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Discussing Possible Next Steps for Research on the Use of Mixed Bacterial Vaccines as Cancer Therapy



Dr. Jeffrey D. White, OCCAM Director (left), and Dr. Hal Gunn, CEO of Canada's Centre for Integrated Healing (right)

On November 17, 2006, the Office of Cancer Complementary and Alternative Medicine (OCCAM) hosted a half-day meeting to which staff members from the National Cancer Institute (NCI), others from the National Institutes of Health (NIH), as well as academia were invited to review and discuss information about the historical and current use of mixed bacterial vaccines as cancer therapy. The primary goal of the meeting was to provide Dr. Hal Gunn, CEO of Canada's Centre for Integrated Healing, with feedback regarding the strengths and weaknesses of his theory on the anticancer effects of these vaccines and suggest and examine potential next steps in research on this topic.

Presenters included Dr. Gunn, Dr. Jerry Calver, president of Calver Biologics Consulting, Inc., and Dr. Jeffrey White, director of OCCAM. Dr. Gunn presented his multifaceted theory on acute and chronic infections and their relation to the development and clinical course of cancer in addition to bacteria's preferential selection of certain tissue types. He also presented the clinical data from cancer patients whom he treated with Mixed Respiratory Vaccine (MRV) and Polyvaccinum Forte (PVF). Dr. Calver provided context to the meeting by explaining the process of developing, producing, and standardizing bacterial vaccines in Canada. Dr. White discussed OCCAM's prior review of retrospective outcome data of

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patients treated with mixed bacterial vaccines at the Centre for Integrated Healing.

The discussion following the presentations examined the risks of beginning prospective clinical research following retrospective studies, the ethics of moving forward with this preliminary research, and suggested strategies for conducting preclinical and clinical research. Meeting participants exchanged potential mechanistic theories related to mixed bacterial vaccine use in treating cancer and discussed ways to further this research.

Participants suggested to Dr. Gunn reasonable next steps for his research which included 1) partnering with a statistician to strengthen statistical findings from his retrospective data, and 2) conducting preliminary research using animal models to better understand the mechanisms of action, safety and tolerability, dose ranging, immunogenicity, as well as provide a test for Dr. Gunn's theory of tissue specificity of the anticancer effect of bacterial vaccines.

This meeting was planned as a result of an ongoing dialogue between Dr. Gunn and OCCAM, communication which started with Dr. Gunn's submission in 2002 to the NCI's


“ Dr. Gunn has gone above and beyond in his efforts to carefully analyze his clinical experience with this vaccine approach.”

Best Case Series (BCS) Program. The BCS Program was developed to obtain and review sufficient case-related information to determine if NCI-initiated research on a specific intervention is warranted and to learn more about novel and alternative treatments for cancer that are being used clinically. As a result of the review of Dr. Gunn's best cases, he was asked to compile survival data of all the Stage IIIb and IV lung cancer patients treated in his clinic over a period of several years. In 2005, Dr. Gunn presented the new data, but the vaccine he had been using (MRV) was no longer being manufactured. Consequently, no prospective research could be considered by NCI. Since that time, Dr. Gunn gained some experience with a different vaccine (PVF) and refined his theory, including the proposal of new combinations of bacterial vaccines.

“Dr. Gunn has gone above and beyond in his efforts to carefully analyze his clinical experience with this vaccine approach,” said

Dr. White. “He has also invested a lot of time and effort in learning about much of the research that addresses the associations between inflammation and cancer. This meeting is the first of its type that we have sponsored, and it is one of a series of efforts to build more bridges between CAM practitioners and the cancer researcher community. I hope that this opportunity to interact with experts in cancer research, immunology, and clinical therapeutics development will assist Dr. Gunn in moving forward with his plans for prospective research of this approach.”

Dr. Gunn agreed that the experience with the NCI has been positive one. “I am very grateful to Dr. Jeff White and the OCCAM team for their support of this promising novel approach to cancer treatment,” said Gunn.

For more information on the NCI BCS Program, please visit www.cancer.gov/cam/bestcase_intro.html. 

A Conversation with:
Chief of the Community Oncology and Prevention Trials Research Group
Division of Cancer Prevention
Lori Minasian, M.D., FACP



Dr. Lori Minasian

You are chief of the Community Oncology and Prevention Trials Research Group (COPTRG) which manages the Community Clinical Oncology Program (CCOP) at NCI. Can you tell us a little about the CCOP program?

The CCOP program supports a network of community physicians to participate in NCI sponsored clinical trials. These physician groups participate in the NCI Cooperative Group treatment trials and also the cancer prevention and control clinical trials. Through the CCOP program, the Cooperative Groups and certain Cancer Centers are

funded to design and develop cancer prevention and control clinical trials.

How much CAM research has been done in the CCOPs?

Over the past several years, CAM trials have accounted for one-fourth to one-third of the symptom management trials funded through the CCOP program. In addition, there have been three funded cancer CAM prevention trials. One example is the SELECT (selenium and vitamin E cancer prevention trial) trial which has received some of its funding from the National Center of Complementary and Alternative Medicine.

Can you give examples of the types of CAM therapies that have been investigated in the CCOPs?

Various types of CAM therapies have been investigated by the CCOPs. The therapies studied can be categorized into four types of CAM: alternative medical systems, mind-body therapies, nutritional therapeutics, and complex natural products. Two

examples of modalities from alternative medical systems are acupuncture and homeopathy. Mind-body interventions that have been studied include yoga and mindfulness relaxation. Coenzyme Q10, alpha-lipoic acid, and soy protein are examples of nutritional therapeutics that have been investigated in the CCOPs. In the category of complex natural products, examples of therapies studied include ginger, ginseng, and valerian.

Are there particular issues that are unique to the CAM research work done in the CCOPs?

There are several issues, most of which have been described in detail in the *Journal of Clinical Oncology** article that several of us here at NCI wrote entitled "Research-design issues in cancer-symptom-management trials using complementary and alternative medicine: lessons from the NCI Community Clinical Oncology Program Experience." There are several methodological issues in terms of the study design, identifying appropriate formulations of the agent and the

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*Buchanan DR, White JD, O'Mara AM, Kelaghan JW, Smith WB, Minasian LM. Research-design issues in cancer-symptom-management trials using complementary and alternative medicine: lessons from the National Cancer Institute Community Clinical Oncology Program experience. *Journal of Clinical Oncology*, September 20, 2005; 23(27): 6682-6689.

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placebo, as well as the specifics regarding quality control. There are also unique challenges in doing research with interventions that require expertise that may not be available in a conventional medical practice setting, such as acupuncture. The model for the conduct of these trials is in the practice setting of oncologists (academic and community), such that if the intervention is an oral agent that can be delivered in pill or extract formulation, the trial runs like a standard drug trial. If the intervention is a mind-body or behavioral intervention which requires substantial effort for its delivery or requires expertise outside the oncology nursing expertise, then it becomes more difficult to conduct the study. There may be difficulty with accrual, how to ensure quality control of both the intervention itself and the delivery of the intervention, and acceptance of

the intervention by the CCOP physicians and nurses.

With this flat NCI budget, do you envision that CAM research will be sustainable?

Over the last several years, we have consistently seen strong interest in the study of CAM from CCOP investigators, so I would expect that interest in the future would be sustained. Also, our program, which closely collaborates with OCCAM, is committed to work to try to meet the needs of investigators by supporting this kind of research. Of course with an ever tightening budget, the funding of projects is dependent on several factors which include investigators' interests, quality of the proposals, as well as feasibility and cost of the projects.

Can you give an example of a CAM clinical trial that has been particularly successful or has made a difference at the patient level?

Unfortunately, most of the CAM symptom management clinical trials have been negative. In terms of impact level, the black cohosh study might be the most significant. Black cohosh is an herbal agent purported to be a non-hormonal way to reduce hot flashes. A randomized controlled black cohosh study run through the CCOP network had negative results, thereby allowing physicians to tell their patients that it does not work. 🙄

Contact Information

Office of Cancer
Complementary and
Alternative Medicine

6116 Executive Boulevard
Suite 609

Bethesda, Maryland 20892

E-mail: ncioccam-r@mail.nih.gov

<http://cancer.gov/cam>

Related reading on CAM research and cooperative groups

O'Mara A. Complementary and alternative medicine research and cooperative groups: can it happen?

Journal of Pediatric Oncology Nursing, Sep-Oct 2006; 23(5): 258-60.

We've Moved!

As the recently named director of the National Cancer Institute, one of Dr. John Niederhuber's first goals was to streamline the NCI Office of the Director (OD). The minor re-organization of the NCI OD was a pro-active effort to combat the flattening NCI budget by combining offices within the OD that have similar activities and functions. In addition, OCCAM organizationally situated within the OD, has also been repositioned.

As of March 2007, OCCAM officially transitioned and now resides organizationally within the NCI Division of Cancer Treatment and Diagnosis (DCTD), within the division's Office of the Director. Under the leadership of Director, Dr. James H. Doroshow, DCTD's mission is to improve the lives of the American public by discovering and conducting better ways to diagnose, assess, treat, and cure cancer through stimulating, coordinating and funding a national program of cancer research. OCCAM's programs and activities will complement this mission and be enhanced by the six other major programs and branches within DCTD: Biometric Research Branch, Cancer Imaging Program, Cancer Diagnosis Program, Cancer

Therapy Evaluation Program, Developmental Therapeutics Program, and the Radiation Research Program.

With Dr. Jeffrey D. White remaining at the helm as director of OCCAM, the office will retain its previous day-to-day functions and activities and office location. The transition to the new organizational structure has been a seamless move for OCCAM staff and an unnoticed change for OCCAM grantees. "We look forward to the potential for new working collaborations within our division and to strengthen our interactions with other programs around the Institute, both extramural and intramural. However, the scope of OCCAM's mission has not changed. We will support and coordinate the Institute's CAM information and research activities through the spectrum of cancer research including prevention and symptom management," said Dr. White.

For more information about NCI's Division of Cancer Treatment and Diagnosis, please visit <http://www.cancer.gov/dctd/>.

The First NCI Training Grant in Integrative Oncology Research

In September 2006, the first NCI T32 training grant in integrative oncology research was awarded to Memorial Sloan-Kettering Cancer Center (MSKCC).

Led by Dr. Barrie Cassileth, this fellowship training program supports the cultivation of clinical and research skills among qualified postdoctoral researchers and physicians who have completed residency programs. The grant opportunity provides training for those who will become the future leaders in complementary therapies and botanicals research in oncology. Dr. Cassileth explained that MSKCC's "...grant application proposed training physicians so they will function at a very high level in working with cancer patients." Another goal is to help physicians develop solid research skills to look at the merits of various complementary therapies and the mechanisms by which the therapies work. One M.D. or M.D./Ph.D. will be selected each year. Applicants may intend to pursue academic work in surgical, radiation or medical oncology, or in pain and palliative care.

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Integrative oncology represents the best of mainstream medical care in oncology combined with complementary therapies for more comprehensive treatment. Complementary therapies commonly used include mind-body therapies (e.g., meditation, self-hypnosis, and relaxation therapies), fitness and nutrition, massage therapies, music therapy, acupuncture, botanicals, and yoga. Research has shown that some of these complementary therapies have the potential to

reduce treatment side effects and improve quality of life. Herbs and other botanicals are under study for their potential benefits against cancer. Successful applicants will also be trained and qualified to practice acupuncture upon completion of this fellowship.

Dr. David Eckstein, a Program Director in NCI's Cancer Training Branch and program official for this training grant, explained the importance of this work to NCI. "Many cancer patients and physicians have an interest in complementary

and/or alternative therapies. Unfortunately, the acceptance of these therapies has been stymied by the lack of rigorous scientific investigation." He hopes that this program will develop scientists who can establish their own independent research in integrative oncology, by providing them with additional training in clinical research, complementary medicine, and botanicals research.



Funding Opportunities

Unsolicited/Investigator-Initiated Research Proposals Replaced at NIH

With the dawn of the new electronic grant application era at NIH, unsolicited/investigator-initiated research proposals will no longer be accepted. Instead, NIH has adopted agency-wide parent announcements under which these types of applications must be submitted. The parent announcements are specific to the various types of grant mechanisms and provide a more

formal and structured method for investigators to apply.

The change in the way in which unsolicited applications are received coincides with the transition to electronic grant submissions on Grants.gov. Submissions to Grants.gov have to be made in response to a particular Funding Opportunity Announcement. This change is not necessarily new. In fact, for the past three years, NIH has required parent announcements for unsolicited small research grants (R03) and exploratory/

developmental grants (R21). Such announcements will now also be used to process all grant mechanisms in response to unsolicited proposals including: research project grants (R01), conference grants (R13), AREA grants (R15), SBIR grants (R43, R44), STTR grants (R41, R42).

For more information about parent announcements, please visit the NIH's Office of Extramural Research online at http://grants.nih.gov/grants/guide/parent_announcements.htm.

New Funding Opportunity Announcement: Prioritizing Molecular Targets for Cancer Prevention with Nutritional Combinations

Estimates suggest that 30-70% of all cancer cases might be preventable by diet, depending on the dietary components and the type of cancer. With this potential to prevent cancer in mind, a new funding opportunity announcement has recently been released by NCI. The new program announcement (PA) Prioritizing Molecular Targets for Cancer Prevention with Nutritional Combinations (PA-07-100) specifically requests research grant applications regarding the interrelationship between bioactive food components and/or food combinations as they relate to cancer prevention. This PA uses the research project (R01) mechanism to support the investigation using new technologies (high-throughput genomic, epigenomic, proteomic, and metabolomic) that can evaluate multiple molecular targets within the cancer process(es).

Examples of applications in response to the PA could include but are not limited to the following areas:

- Comparison of the benefits of a specific food type versus its bioactive component(s) in purified form (e.g., soy versus genistein) in terms of the effects on cell proliferation, apoptosis, expression of specific genes, and the state of the metabolome. Appropriate models may include cultured tumor and normal mammary cells.
- Comparison of the effects of combining foods (e.g. broccoli and tomatoes) on gene expression patterns (microarray analysis) in relationship to cancer susceptibility in appropriate experimental animal models.
- Evaluation of the possible synergy of combinations of isolated bioactive components (e.g., epigallocatechin gallate and resveratrol) on cancer-relevant targets associated with inflammation and angiogenesis at the protein level.

- Exploration of the interplay among dietary components sharing a common molecular target. Studies may address the issue of target “saturability” and whether alternative targets become more important in such a situation. The activation of ARE-regulated genes involved in carcinogen detoxification is one scenario in which dietary components, such as diallyl disulfides, sulforaphane, and/or selenium) may “compete” for the same molecular target.

For more information on the objectives, eligibility criteria, submission process and review, and contact information, please visit

<http://grants.nih.gov/grants/guide/pa-files/PA-07-100.html>. 🌐

Electronic Grant Submission Training Workshop

On December 5, 2006, NIH hosted a workshop to assist investigators and institutions with the impending transition to the new electronic grant application process. The workshop, facilitated by Chuck Selden, NIH extramural staff training officer, featured presentations from Megan Columbus, the NIH program manager for electronic submission, and Marcia Hahn, the director of the Division of Grants Policy.

In addressing the new electronic submission process, Columbus stressed, "...fundamentally, [NIH] policies about grants have not changed." She continued by stating that the new process is

merely a way to utilize current technology in conjunction with federal-wide forms.

Archived via videocast online, the workshop was broken down into four subject areas: an overview of the electronic submission process, explanation of the new electronic form SF424, a panel discussion addressing lessons learned from the first year of the electronic submission process, and a question and answer period.

While some grant applications have already been transitioned to the new electronic process, the remaining more complex applications are scheduled to

switch over by September 2007. Applicants should refer to the transition timeline and note the transition date for each competing grant mechanism, http://era.nih.gov/ElectronicReceipt/strategy_timeline.htm.

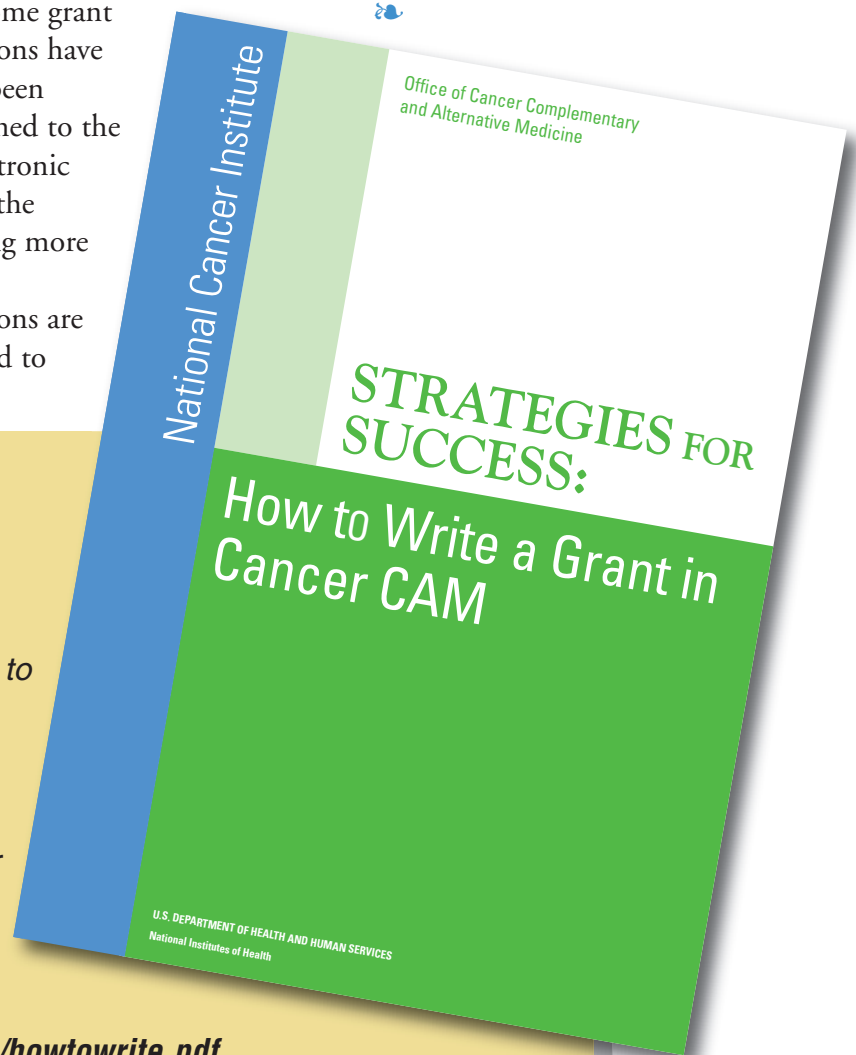
To learn more about the electronic submission process and to view the videocast of the training workshop, please visit <http://era.nih.gov/ElectronicReceipt/training.htm>.



How to Write a Grant in Cancer CAM Revised

Get your copy of the recently revised publication *Strategies for Success: How to Write a Grant in Cancer CAM*. The updated publication contains important information about the new electronic grant application process. You can order a copy by calling **1-800-4-CANCER** or view it online at:

<http://www.cancer.gov/cam/attachments/howtowrite.pdf>





RDSP Brochures Now Available Online!

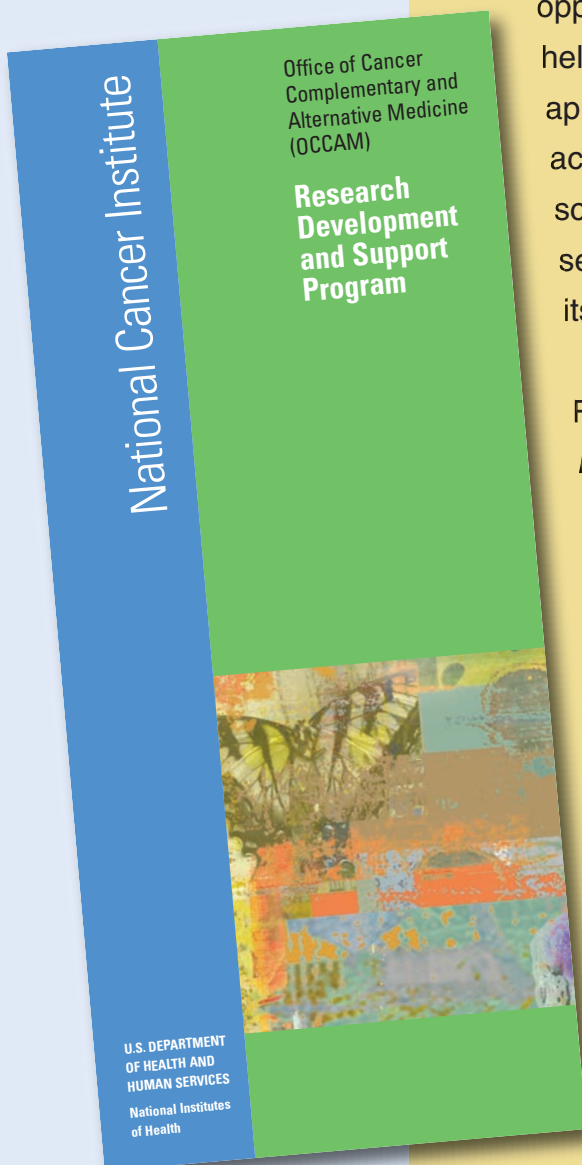
The newly designed OCCAM Research Development and Support Program (RDSP) brochure is now available online. RDSP, one of three programs within OCCAM, is tasked with creating and co-sponsoring various funding opportunities, creating and facilitating workshops to help investigators prepare competitive grant applications in cancer CAM, and designing activities that will help develop the foundation of science in this area of medicine. The brochure serves as an introduction to RDSP by highlighting its various program activities.

For more information about OCCAM's *Research Development and Support Program* and to obtain a copy of the brochure, please visit:

http://www.cancer.gov/cam/research_rdsp.html

Copies of the brochures can be ordered by calling the Cancer Information Service at

1-800-4-CANCER



A Low Fat Diet Wins

Results of the NCI sponsored Women's Intervention Nutrition Study (WINS) have been released showing that a reduction of dietary fat can improve breast cancer outcomes in women who are receiving conventional treatment for early-stage breast cancer. The study was published in the *Journal of the National Cancer Institute* in December 2006.

The study investigated 2,437 women between the ages of 48 and 79 who were being treated at 39 medical centers throughout the United States. The participants were randomized to two groups: women who ate their regular diet and women who ate a reduced-fat diet. The women at the beginning of the study ate diets averaging approximately 57 grams of fat per day. The intervention group then reduced their intake of fat by an average of 24 grams per day. Although the study design called for the control group to maintain their eating habits, this group reduced their intake of fat by 5 grams a day, an unintended outcome. After five years of maintaining the diet plans, a twenty-four percent reduction in the relative risk of recurrence for women on the low-fat diet was seen.

"In the WINS study, it took about four years to detect a reduction in risk, so clearly these are not immediate effects," John Milner, Ph.D., chief of the Nutritional Science Research Group at NCI.

While the study suggests that decreasing the amount of fat in the diet can reduce the risk of breast cancer recurrence, more research is needed. "The relationship between dietary fat and breast cancer has been unclear," said NCI Director John E. Niederhuber, M.D. "Certainly there is accumulating evidence that a healthy lifestyle – reduced fat consumption and exercise – is a worthy goal to decrease risk and to optimize long-term therapy outcome."

Carnitine Supplementation for Cancer-Related Fatigue: A Clinical Trial Update

Since 2001, Dr. Ricardo Cruciani, Vice Chair of the Department of Pain Medicine and Palliative Care at Beth Israel Medical Center, has been building a research program investigating carnitine supplementation for symptom management. Dr. Cruciani, who also serves as the Director of



Dr. Ricardo Cruciani

Clinical and Translational Medicine, studies carnitine as a means to manage cancer-related fatigue, one of the most common side effects of cancer and cancer treatment.

"The basis for this work stems from reports that show low levels of carnitine in patients with chronic disease including cancer," Dr. Cruciani said. Carnitine plays an important role in cellular energy production by helping in the metabolism of long chain fatty acids, which represent a major fuel source for tissues such as the heart and skeletal muscle. Levocarnitine (L-carnitine) is a nutritional supplement that may help alleviate fatigue by increasing the level of carnitine in the body.

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As principle investigator for two NIH developmental grants, Dr. Cruciani and his team conducted preliminary research which led to a Phase III trial through the Eastern Community Oncology Group (ECOG). ECOG, supported through NCI's Community Oncology and Prevention Trials Research Group (COPTRG), chose Dr. Cruciani's concept for carnitine supplementation for cancer-related fatigue as one of three studies to be "fast tracked". OCCAM has provided three supplemental awards to ECOG in support of this trial. The initial OCCAM supplement was awarded to support the development of a symptom management consortium within ECOG. The latter two supplements were to support this

first large scale L-carnitine supplementation trial using the aforementioned consortium and to support the investigation of associated biomarkers in the L-carnitine trial.

In the Phase III Randomized Study of Levocarnitine (L-carnitine) for the Management of Fatigue in Cancer Patients (ECOG-4Z02), researchers are assessing the prevalence of carnitine deficiencies in cancer patients and examining the effect of carnitine supplementation in patients experiencing moderate to severe fatigue. Patients were randomly assigned to receive either levocarnitine or a placebo. The study is now closed to accrual and has set itself apart as the largest and fastest accruing symptom management trial within the ECOG, recruiting 352 patients from multiple sites

representing 17 states across the United States.

This Phase III clinical trial is a triumph on several levels for ECOG. "This CAM study is significant, because it uses a low toxicity intervention which also happens to be low tech. L-carnitine's potential as a fatigue treatment has a solid biological basis, and there are also promising clinical data in HIV patients," said Dr. Wortz McCaskill-Stevens, the clinical trial Program Director within the Division of Cancer Prevention's COPTRG.

The results of this Phase III study are currently being analyzed and will be ready for release at the end of this summer. 🐦

CAM Information

Your Opinion Matters: NCI Listens and Learns

In summer of 2006, the NCI's Office of Liaison Activities (OLA) approached OCCAM about participating in the NCI Listens and Learns program, a program sponsored by the NCI and the NCI's Director's Consumer Liaison Group which

allows advocates and interested members of the public to participate in an open dialogue with NCI on a range of cancer research topics. OCCAM decided to develop two questions regarding the fourteen PDQ[®] cancer CAM information summaries (patient-versions) for participants to comment about:

- Is the type of information provided in the CAM cancer information summaries for patients useful?
- Is there a CAM therapy for which you would like to see a summary written?

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These questions were posted for discussion during the months of August and September of 2006. Six advocacy groups participated and twenty-four comments were submitted by the public. Next, an executive summary of the comments was created and posted. The analysis of the comments showed four major themes of responses: usefulness of CAM-related information summaries, topics for future CAM-related information summaries, CAM-related research topics, and use of CAM in practice.

OCCAM reviewed the executive summary and was happy to see that most of the participants felt as if the PDQ[®] cancer CAM summaries were helpful. In addition, OCCAM shared the executive summary with the PDQ Cancer CAM Editorial Board, a board independent of NCI that manages and maintains the summaries. The Board's input has been included in addition to the NCI response that has been posted online.

To read the comments, summary, or NCI's response, please visit <http://ncilistens.cancer.gov/moderator.asp?action=discussion&discussion=63>.

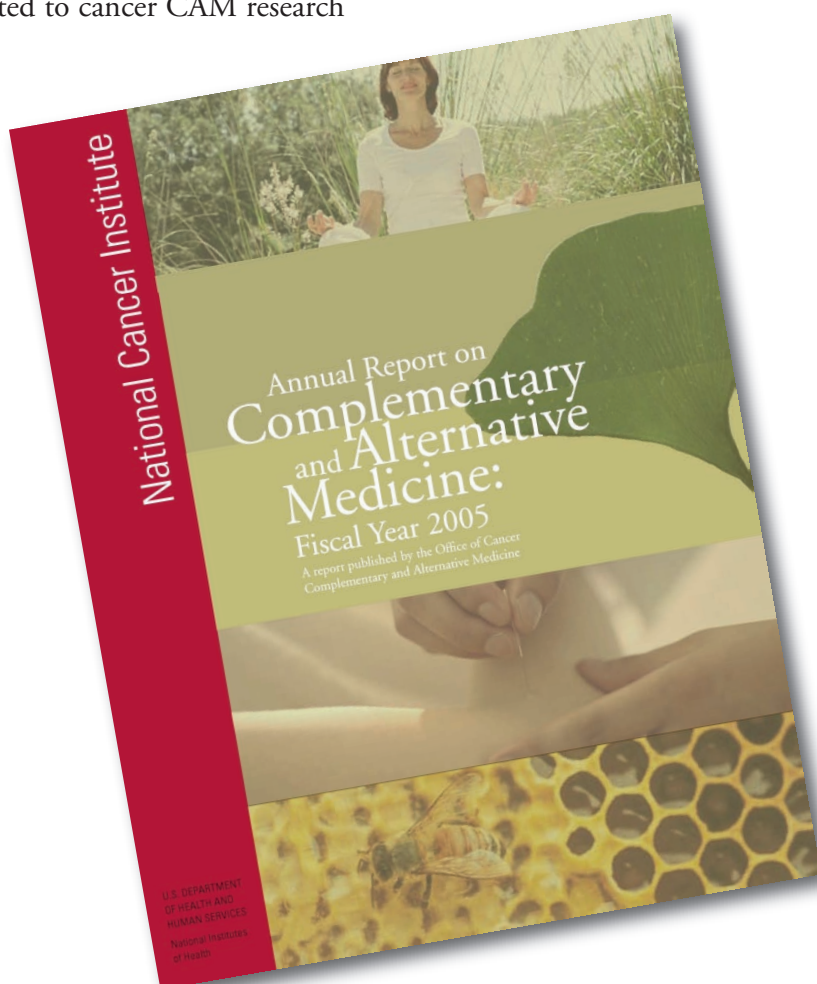
NCI's CAM Annual Report for Fiscal Year 2005 Available

The Office of Cancer Complementary and Alternative Medicine (OCCAM) is pleased to announce that the recently released publication, NCI's *Annual Report on Complementary and Alternative Medicine: Fiscal Year 2005*, is now available electronically on the OCCAM Web site. This report is the first of its kind for the National Cancer Institute and was created in order to share with its many stakeholders the various contributions and activities related to cancer CAM research

and information dissemination that NCI supports.

NCI's Annual Report on Complementary and Alternative Medicine: Fiscal Year 2005 features an analysis of NCI's CAM research portfolio and highlights examples of cancer CAM communications, training, conference, and research activities.

To view this report please visit: www.cancer.gov/cam/attachments/CAMAnnualReportFY2005.pdf.



New Cancer CAM Summaries Posted

Several new and updated cancer CAM PDQ[®] summaries have been added to the OCCAM Web site. Recognizing that there are different audiences seeking information on CAM, there are two types of CAM PDQ[®] summaries, patient and health professional versions. Each peer reviewed summary, generated by a comprehensive literature review, contains background information and relevant information about preclinical and clinical research


on the therapy of interest. The patient version summaries are written in question and answer format to assist patients in finding direct answers to the questions that they may have regarding a particular therapy.

New summaries for patients include:

- ◆ Milk Thistle
- ◆ PC-SPES
- ◆ Selected Vegetables/Sun's Soup
- ◆ Aromatherapy and Essential Oils

New summaries for health professionals include:

- ◆ Gerson Therapy
- ◆ Spirituality (revised)

CAM PDQ[®] cancer information summaries are available via the OCCAM Web site at http://www.cancer.gov/cam/health_pdq.html. 

Meetings

Breakthrough Breast Cancer Sponsors International Conference

Breakthrough Breast Cancer sponsored a cancer complementary therapies conference entitled “Complementary Therapy Research– Tackling the Challenges” at the Breakthrough Breast Cancer Research Centre at The Institute of Cancer Research in the United Kingdom (UK) on Tuesday, December 12, 2006. Breakthrough is the UK's leading charity committed to fighting breast cancer through research, campaigning, and education. In

the UK, charities like Breakthrough are frequently involved in sponsoring, supporting, and funding medical research.

The conference provided participants with the opportunity to learn more about and address the challenges involved in designing and carrying out research in complementary cancer care as well as share their experiences in using complementary therapies in research and clinical practice. The ultimate goal was to learn from others' experiences, in an effort to refine and improve research and

practice for the benefit of patients.

Conference presenters included Professor Alan Ashworth, Director of the Breakthrough Research Centre; Dr. Michelle Kohn, Medical Advisor in Integrated Cancer Care to Breakthrough Breast Cancer; Dr. Wendy B. Smith, OCCAM's Deputy Director and Director of the OCCAM Research Development and Support Program; and Breakthrough's patron The Prince of Wales, Founder and President of The Prince's Foundation for Integrative Health. Topics

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included lessons from research in Europe, lessons from research in the United States, the UK's position in cancer complementary therapy research, several case studies, and discussions about funding opportunities.

Through a live video feed, Dr. Smith presented information about NCI's efforts in developing and supporting complementary therapy research. Specifically, she discussed CAM definitions and examples, NCI's CAM history beginning in 1945, functions of OCCAM, OCCAM programs, and research funding opportunities. Following her presentation, Dr. Smith explained that there are many funding opportunities for researchers outside of the United States. She also suggested that international researchers partner with United

States research institutions as another strategy for obtaining grant funding from the National Institutes of Health. In addition, Dr. Smith's presentation helped participants to better understand OCCAM's role in supporting the advancement of research in complementary therapies for cancer.

OCCAM's Monthly Lecture Series Completes Its First Year of Programming

Intended as a way to acquaint the NCI community with topics in cancer CAM research with recent promising findings, the OCCAM Monthly Lecture Series was launched in January 2006. During the year, the program featured eight guest lecturers presenting topics that spanned the range of research, various

cancer types, and different CAM therapies. Examples of lecture topics included ascorbic acid, soy phytochemicals and tamoxifen, thunder god vine, and green tea. As a result of the popularity of the lecture series with both the NCI community and the general public, OCCAM began to archive videocasts of the lectures on the OCCAM Web site in May 2006. 🗣️

OCCAM Monthly Lecture Series

**2nd Wednesday
of each month**

10:00-11:00 a.m. ET

6130 Executive Blvd.

1st floor Conference Room

Bethesda, MD 20892

In 2007, the OCCAM Monthly Lecture Series will feature the following guest lecturers:

March 14, 2007	Dr. Gary Stoner	The Ohio State University Comprehensive Cancer Center
April 11, 2007	Dr. Srinivasa N. Raja	The John Hopkins School of Medicine
May 9, 2007	Dr. Rajesh Agarwal	University of Colorado Health Sciences Center
June 13, 2007	Dr. Dennis Lubahn	University of Missouri-Columbia Center for Phytonutrient and Phytochemical Studies

To view the past archived lectures or for information on other future lectures, please visit
<http://www.cancer.gov/cam/news/monthly-lecture-series.html>.

Featured Scientific Meetings



Dr. Phil Tonkins, Jr. and Ms. Shea Buckman staff OCCAM's booth at the Society for Integrative Oncology 3rd International Conference.

One major task of OCCAM's Communication and Outreach Program (COP) is the promotion of NCI's CAM activities and research opportunities to cancer researchers and CAM practitioners. OCCAM uses many channels in order to accomplish this task, but one such way is by exhibiting at the annual meetings and scientific conferences of organizations and societies associated with the field of cancer and CAM. By doing this, OCCAM has the chance to meet and get to know members of our primary audiences, hear

feedback directly from them about our programs and resources, answer questions, and distribute publications and other materials.

OCCAM would like to invite you to stop by the NCI booth at the Oncology Nursing Society Annual Congress taking place in Las Vegas, Nevada, April 24-27, 2007 and the American Society of Clinical Oncology Annual Meeting in Chicago, Illinois, June 1-5, 2007. OCCAM will have an exhibit booth at the American College for the Advancement of

Medicine Spring Conference in Chicago, Illinois, May 11-13, 2007; American Association of Naturopathic Physicians in Palm Springs, California, August 22-25, 2007; and the Society for Integrative Oncology Fourth International Conference in San Francisco, California, November 15-17, 2007. 🐦

Date	Meeting	Location	OCCAM Staff Attending
April 24 -27, 2007	Oncology Nursing Society Annual Congress*	Las Vegas, NV	Shea Buckman CDR (USPHS) Colleen Lee
May 2-5, 2007	26th Annual Scientific Meeting of the American Pain Society	Washington, D.C.	Dr. Wendy B. Smith
May 11-13, 2007	American College for the Advancement of Medicine Spring Conference*	Chicago, IL	Shea Buckman
May 11-13, 2007	13th International Congress on Biological Cancer Therapy	Heidelberg, Germany	Dr. Jeffrey D. White
June 1-5, 2007	American Society of Clinical Oncology Annual Meeting*	Chicago, IL	Shea Buckman
July 11-13, 2007	Ovarian Cancer Alliance Annual Conference	Washington, D.C.	Dr. Jeffrey D. White
August 22-25, 2007	American Association of Naturopathic Physicians*	Palm Springs, CA	Shea Buckman

*Indicates that an OCCAM staff member will be at the NCI or OCCAM exhibit booth.

To obtain a copy of this newsletter or for inquiries on cancer and CAM, please contact 1-800-4-CANCER (1-800-422-6237).



NIH Publication No. 07-5854
March 2007