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United States and China Sign Research Agreement on Traditional Chinese Medicine



U.S. DHHS Secretary Leavitt and Chinese Vice-Minister of Health Guoqianguang sign MOU.

On July 16, 2008, U.S. Health and Human Services Secretary Mike Leavitt and Chinese Vice-Minister of Health Wang Guoqianguang signed a memorandum of understanding (MOU) agreement to foster collaboration between researchers studying integrative and traditional Chinese medicine (TCM) in both countries.

The MOU follows an earlier agreement, signed in 2006, between the National Center for Complementary and Alternative Medicine (NCCAM) and the Chinese Ministry of Science and Technology. The new agreement encompasses a much larger number of interested institutions in the U.S. and China.

Jeffrey D. White, M.D., director of the National Cancer Institute's (NCI) Office of Cancer Complementary and Alternative Medicine (OCCAM) commented on the MOU: "What's exciting is that this new MOU strongly reflects an

interest in TCM at the top levels of HHS, and it shows a growing, sustained interest on the part of the Chinese government to support evidence-based investigations of TCM, in collaboration with foreign investigators. From a practical standpoint, what this agreement does is set a framework for encouraging collaborative activity and will help shepherd projects along that are already underway."

The 2008 MOU on TCM was signed at the beginning of a two-day traditional Chinese medicine Research Roundtable held at the National Institutes of Health (NIH) that highlighted research in areas of TCM that "displayed examples of opportunities for future collaborations between U.S. and Chinese researchers," Dr. White reported. The presenters discussed "diagnostic approaches and ways that might help identify subgroups of cancer patients who might have different reactions to different

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conventional treatments,” he added, “as well as quality control of herbal medicines and how to standardize herbal approaches in a way that would make research results more reproducible.”

In addition to signing the MOU, the meeting also included expert presentations on five topics:

- **Health Care Impact: Convergence of TCM and Western Medicine in China, Integrative Medicine in the U.S.-** Richard Nahin, Senior Advisor for Scientific Coordination and Outreach, NCCAM and Lu Aiping, Professor, China Academy of Chinese Medical Sciences (CACMS)
- **Criteria and Standards for Evaluation of Clinical Efficacy of TCM-** Brian Berman, Director, The Center for Integrative Medicine, University of Maryland and Wu Darong, Associate Chief Doctor, Guang Dong Provincial Hospital
- **Application of Genomics, Proteomics, and Systems Biology to Study of TCM-** Yung-chi Tommy Cheng, Henry Bronson Professor of Pharmacology, Yale University and Jia Wei, Principle Investigator, Shanghai Center for Systems Biomedicine
- **Acupuncture: Biological Basis and Promising Applications-** David Yue-Wei Lee, Associate Professor of Psychiatry Harvard University and Yu Xiaochun, Professor, CACMS
- **Product Safety and TCM: Natural Product Chemistry-**

Ikhlas Khan, Professor of Pharmacognosy, University of Mississippi and Ye Zuguang, Professor, CACMS

One example of an ongoing TCM project is an NCI-funded collaboration between M.D. Anderson Cancer Center in Houston, Texas and Fudan University Cancer Hospital in Shanghai, China which currently includes both laboratory research and clinical trials of cancer treatments and symptom management using TCM preparations. “There are a growing number of investigators in the United States with an interest in this area, and the new MOU could create opportunities for other groups who want to do similar work,” said Dr. White.

A few Food and Drug Administration approved chemotherapy drugs in the United States are derived from compounds used in TCM, including arsenic trioxide (now used for the treatment of acute promyelocytic leukemia), and camptothecin, which was isolated from the bark of the Chinese tree *Camptotheca acuminata*, and has been slightly modified to produce the cancer drugs topotecan and irinotecan.

One of the major focuses of the new MOU with China addresses a challenge often faced by investigators interested in studying natural products, such as herbal compounds. “For investigators, there is always a problem getting proper material for such studies,” noted Dr. Cheng, chairman of the Consortium for Globalization of Chinese Medicine. “For any herbs and natural compounds of interest, we need to know the availability of the herbs, where they came from, where they

can grow, and how well they are characterized. For Chinese medicine to be acceptable in this part of the world, you have to address the quality of your study material, have the clinical evidence that it works, understand how it works, and know how it interacts with other drugs to some extent.”

The MOU highlights several areas where collaboration could help improve the methodology for research and development of TCM-based therapeutics, including the application of genomics, proteomics, and systems biology.

Dr. Cheng and Dr. Francesco Marincola, chief of the Infectious Disease and Immunogenetics Section at the NIH Clinical Center, have been collaborating on a proof-of-principle experiment that is an example of the multi-step validation that will be essential in future collaborative studies on TCM products. They are studying the use of irinotecan in conjunction with a Chinese herbal combination called PHY906 in a mouse model of colon cancer.

Dr. Cheng’s laboratory has characterized the herbs using techniques including mass spectrometry and biological fingerprinting to make sure the herbal product is the same between batches. They also tested the combination against tumors in mice to see if the combination had a stronger anti-tumor effect than irinotecan alone and if PHY906 could decrease the toxicity of irinotecan. Dr. Marincola’s group has taken samples of treated tumors and blood cells from the mice and performed whole-genome expression scans to determine what cellular pathways are affected by the drugs. 🌿



Dr. Paige McDonald

A Conversation with:
Paige McDonald, Ph.D., M.P.H.
Program Director and Chief of Basic Biobehavioral Research Branch
Behavioral Research Branch
Division of Cancer Control and Population Sciences

Please provide an overview of the Basic Biobehavioral Research Branch (BBRB) of the Behavioral Research Program and your role as Branch Chief.

The Basic and Biobehavioral Research Branch (BBRB) supports extramural research on fundamental behavioral science to develop theoretical models, identify underlying mechanisms and principles of behavior change and conduct pre-intervention research to inform the next generation of cancer control interventions and social policies. BBRB funds studies that examine health-related behavior across age, racial, and ethnic groups; socioeconomic strata; and cancer diagnoses.

Examples of BBRB's research agenda include: basic research in social, cognitive, and psychological processes (e.g., social comparison, mechanisms underlying neurocognitive changes associated with cancer treatment, emotion and motivation); biological mechanisms of psychosocial or behavioral processes related to cancer control (e.g., stress-mediated regulation of tumor biology); and methodology and measurement in behavioral science research (e.g., psychophysiological assessment,

measurement of stress and other psychological constructs).

As chief for BBRB, I plan, develop, coordinate, and administer the extramural program. I lead the strategic planning, evaluation of emerging research priorities, and the evaluation of return on research investment in basic behavioral and biobehavioral research. I also coordinate and manage scientific, fiscal, and administrative responsibilities of the program.

In what ways is complementary and alternative medicine (CAM) a part of the BBRB's work?

BBRB is involved in the funding of extramural research grants [projects taking place outside of NIH], some of which are on the topic of CAM. Specifically, one area of programmatic interest that involves CAM is the initiative on medical decision-making and biological mechanisms of psychosocial or behavioral processes in cancer control. BBRB Program Director, Dr. Wendy Nelson has championed NCI's support of research to enhance understanding of human decision-making processes so that individuals can make informed and satisfying choices regarding their health, health care, and quality of life. Dr. Nelson is the NCI program contact on a funding opportunity announcement (FOA) (PAR-08-045); this FOA encourages the submission of high quality observational studies that evaluate the effectiveness and cost-

benefit of CAM approaches used in the community and the processes employed by patients and providers when deciding to use CAM.

As noted in the FOA, data on the actual decision processes that patients and providers use when making judgments about CAM are sparse. We hope our support of research in this area will contribute fundamental knowledge about the cognitive and affective processes involved in the initiation and maintenance of CAM practices for cancer prevention and control.

From a biobehavioral research perspective, BBRB has an interest in the biological mechanisms associated with mind-body interventions for cancer-related symptom and stress management. We have supported a wide range of projects that can be considered CAM-related:

- Virtual reality analgesia for procedural cancer pain
- Cranial stimulation for chemo symptoms in breast cancer
- Healing touch, immunity, and fatigue in breast cancer
- Acupuncture for hot flashes in prostate cancer patients
- Tai chi effects on chronic insomnia in breast cancer survivors: Immune mechanisms
- Mindfulness-based stress reduction for psycho-immune dysregulation in cancer

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- Psychoneuroimmunology-based stress management in early breast cancer
- Stress, immunity & cervical cancer: Biobehavioral outcomes of a randomized clinical trial

In 2002, you helped organize a scientific initiative, the Biological Mechanisms of Psychosocial Effects on Disease. Please explain the initiative, OCCAM's role, and progress made over the past few years.

In 2001, a group of program officers representing several NIH institutes and offices, including OCCAM, met to discuss their shared interest in psychoneuroimmunology (PNI). Discussions from this initial meeting were the impetus for the first scientific meeting of the initiative titled "Biological Mechanisms of Psychosocial Effects on Disease" (BiMPED), which was held in March 2002. The meeting brought scientists from diverse behavioral and biomedical disciplines who were conducting both human and animal work in PNI and related fields to present their research. Goals for the meeting were to review current knowledge of biological mechanisms associated with psychosocial effects on disease, discuss the state-of-the-science, applicability of PNI-related research to cancer control, as well as identify critical research needs.

Through BiMPED, our branch seeks to encourage mechanistic studies to identify biological signaling pathways. BBRB and BiMPED strives to support transdisciplinary research that bridges basic cancer

biology and biobehavioral science to advance our fundamental knowledge of the extent and specificity by which central nervous system regulated factors like stress, chronic depression, and social support might regulate tumor biology.

Additionally, we have sought opportunities to vet the science in public forums and disseminate the perspectives of this research and highlights from BiMPED activities. We have made these information resources available on our Web site (<http://cancercontrol.cancer.gov/bimped/accomplish.html>), including a supplement about the 2002 BiMPED meeting published in the official journal of the Psychoneuroimmunology Research Society—*Brain, Behavior, and Immunity*. OCCAM's support was instrumental in the publication of that supplement.

(*Brain, Behavior, and Immunity*. February 2003, Volume 17, Supplement 1)

What CAM approaches look most promising for further research?

In accordance with NCI's strategic priorities, BBRB remains most interested in CAM approaches that can be integrated as effective and efficient treatments for cancer and those that serve to improve the quality of cancer care and quality of life for cancer patients. As reflected by our research mission, we are interested in CAM approaches that meet psychological, behavioral, and social health related needs of patients and their caregivers. We will continue to support rigorous trials of mind-body interventions (e.g., mindfulness based stress management, yoga, meditation, spirituality) that elucidate mechanisms of action. 🐼

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FDA Warns Against Selling and Using Fake Cancer 'Cures'

In one of the largest, coordinated enforcement actions against cancer health care fraud, the U.S. Food and Drug Administration (FDA) recently sent regulatory "Warning Letters" to 23 U.S. companies and two foreign individuals that are marketing a wide range of products fraudulently claiming to prevent and cure cancer. FDA also warned consumers against using or purchasing the products, which include tablets, teas, tonics, black salves, and creams and are sold under various names on the Internet.

FDA took the action in coordination with the U.S. Federal Trade Commission (FTC) and enforcement agencies from Canada and Mexico. Although FDA pursues individual cases of health fraud on a continual basis, "this campaign targeted the largest number of individuals at a single time," noted FDA Press Officer Rita Chappelle.

A list of the companies and individuals warned, as well as the complete list of fake cancer 'cure' products and their manufacturers can be found on the FDA's Web site at www.fda.gov/bbs/topics/NEWS/2008/NEW01852.html.

"This is the most heinous type of health fraud aimed at unsuspecting and very vulnerable consumers and cancer patients," Ms. Chappelle added. "Such individuals are looking for ways to cure their serious diseases, and they're very susceptible to these false and fraudulent marketers who basically prey on such people."

FDA and its counterparts in the MUCH (Mexico-USA-Canada Health) Fraud working group identified most of the unapproved claims by "scouring the Internet," Ms. Chappelle said. In response, many of the targeted companies have already

taken corrective measures and responded to the issues addressed by FDA's warning letters. "They've removed the fraudulent claims from their Web sites, shut down the Web sites, and taken other actions," she reported. Companies which fail to comply with FDA's warnings face additional legal action including possible injunctions and court-ordered seizures.

The FDA urges consumers to consult their health care providers about the use of these products and to seek appropriate medical attention if they have experienced any adverse effects. In addition, consumers and patients can contact the NCI's **Cancer Information Service** at 1-800-4-CANCER (1-800-422-6237) to ask questions and share their concerns about cancer and various treatments, including CAM, and receive numerous sources of up-to-date, credible information. 🐼

Signs of Health Fraud

All consumers seeking information about any health product or medical treatment should be familiar with the following signs of health fraud:

- Statements that the product is a quick and effective cure-all or a diagnostic tool for a wide variety of ailments.
- Suggestions that a product can treat or cure serious or incurable diseases.
- Claims such as "scientific breakthrough," "miraculous cure," "secret ingredient," and "ancient remedy."
- Impressive-sounding terms, such as "hunger stimulation point" and "thermogenesis" about weight loss product, for instance.
- Claims that the product is safe because it is "natural."
- Undocumented case histories or personal testimonials by consumers or doctors claiming amazing results.
- Claims of limited availability and advance payment requirements.
- Promises of no-risk, money-back guarantees.
- Promises of an "easy" fix for problems like excess weight, hair loss, or impotency.

For more information, visit

www.fda.gov/consumer/updates/cancerfraud061708.html. 🐼

Congratulations !!

Dr. Jie Li, a visiting postdoctoral fellow in the Center for Cancer Research (CCR), was honored with the **Outstanding Poster Presentation Award** for his presentation "*Inhibitory Effect of Sheng Qi Formula (SQF) on Gr-1+CD11b+ Myeloid Immunosuppressor Cells (MIC) in the 4T1 Murine Mammary Cancer Model*" at the 8th Annual NCI/CCR Fellows and Young Investigators Colloquium on March 3, 2008 in Ocean City, MD.

Quick-Trials for Novel Cancer Therapies and Prevention: Exploratory Grants

In 2008, NCI and the NIH's Office of Dietary Supplements reissued the program announcement (PA) PAR-08-025 "Quick-Trials for Novel Cancer Therapies and Prevention: Exploratory Grants." The intention of this PA is to promote translational research in new agent/modality development with timely exploitation of new cancer-relevant therapeutic and/or preventive strategies that involve defined molecular targets. The major end goal is to lead to the development of novel anti-cancer drugs, diagnostic tools, treatments, and prevention strategies.

Applications that explore CAM approaches for cancer prevention and/or treatment are encouraged, including clinical studies evaluating the effect(s) of novel nutritional interventions such as herbal therapies, dietary supplements, and bioactive food components aimed at reducing cancer treatment-related side effects and toxicities. Clinical studies that propose improvements and evaluations of single agent or combinatorial treatments, treatment-associated morbidities, and patients' prognoses are also encouraged to apply. Finally, investigators who propose to conduct clinical studies of

unconventional pharmacological and biological interventions (e.g., antineoplastons, Coley's toxin, enzyme therapies, etc.) are invited to apply.

For more information on this PA, please visit <http://grants.nih.gov/grants/guide/pa-files/PAR-08-025.html>.

Exploratory/Developmental Grant for CAM Studies of Humans Program Announcement Reissued

In April 2008, NCCAM re-released the program announcement (PA) "Exploratory/Developmental Grant for CAM Studies of Humans" or PAR-08-135. The purpose of this announcement is to encourage investigators to submit high quality, preliminary research of humans that will advance the science of CAM and provide a solid foundation and justification for larger, subsequent clinical studies to definitively determine the efficacy of CAM approaches.

NCI is participating in this PA again because of its interest in CAM approaches as they apply to cancer prevention, diagnosis, treatment, symptom and side effect management, and survivorship. Projects of strong interest to NCI include the following interventions reviewed by the NCI Best Case Series Program: homeopathic approaches of the P. Banerji Homeopathic Research Foundation, insulin potentiation therapy, and macrobiotic lifestyle as

instructed by the Kushi Institute.

Other examples of research that NCI would consider to be responsive to the PA include:

- Clinical studies identifying a single or a combination of bioactive food component(s) on molecular targets associated with cancer prevention.
- Translational studies linking bioactive food component(s) intake with biomarkers or surrogate outcome measures which may predict cancer risk and/or tumor behavior.
- Innovative dietary prevention strategies targeting risk reduction of populations caused by genetics or environmental conditions.

For more information on this PA, please visit <http://grants.nih.gov/grants/guide/pa-files/PAR-08-135.html>.



Collaborate

Contacte Cancer CAM Researcher Directory

Now cancer CAM researchers can easily connect with others in the field. Sign-up for OCCAM's free online research directory and:

- Search for experts in specific areas of CAM research
- Receive access to research news and updates
- Discover collaboration opportunities
- Learn about meetings and events
- Post job openings
- Connect with the National Cancer Institute

To join or find out more, please visit: <http://occamdirectory.cancer.gov/Index.aspx>.

NIH Shares Tips about Grants

Keep up with policies and procedures

The NIH Office of Extramural Research (OER)—which is the hub for grants policy and operations, grants administration, and the coordination of NIH's extramural programs and activities—publishes a monthly newsletter called *NIH Extramural Nexus (Nexus)*. This electronic newsletter provides the scientific community with updates on NIH policies and activities as well as an opportunity to gain a better understanding of the operation of extramural programs.

To learn more about the *Nexus* or to subscribe, please visit <http://grants.nih.gov/grants/nexus.htm>.

Get help with grant application writing

The National Center for Complementary and Alternative Medicine (NCCAM) held a 3-day Grantsmanship Workshop from June 3-5, 2008 in Rockville, Maryland. Researchers, fellows, and graduate students learned about the NIH grant application and review processes, received direction about how to plan a research endeavor that follows NIH policies, and gathered insight on the common characteristics of successful grants, particularly when pertaining to CAM research.

Josephine P. Briggs, M.D., director of NCCAM, opened the workshop by

offering two pieces of advice to the attendees. She stressed the importance of working with experts in the particular disease you are interested in studying or the research methodology you are interested in using, even if they are not experts in CAM research. In addition, she stressed how important it is to get acquainted with the program officers who can provide input about developing proposals at the various NIH Institutes related to your topic area.

NCCAM has made each day of the conference available to those who were unable to attend. To view the sessions, please visit <http://nccam.nih.gov/news/pastmeetings/grants08/>. 📺

Research Highlights

Selenium May Augment Finasteride in Preventing Prostate Cancer

In 2003, the landmark Prostate Cancer Prevention Trial (PCPT) identified finasteride as the first effective agent to prevent prostate cancer. However, Clement Ip, Ph.D., director, Cancer Chemoprevention at Roswell Park Cancer Institute in Buffalo, New York, found the results somewhat puzzling.

“It was puzzling, because finasteride is known to powerfully depress the blood levels of the most potent androgen in the body, dihydrotestosterone (DHT), while reducing the incidence of prostate cancer by only about 25%,” Dr. Ip said. DHT acts by binding to the androgen receptor, a critical step that allows DHT to turn on certain genes

involved in the function and survival of prostate cancer cells. This mechanism is called androgen signaling, which is “vitally important to the development and progression of prostate cancer” he explained.

At about the time finasteride was in the headlines—which included debate over the drug’s side effects—Dr. Ip’s lab was discovering that the natural compound selenium is able to dramatically reduce the abundance of androgen receptors in prostate cancer cells. “We wondered if a one-two punch, using finasteride and selenium, might dampen androgen signaling more effectively and thus offer a better response in prostate cancer prevention,” he noted.

NCI* is providing 5 years of support for Ip’s lab to explore the finasteride plus selenium combination to prevent the progression of prostate cancer. “If we are going to find a synergy by combining them,” explained Dr. Ip, “we really need to understand how each of the drugs works at the molecular level.” He and his colleagues will study the significance of certain genetic pathways to get a clearer picture of exactly how this promising treatment might suppress the growth of tumor cells in the prostate. The goal is to prevent the small-volume, low-grade tumors from becoming a more aggressive form of the disease.

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Once they have a better idea of the molecular pathways affected by the two agents, the next step for Dr. Ip's lab will be an intervention trial in humans. Men diagnosed with prostate cancer sometimes elect to have the prostate removed. The researchers plan to conduct a short-term trial by giving treatment to such men for several weeks prior to surgery. When the prostate tissue from these patients becomes

available, Dr. Ip and colleagues hope to get confirmatory evidence about whether the androgen signal strength is depressed, which genes are turned on or off, and how well the combination treatment stops cancer cells from multiplying.

“Even though a quarter million men in the United States are diagnosed each year with prostate cancer, we know that many more than that number are in the earliest stages of developing the disease,” Dr. Ip

commented. “Currently, we're not sure what causes some of these to become clinical cancers that will require treatment.” He hopes combining finasteride and selenium could potentially provide a breakthrough in managing the disease at an early stage and help to alleviate the huge costs for medical care and in human suffering caused by prostate cancer.

Grant number: 1P01CA126804-01 🐼

Fish Oils May Help Fight Prostate Cancer Progression

Prostate cancer kills more American men annually than any other type of cancer except for lung cancer. These high rates of mortality and morbidity do not occur in Japan and other Asian countries, although men in those cultures are found to have just as many small or latent prostate cancers when autopsied. Much more often, men in Western Europe and America see their prostate cancers progress and spread (metastasize), especially to the bone marrow. Many scientists believe that behavioral and dietary risk factors may hold the key to understanding these variations in the disease.

Noting the much higher intake of fish and seafood in Asian diets, Yong Q. Chen, Ph.D. director of Basic Science at Wake Forest University's Prostate Center of Excellence, believes that polyunsaturated fatty acids (PUFAs) found in fish oils could play an important role in cancer progression. This relationship is being investigated further.

Just as there are “good” and “bad” forms of cholesterol, some evidence suggest this may also be true of the omega PUFAs, omega-3 and omega-6. Omega-6 PUFAs found in many

vegetable oils—and dairy, meats, and some plants—may have a role in prostate and colon cancer progression; however, omega-3 PUFAs found in some fish and plant oils have shown evidence of suppressing prostate tumor metastasis, most recently in a 2006 study from the British Journal of Cancer. Nutritionists often focus on these two dietary components together and recommend they be consumed in equal amounts. However, current Western diets have omega-6/omega-3 ratios of 30 to 1, explained Dr. Chen, “and they can be as high as 50 to 1.”

Supported by NCI*, Dr. Chen and his colleagues began by feeding various amounts of the two types of PUFA to mice bred with a propensity for prostate cancer. “The omega-3s slowed the growth of tumors, and many of the cancer cells we examined were progressing at a



Cancer research examines benefits of fish oils

much slower pace,” Dr. Chen reported. “The omega-6 fatty acids had the opposite effect.”

The effect seen with omega-3 appears to work, in part, through a gene called Bad, which produces a protein that goes by the same name. Dr. Chen noted, “When we knocked down (inactivated) the Bad gene in the mice, the cancer cell death stopped, and then the cell death resumed when we added the Bad protein.” This finding highlights the importance of gene-diet interactions in prostate cancer. “Our work reinforces the idea that the amount and content of dietary fat can have a

drastic impact on the health of animals with identical genetic profiles,” he added.

Dr. Chen said their research also suggests the idea that omega-6 and omega-3 PUFAs “fight” each others’ effects in the body, often producing opposite effects at the molecular level in the cells. “Thus, it is crucial that the Western diet move toward the one-to-one ratio for intake of both

types of fats,” he noted. “We realize that dietary change for an entire population is a major challenge, but for prostate cancer patients, this takeaway message is much more critical—omega-3 fatty acids in the diet may inhibit metastasis.” As a next step, Dr. Chen is planning a phase I trial of PUFA diets in patients with locally advanced prostate cancer.

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CAM Information

A More User-friendly OCCAM Web Site

“I can’t find what I am looking for? I give up.”

“I know the information must be on this site somewhere!”

“This Web site is confusing.”

Have you ever experienced frustration while trying to find information on the OCCAM Web site? If so, you are not alone. However, starting in September, visitors to the OCCAM Web site can expect to see significant changes made, one section at a time, to the way information is arranged. These changes will hopefully help people find the information they are looking for more quickly and easily than in the past.

Recognizing the weaknesses of their online communication, OCCAM’s Communications and Outreach Program (COP) conducted some usability testing of their Web site and then incorporated the feedback they received to first improve the Health Information section of the site. COP intends to revise the entire site over the next year and has begun its work on other sections.



“We understand that patients and their loved ones are looking to us as an authority on CAM information for cancer. Making changes to the Health Information section of our Web site was a priority for us,” said Shea Buckman, M.A., coordinator of COP.

Some of the changes to the Health Information section include:

- Reorganizing existing content into special pages for patients and health care providers

- Pulling all of the information on various CAM therapies into one location and organizing it alphabetically
- Adding new resources from other government agencies and NCI’s grantee organizations
- Replacing large blocks of text with easy-to-scan links

Overall, the OCCAM Web site will have the same basic look but be more user-friendly. In the coming months, look for additional enhancements to other sections of the Web site.

To see the new and improved Health Information section, please visit www.cancer.gov/cam/health_index.html.

CAM Medical Associations Collaborate in Joint Conference

A group of over 800 physicians, nurses, homeopaths, naturopaths, nutritionists, herbalists, and advocates mingled as a result of Dr. Hal Blatman, president of the American Holistic Medical Association (AHMA), and Dr. Lise Alschuler, president of the American Association of Naturopathic Physicians (AANP), who brought the two medical associations together for their first joint conference. “Embody Nature, Redefine Health” was the theme of this inaugural event, which took place in August 13-16, 2008 in Phoenix, Arizona, and served in the place of both groups’ annual conventions.

A common philosophy exists between the two associations, which contributed to the success of the meeting. The missions of both AHMA and AANP support an integrative and holistic approach to medicine. The conference was “an opportunity for like-minded healthcare professionals to interact, learn from one another and build our collective momentum for transforming health care,” said Dr. Alschuler.

Sessions and workshops offered at the conference were divided into research, clinical practice, oncology, and poster presentations. Over the course of four days, presentations on oncology covered topics such as: the controversy of soybeans; non-melanoma skin cancer prevention, diagnosis, and treatment; a systematic review and meta-analysis of melatonin combined with chemotherapy; and intravenous and oral therapies in the treatment of cancer.

A unique feature of AANP that is different from other CAM professional societies is a network of oncology providers called the OncANP, whose development in 2004 stemmed from growing interest in the practice of integrative and non-conventional cancer care. OncANP seeks to prolong survival and enhance the quality of life for cancer patients through clinical research, standardized instruction on the subject of oncology at naturopathic medical schools, continuing education for naturopathic physicians, and accessible knowledge and resources

about naturopathic treatment for cancer. A panel of OncANP members was available during a forum to answer questions about the needs and concerns of naturopathic oncologists. Topics included promoting integration between naturopaths and oncologists, practice limitations and opportunities, and developing new integrative programs. Another session at the conference dealt with clinical issues such as detoxification while undergoing chemotherapy, drug/herb interactions, and ethical/legal concerns when patients choose naturopathy versus conventional therapy.

“Throughout the conference sessions and while talking with other conference attendees, I experienced a fruitful sharing of both clinical and research approaches,” said CDR Colleen Lee, OCCAM’s Practice Assessment Program coordinator. 🌱

NIH Focuses on Meditation Research

While meditation—focused breathing or the repetition of words or phrases to quiet the mind—has been used for thousands of years, NIH has only, in recent years, given concentrated attention to the topic. On July 8-9, 2008, NCCAM and counterparts at NIH including NCI, the National Institute on Aging, the Office of Behavioral and Social Sciences (OBSSR), along with the Canadian Institutes of Health

Research, convened a group of experts, to discuss the future direction of meditation research at the workshop “Meditation for Health Purposes.”

This was the second time NIH has held a meeting on the topic of meditation. In May of 2004, OBSSR hosted the “Symposium on Mindfulness Meditation,” which provided an opportunity for NIH’s

scientific community to gain a basic understanding of one type of meditation, mindfulness meditation.

Four years later, the “Meditation for Health Purposes” workshop was convened as a result of the Agency for Health Research and Quality report *Meditation Practices for Health: State of Research*. The report, which was requested and funded by NCCAM, stated that “the

therapeutic effects of meditation practices cannot be established based on the current literature” because of the poor quality of the research methods used. The goals of the workshop were, over the course of two days, to address these findings, present meditation research on various health conditions, including cancer, and collectively propose ways to improve research on meditation for health.

“Many patients are interested in taking more responsibility for their own health and in developing healthier lifestyles. Mind-body interventions, such as meditation, can be one of the components of individual health promotion, and many health care practitioners are supportive of the use of these approaches. What we need is a better understanding of how and when to use them and also how they work,” commented OCCAM Director Dr. Jeffrey D. White.

The following are examples of NCI-sponsored studies that include a meditative component:

- Pilot, Randomized Study of Mindfulness Relaxation Versus Relaxing Music Versus Standard Symptom Management Education in Patients With Newly Diagnosed Solid Tumors Undergoing Chemotherapy
- Menopause and Meditation for Breast Cancer Survivors
- Randomized Study of Mindfulness-Based Stress Reduction Versus General Health Education in Improving Immune Response to Human Papilloma Virus in Patients With Cervical Dysplasia
- Yoga-Based Cancer Rehabilitation Program
- Cognitive and Behavioral Therapy or Standard Care in Patients With Advanced Gastrointestinal Cancer or Lung Cancer
- Phase II Randomized Study of Hatha Yoga for Persistent Sleep Disturbance in Cancer Survivors
- Effects of Tibetan Yoga on Fatigue and Sleep in Cancer
- Randomized Study of Hatha Yoga in Improving Physical Activity, Inflammation, Fatigue, and Distress in Postmenopausal Female Breast Cancer Survivors
- Effects of Yoga in Breast Cancer Patients

As a result of the “Meditation for Health Purposes” workshop, recommendations were made for research that explores possible mechanisms of action, efficacy for both physical and mental health outcomes, development of appropriate and sophisticated research methodologies, and collaboration amongst various scientific disciplines. A meeting summary is available at <http://nccam.nih.gov/news/2008/070808.htm>. 🌐

Bioactive Food and Chemoprevention Symposium Supported by NCI

The first-ever, international symposium on “Bioactive Food Components, Alternative Medicine, and Cancer Chemoprevention,” held in Greece in October 2007, was supported, in part, by an R13 conference grant* from OCCAM and NCCAM. The 2-day meeting drew almost 150 attendees and included presentations and discussions on recent advances in the field including studies on prostate cancer chemoprevention with genistein and resveratrol, anti-inflammatory and antioxidant agents present in dietary and medicinal

plants, and recent advances in mechanisms of cancer chemoprevention by grape seed extract.

John Milner, Ph.D., chief of NCI’s Nutritional Sciences Research Group, delivered a presentation on “Frontiers in Cancer Prevention by Bioactive Food Components.” He also co-chaired the symposium’s opening session with conference organizer Shivendra Singh, Ph.D., professor at the University of Pittsburgh School of Medicine and co-leader of the cancer

biochemoprevention program at the University of Pittsburgh Cancer Institute. The grant from OCCAM and NCCAM helped partially cover travel costs of the organizers, invited speakers, and young investigators, as well as pay for publicity for the meeting. Papers from the conference will be published in *Nutrition and Cancer*, Dr. Singh said.

Grant number: 1R13CA132241-01 🌐

Featured Scientific Meetings

Date	Meeting	Location	OCCAM Staff Attending
September 5, 2008	Research Working Group on Case Reports	Heidelberg, Germany	Dr. Oluwadamilola Olaku
September 24-26, 2008	4 th International conference on Holistic Health and Medicine*	Lexington, KY	Shea Buckman
September 26-28, 2008	Insulin Potentiation Therapy Conference	San Diego, CA	Dr. Farah Zia
October 15-19, 2008	Frontiers in Integrative Oncology, American College for Advancement in Medicine*	Las Vegas, NV	Shea Buckman
November 1-2, 2008	2008 New York International TCM Summit	New York City, NY	Dr. Libin Jia
November 20-21, 2008	5 th International Conference of the Society for Integrative Oncology*	Atlanta, GA	Shea Buckman
May 29 – June 2, 2009	American Society for Clinical Oncology	Orlando, FL	Dr. Farah Zia

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

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