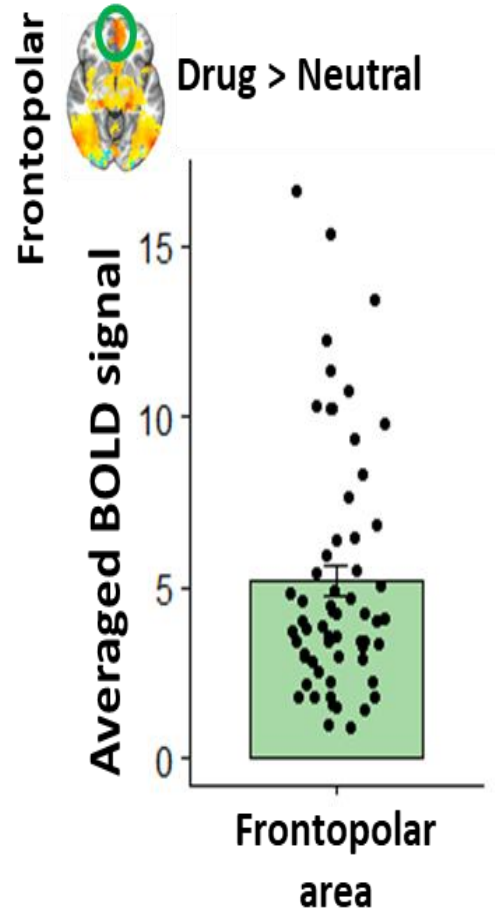
g. Conventional TMS/tES EF maps



a. Frontopolar activity in FDCR

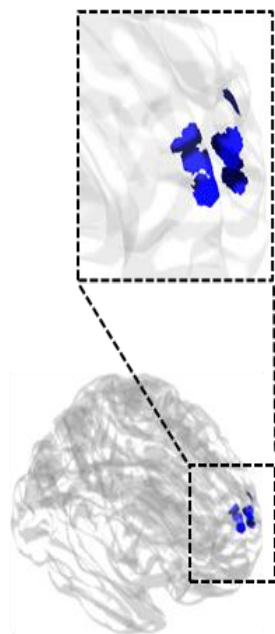


a. Frontopolar activity in FDCR



b. Location and strength of 99th percentile of the EF

Peak location

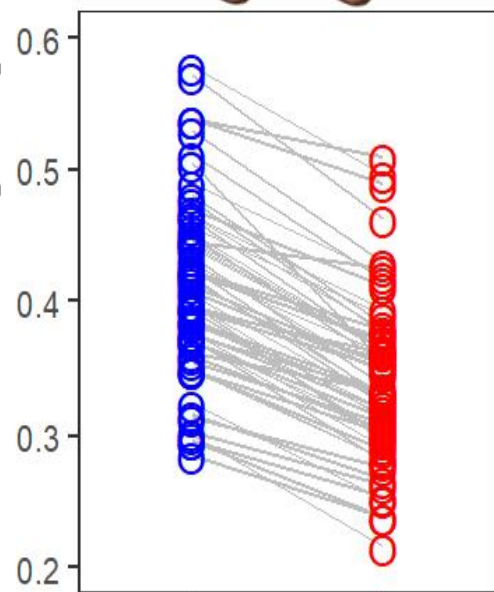


Montage 1
(F4-Fp1)



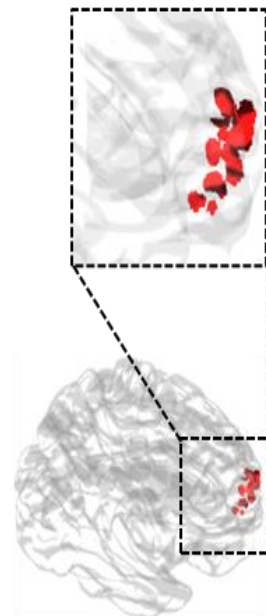
Peak location

99th percentile
electric field in [V/m]

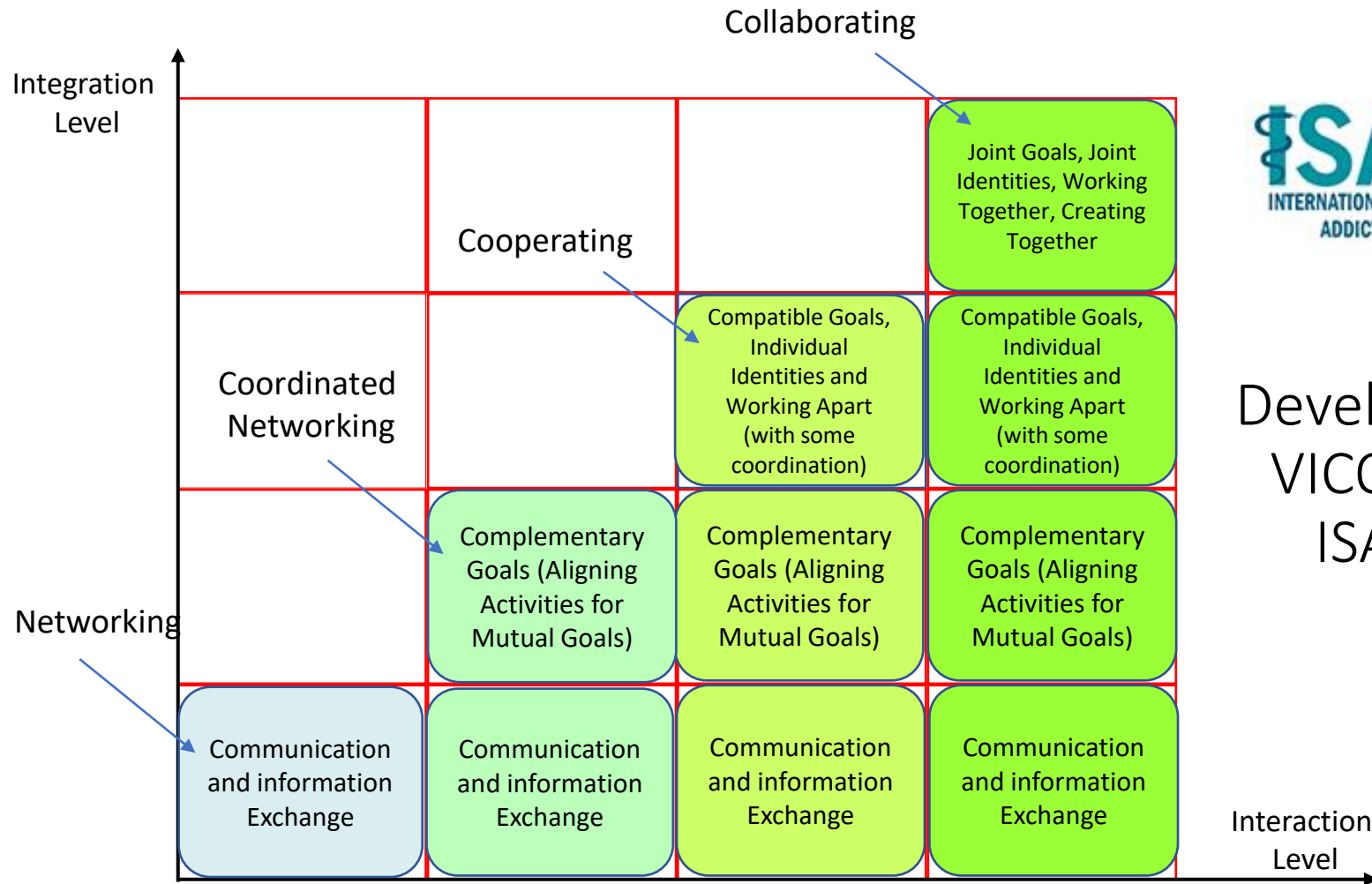


Montage 1
(F4-Fp1)

Montage 2
(F4-F3)





























Montage 2
(F4-F3)



Developing More
VICONs within
ISAM GEN!

A Roadmap for Integrating Neuroscience into Addiction Treatment: A Consensus of the Neuroscience Interest Group of the International Society of Addiction Medicine

 Antonio Verdejo-García^{1*},  Valentina Lorenzetti²,  Victoria Manning^{3, 4},  Hugh Piercy^{3, 4},  Raimondo Bruno⁵,  Robert Hester⁶,  David Pennington⁷,  Serenella Tolomeo⁸,  Shalini Arunogiri^{3, 4},  Marsha E. Bates⁹,  Henrietta Bowden-Jones¹⁰,  Salvatore Campanella¹¹,  Stacey Daughters¹²,  Christos Kouimtsidis¹³,  Dan I. Lubman³,  Dieter J. Meyerhoff¹⁴,  Annaketurah Ralph¹⁵,  Tara Rezapour¹⁶,  Hosna Tavakoli^{16, 17},  Mehran Zare-Bidoky^{17, 18},  Anna Zilverstand¹⁹,  J D. Steele²⁰,  Scott J. Moeller²¹,  Alexander M. Baldacchino⁸,  Martin P. Paulus²² and  Hamed Ekhtiari²²



Contents lists available at ScienceDirect

Neuroscience and Biobehavioral Reviews

journal homepage: www.elsevier.com/locate/neubiorev

Review article

Transcranial electrical and magnetic stimulation (tES and TMS) for addiction medicine: A consensus paper on the present state of the science and the road ahead

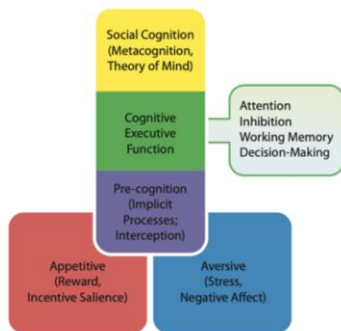
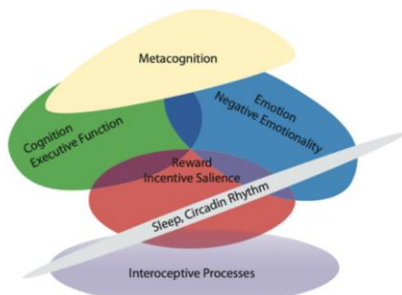
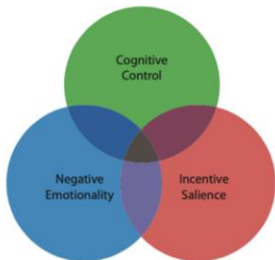
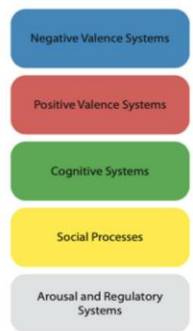


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Neuroscience-Informed Classification of Prevention Interventions in Substance Use Disorders: An RDoC-based Approach

Tara Rezapour, Parnian Rafei, Alex Baldacchino, Patricia J. Conrod, Geert Dom, Diana H. Fishbein, Atte Vincent Hendriks, Nicola Newton, Nathaniel R. Riggs, Lindsay M. Squeglia, Maree Teesson, Jasmin Vass, Antonio Verdejo-Garcia, Hamed Ekhtiari

doi: <https://doi.org/10.1101/2022.09.28.22280342>



Cognitive training and remediation interventions for substance use disorders: A Delphi consensus study

**SCAN ME**

Antonio Verdejo-Garcia, Tara Rezapour, Emily Giddens, Arash Khojasteh Zonoozi, Parnian Rafei, Jamie Berry, Alfonso Caracuel, Marc L. Copersino, Matt Field, Eric L. Garland, Valentina Lorenzetti, Leandro Malloy-Diniz, Victoria Manning, Ely M. Marceau, David L. Pennington, Justin Strickland, Reinout Wiers, Rahia Fairhead, Alexandra Anderson, Morris Bell, Wouter J. Boendermaker, Samantha Brooks, Raimondo Bruno, Salvatore Campa, Janna Cousijn, Miles Cox, Andrew C. Dean, Karen D Ersche, Ingmar Franken, Brett Froeliger, Pedro Gamito, Thomas E. Gladwin, Priscila D. Goncalves, Katrijn Houben, Joanna Jacobus, Andrew Jones, Anne M. Kaag, Johannes Lindenmeyer, Elly McGrath, Talia Nardo, Jorge Oliveira, Charlotte R. Pennington, Kelsey Perrykkad, Hugh Piercy, Claudia I Rupp, Mieke H. J. Schulte, Lindsay M. Squeglia, Petra Staiger, Dan J Stein, Jeff Stein, Maria Stein, William W. Stoops, Mary Sweeney, Hoa Vo, Katie Witkiewitz, Steven P Woods, Richard Yi, Min Zhao, Hamed Ekhtiari

doi: <https://doi.org/10.1101/2022.07.28.22278144>



Ten Take Home Notes

1. **Start** with defining the question through a series of webinars
2. **Use** systematic reviews to make a list of experts
3. **Investigate** systematic reviews to define the parameter space
4. **Share** your methodological experiences and protocols
5. **Push** methodological transparency as a goal
6. **Explore** potentials for methodological harmonization
7. **Find** platforms to share databases for mega analysis
8. **Apply** for joint funds and do something together
9. **Support** junior investigators and labs from developing countries/URM
10. **Do not forget** the main values of networking: **diversity and sharing/caring**

Workshop

Expert Elicitation as a Research Tool

Towards Developing World Addiction Medicine Report

November 11th, 2021

10:00 AM - 13:00 PM (ET, New York Time)

ORGANIZED BY ISAM
GLOBAL EXPERT NETWORK
(ISAM-GEN)

FREE REGISTRATION ON
EVENTBRITE.COM



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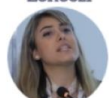
David
Nutt



Daniel
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Marc
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SCAN ME

Scientific Methods in Global Surveys

2021 Talk Series

September 26

☑ DONE!

Expert Surveys as Measurement Tools

Mehran Zare-Bidoky
Arash Khojasteh Zonoozi



October 3

☑ DONE!

IDEA Protocol for Expert Elicitation

Jenna Butner
Ahmad Danesh



October 10

☑ DONE!

Expert Elicitation for Pandemic Modeling

Parnian Rafei
Ali Fathi Jouzdani



October 17

☑ DONE!

PEST Tool for Expert Surveys

Aldo Alberto Conti
Preethy Kathiresan



October 24

V-Dem Expert Elicitation Methods

Arshiya Sangchooli
Tomohiro Shirasaka



Register and join us from 8:30-9a EST on Zoom



WHAT
NOW?



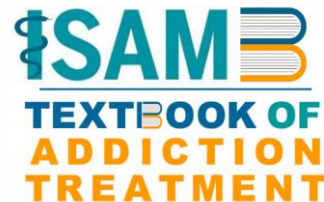
Topic	Lead University	Lead Contact	Partner (Global/Regional Organizations)	Participants	Product
Societies/Organizations Basic Information Survey	Minnesota	Hamed Ekhtiari	ISAM RC	Societies/Organizations	Overview of societies/organizations
Opioid services, Phase 1	Minnesota	Hamed Ekhtiari	EUROPAD, NIDA	Societies/Organizations	Pilot Survey of ISAM-GEN
Education survey Training Needs	New Delhi	Roshan Bhad	ISAM NEXt and Training Committee	Societies and Sample Clinicians	
Opioid services, Phase 2	Minnesota	Hamed Ekhtiari	EUROPAD, NIDA	Societies/Organizations	Pilot Survey of ISAM-GEN
MAT standards, 1-3	St Andrews	Alex Baldacchino	ISAM PPIG		
MAT standards, 4-6	St Andrews	Alex Baldacchino	ISAM PPIG		
MAT standards, 7-10	St Andrews	Alex Baldacchino	ISAM PPIG		
Psychiatric comorbidities, Phase 1	Barcelona	Marta Torrens	WPA, WADD		Delphi and Consensus
Psychiatric comorbidities, Phase 2	Barcelona	Marta Torrens	WPA, WADD		Delphi and Consensus
Non Pharmacological Addictions	Yale	Marc Potenza	Behavioral Addiction Interest Group		
Physical comorbidities, Phase 1	Monash		INHSU		Delphi
Physical comorbidities, Phase 2	Vancouver		INHSU		Delphi
Physical comorbidities, Phase 3			INHSU		Delphi
Alcohol services			NIAA		
Stimulants services	Monash	Shalini Arunogiri	ISAM South America Regional Rep (Dario)		
Cannabis services					
Quality Standards		Marica Ferri	UNODP, WHO, EMCDDA		
Burnout in Addiction Physicians	Yale	Marc Potenza	Robert Pietrzak (Yale)		
Post COVID Addiction Medicine		Multiple Pls			
Displaced Populations	St Andrews	Joe Tay			Delphi

Meet us at
Networking
Buffet
Dinner
tonight!

Master **Courses** on **Addiction Treatment**



Master **Courses** on **Addiction Treatment**



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Q & A and Discussion

