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**EDITORIAL: ARE YOU CURRENTLY USING COMPLEMENTARY THERAPIES?
IF SO, WHAT DO YOU USE?**

Marja Verhoef

Most researchers will agree that this is not a great survey question, but few have developed a better way to assess complementary/alternative medicine (CAM) use. Surveys of CAM use have been very popular since the early nineties: thousands of such surveys have been conducted in North America and Europe, using population, disease, or condition based samples. CAM surveys also differ in terms of whether and how they define CAM, the timeframe assessed, and the scope of the questionnaire. Due to the amount and heterogeneity of the data collected, it is often



difficult to reliably identify patterns of use and to compare the results of such surveys. Other than stating the need to assess how many people use CAM, surveys often do not indicate the rationale for conducting the survey. Consequently, we must ask how useful these surveys are. In this editorial, I first compare three Canada-wide surveys completed in approximately the same time period, each purporting to provide representative Canadian data. Second, I review CAM use surveys of patients diagnosed with cancer with the goal to identify patterns in CAM use over time and across nations.

Between 2005 and 2007, three different population based surveys of CAM use were conducted in Canada. Park (1) conducted a secondary analysis of data collected in the Canadian Community Health Survey (2005) which asked: "In the past 12 months have you seen or talked to an alternative health care provider such as an acupuncturist, homeopath or massage therapist about your physical, emotional or mental health?" A separate question was included to assess use of chiropractors. The results show that 20% (now 22%, personal communication Wayne Millar, Statistics Canada) reported using a CAM practitioner. More than half of the respondents used chiropractic. In contrast, the Canadian Baseline Natural Health Products Survey (2) assessed whether respondents had "ever used a natural health product". Seventy-one percent indicated they have used a natural health product (NHP) at one time or another. However, the results also show that more Canadians are unfamiliar (45%) than familiar (35%) with NHPs. Last, the BC based Fraser Institute conducted a survey of CAM use in Canada (3). In addition to medical care use, participants were asked about the "use of some other

kinds of therapies and treatments for their health conditions" during their lifetime. They were offered a choice of 22 complementary/alternative therapies, including common treatments such as chiropractic, acupuncture and massage as well as less common treatments such as biofeedback, megavitamins, and imagery. The results show that 74% of Canadians have used at least some complementary/alternative therapy during their lives. However, the survey's response rate was only 19%. The response rate for the Canadian Community Health Survey was 76% and it is not reported for the NHP Baseline survey.

What do we learn from these data? What do they mean? How can we use them? How comparable are they? These are important questions to address given the substantial resources that go into conducting such surveys. Ultimately, we need to know if we should continue to do such surveys.

In 2006 I conducted a review of 89 English language surveys of CAM use in cancer conducted over the past 10 years using a clear set of inclusion and exclusion criteria (unpublished). The results were surprising. For example, we reviewed the definition of CAM that was used, reasons for use, and user characteristics - the variation in the way these variables were measured was astonishing. Few surveys used similar questions and virtually no surveys were based on conceptual models of CAM use and/or CAM decision making, which would have assisted in identifying important determinants of CAM use. Further, only four of these surveys collected data at more than one point in time. Authors' recommendations for health care providers generally focused on (1) improving communication between patients and physicians, (2) need for education, information and resources to address the lack of knowledge about CAM, and (3) the need to assist patients in making informed decisions. Although these recommendations are well founded, this review identified a clear lack of specifics on how they can be achieved.

Surveys are important, as it is important to know how many people use CAM and why they do so. Such information provides a foundation for clinical practice and assists in (integrative) health care and policy planning. However, to be better able to respond to the public's needs and use available resources more responsibly, we need to be far



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more specific in the wording of our research question and about the rationale for the survey. We also need to use consistent, valid and pre-tested descriptions of CAM that are easily understood by the public. Finally, we need to clearly identify and measure what variables impact CAM use and the decision to use CAM. Collaboration and cooperation is of utmost importance in this endeavor. Important progress in this field is made by Dr. Vinjar Fønnebo at the Institute for Complementary Medicine Research in Norway. An overview of his initiative is included elsewhere in this Bulletin.

References:

- (1) Park J. Use of Alternative Health Care. Statistics Canada: Health reports 2005; 16(2):38-42.
- (2) Health Canada. Baseline Natural Health Products Survey Among Consumers. 1-85. 2005. Ipsos-Reid.
- (3) Esmail N. Complementary and Alternative Medicine in Canada: Trends in Use and Public Attitudes, 1997-2006.

ÉDITORIAL: UTILISEZ-VOUS ACTUELLEMENT DES THÉRAPIES COMPLÉMENTAIRES? SI OUI, LESQUELLES?

Marja Verhoef

La plupart des chercheurs seront d'accord que ce n'est pas une question exemplaire pour un sondage, mais, peu de chercheurs ont développé de meilleures méthodes pour mieux analyser l'utilisation des médecines alternatives et complémentaires (MAC). Les sondages sur l'utilisation des MAC sont populaires depuis le début des années quatre-vingt-dix. En effet, de milliers de sondages ont été menés en Amérique du Nord et en Europe basés sur des échantillons de la population, de la maladie, ou, selon des conditions de santé particulières. Ces sondages diffèrent en ce qui concerne si, ou, comment ils définissent les MAC, la durée du processus et l'étendu du questionnaire.



Image Source:
<http://www.nexuspub.com>

À cause de la variété d'information et de données, il est difficile d'identifier les modèles d'utilisation et de comparer les résultats de ces sondages. À part du besoin d'évaluer combien de gens utilisent les MAC, souvent, la raison d'être de ces sondages n'est pas expliquée. Il faut alors questionner leur utilité. Dans cet éditorial, je commencerai par comparer trois sondages canadiens complétés à peu près au même temps et qui prétendent tous de représenter les statistiques

canadiennes. En second lieu, j'analyserai des sondages sur l'utilisation des MAC par des patients atteints du cancer.

Au Canada, entre les années 2005 et 2007, ont mené trois sondages sur la population générale concernant les MAC. Park (1) menait un sondage de statistiques secondaires, concernant la question suivante: Dans les derniers 12 mois, avez-vous visité ou parlé avec un praticien de soins de santé naturels tel qu'un acupuncturiste, homéopathe, ou massothérapeute à propos de votre santé mentale, physique ou émotionnelle? Une autre question était désignée pour évaluer les visites chez les chiropracteurs. Les résultats démontrent qu'environ 20 % (maintenant 22% selon Wayne Millar, communication personnelle, Statistique Canada) de la population rapportait avoir visité un praticien MAC. Plus que la moitié des répondants rapportait avoir visité des chiropracteurs. Par contre, le sondage canadien de

référence sur les produits de santé naturels (2) évaluait si les répondants avaient déjà utilisé des produits de santé naturels (PSN). Soixante-et-onze pour cent indiquaient qu'ils avaient déjà utilisé des produits de santé naturels. Cependant, les résultats démontrent que plus de Canadiens ne sont pas familiers (45%) que familiers (35%) avec les produits de santé naturels. Enfin, un sondage créé par l'Institut Fraser en Colombie Britannique concernait l'utilisation des MAC au Canada (3). En plus de traitements médicaux, les participants étaient interrogés au sujet de l'utilisation de d'autres sortes de thérapies et de traitements pour leurs conditions de santé particulières au cours de toute leur vie. Les participants avaient le choix de 22 thérapies alternatives ou complémentaires bien connues comme les traitements chiropratiques, d'acupuncture et de massothérapie ainsi que des traitements moins connus, par exemple, la rétroaction biologique, les mégavitamines et l'imagerie. Les résultats démontrent que 74% des Canadiens ont utilisé au moins une sorte de thérapie alternative au cours de leur vie. Cependant, le taux de réponse au sondage n'était que 19%. Le taux de réponse du sondage de l'enquête sur la santé dans les collectivités canadiennes était environ 76%.

Qu'apprenons-nous de ces statistiques? Comment peut-on s'en servir? Sont-elles comparables? Ce sont des questions importantes, surtout lorsqu'on considère les ressources nécessaires pour créer ces sondages. On doit aussi déterminer s'il est nécessaire de continuer à produire ces sondages.

En 2006, j'ai analysé 89 sondages, de langue anglaise, sur l'utilisation des MAC et le cancer, tous menés pendant les 10 dernières années en utilisant des critères d'inclusion et d'exclusion spécifiques (non publié). Les résultats étaient surprenants. Par exemple, nous avons examiné la définition utilisée pour décrire les MAC, la raison pour l'utilisation et les caractéristiques des participants – de grandes différences existaient sur la manière de mesurer les variables. Peu de sondages utilisaient des questions similaires et presque aucun de ces sondages étaient basés sur des modèles conceptuels de l'utilisation des MAC et de la fréquence de l'utilisation des MAC et/ou sur les prises de décisions. Ces questions auraient aidé à identifier d'importants déterminants sur l'utilisation des MAC. De plus, seulement quatre de ces sondages amassaient des données plus qu'une fois. Les recommandations des auteurs pour les fournisseurs de soins de santé concernaient (1) l'amélioration des communications entre les patients et les praticiens, (2) la nécessité pour l'éducation, l'information et les ressources visant l'absence de connaissances sur les MAC et (3) le besoin d'assister les patients à choisir en toute connaissance. Même si ces recommandations sont bien fondées, cette analyse a



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révélé une absence de détails concernant comment ces objectifs pourraient être atteints.

Les sondages sont utiles car il est important de savoir combien de gens utilisent les MAC et pourquoi. Ces renseignements forment une fondation pour la pratique clinique et aident à créer des règlements pour le système de santé. Cependant, pour mieux répondre aux besoins de la population, on doit utiliser les ressources déjà disponibles de façon plus responsable. Les sondages devraient poser des questions plus précises et utiliser des méthodes consistantes. Enfin, il faut précisément identifier et mesurer les variables qui influencent les MAC. La collaboration et la coopération ont une place primordiale dans cette initiative. Dr. Vinjar Fønnebø de l'Institut de la Recherche de Médecine Complémentaire en Norvège a fait

d'importants progrès dans ce domaine. Un aperçu de sa recherche suit dans ce numéro du bulletin.

Références:

- (1) Park J. Use of Alternative Health Care. Statistics Canada: Health reports 2005; 16(2):38-42.
- (2) Health Canada. Baseline Natural Health Products Survey Among Consumers. 1-85. 2005. Ipsos-Reid.
- (3) Esmail N. Complementary and Alternative Medicine in Canada: Trends in Use and Public Attitudes, 1997-2006. Public Policy Sources 2007; 87:3-53.

FOCUS ON: SURVEY RESEARCH

The National Research Center in Complementary and Alternative Medicine



Surveying CAM Use Across Nations and Cultures

Vinjar Fønnebø, National Research Center of Complementary and Alternative Medicine (NAFKAM), Norway

So far, attempts at acquiring an overview of complementary and alternative medicine (CAM) use across cultures and nations have been largely futile, due to the many differences in how researchers perform their surveys. According to these surveys, prevalence of CAM use can vary 8-9 fold between similar cultures and nations. This variation is beyond any reasonable explanation, and must therefore largely be due to different survey methodology and widely different ways of classifying CAM use and CAM users.

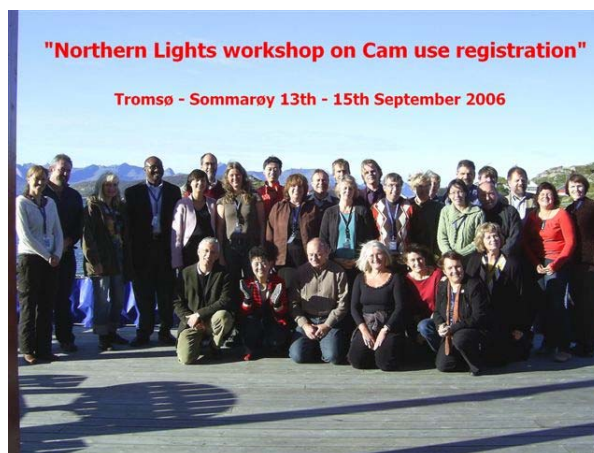
Research efforts into the safety, effectiveness and efficacy of CAM and in health service planning and possible integration are totally dependent on solid, credible survey data on CAM use. This knowledge should have been provided a long time ago by the research community, and many respectable, international researchers find the current situation to be intolerable. The best way to explore an area of potentially controversial research methodology is, in my opinion, to bring researchers together and challenge them to exchange views on, and possibly reach consensus as a basis for joint research efforts and comparability. In 2006, NAFKAM took the initiative to achieve such a consensus by inviting approximately 30 leading CAM survey researchers to meet for two and a half days and draft standard questions.

We all agreed that it is impossible to develop a comprehensive, detailed questionnaire and to impose it upon the international research community. We therefore aimed at developing standard phrasing of questions around (1) attending treatment providers, (2) use of herbs and dietary supplements, and (3) use of self-help

treatments. We wanted to survey types of CAM used, frequency of use, purpose of use and satisfaction with use. Our intent was also to allow for local variations in CAM modalities, while maintaining the standard question format.

With a handful of plenary presentations as background, the participants were divided into four groups and given the challenging task to develop core, standard questions in these three areas as well as in the area of traditional (folk) medicine. The questions developed in the latter group were integrated in the other three, and a rough draft questionnaire was achieved. In the following year a small subgroup of workshop participants refined the details of the questionnaire, which is now being pretested in Canada and the United States under the leadership of Marja Verhoef (Canada) and Thomas Arcury and Sara Quandt (USA).

After pretesting, questions will be developed for four questionnaire versions: (1) Self-administered for the general population (2) Interviewer-administered for the general population (3) Self-administered for specific patient groups and (4) Interviewer-administered for specific patient groups. We are confident that if researchers embrace this set of standard questions as part of their surveys of CAM use, we will gradually be able to develop a comprehensive overview of CAM use on a broad scale.





FOCUS ON: SURVEY RESEARCH

Statistics Canada's data sources for the research of complementary and alternative medicine (CAM) Jungwee Park, Statistics Canada

Statistics Canada's health survey data are useful sources for CAM research, especially regarding people's use of CAM. The Canadian Community Health Survey (CCHS) and National Population Health Survey (NPHS) collect information relevant to CAM. They include the following question: "In the past 12 months, have you seen or talked to an alternative health care provider such as an acupuncturist, homeopath or massage therapist about your physical, emotional or mental health?" Those who answered "yes" were asked what type of practitioner had been consulted or visited. Included types of practitioners are massage therapist; acupuncturist; homeopath or naturopath; Feldenkrais or Alexander; relaxation therapist; biofeedback; rolfing; herbalist; reflexologist; spiritual healer; religious healer; or other. The most common type of complementary and alternative care sought by the Canadian public is chiropractors. Though chiropractors were not listed among the alternative health care providers, they were among the response options in the question relating to contacts with various health care professionals in the surveys: "In the past 12 months, how many times have you seen or talked on the telephone, about your physical, emotional, or mental health with a chiropractor?"

Each two-year collection cycle of the CCHS is composed of two distinct surveys: a sub-provincial health region-level survey in the first year and a provincial-level survey in the second year that is focussed on a special topic. The first survey of each cycle (.1 cycle) is designed to provide reliable, comprehensive and comparable data for across Canada. Its target population includes household residents aged 12 and older in all provinces and territories, but excludes Indian reserves, full-time members of the Canadian Armed Forces, health care institutions and some remote areas. The most recent cycle (Cycle 3.1) of the Canadian Community Health Survey collected information from 132,947 individuals, aged 12 and older, in all provinces and territories in 2005.

While the CCHS allows us to take a cross-sectional snapshot of CAM use in Canada, the NPHS provides longitudinal information. Every two years since 1994/1995, the NPHS has collected information about the health of Canadians. In 1994/95, a subset (17,626) of the randomly selected household respondents in the 10 provinces was chosen for the longitudinal panel to be followed over time. The response rates were 92.8% for cycle 2 (1996/97), 88.2% for cycle 3 (1998/99), 84.8% for cycle 4 (2000/01), 80.6% for cycle 5 (2002/03), and 77.4% for cycle 6 (2004/05). With the NPHS data, predictors or longitudinal effects of CAM use can be investigated.

PROFILE: VINJAR FØNNEBØ



Credibility, credibility, credibility – these are the three most important issues that Vinjar Fønnebø emphasized when establishing the National Research Center of Complementary and Alternative Medicine (NAFKAM) in 2000, in the Faculty of Medicine at the University of Tromsø, Norway (<http://uit.no/nafkam/omnafkam/?Language=en>). Credibility is important, and is required by researchers and practitioners in conventional and alternative medicine, the general public, educational institutions as well as the local and central government. NAFKAM's vision is therefore "Knowledge-based treatment – wherever you choose to get it".

Tromsø is a small city situated 640 kilometers north of the Arctic Circle and 1700 kilometers from the capital (Oslo). Keys to the seemingly strange choice of this remote location in the far North, are Vinjar's previous involvement in small CAM research projects, his willingness to initiate small educational inroads to incorporate CAM in the medical curriculum, full support from the university leadership and a visionary and ambitious research plan. The core research team also includes Laila Launsø (PhD in Sociology) and Sameline Grimsgaard (PhD in epidemiology and clinical trials).

From the very beginning NAFKAM was committed to establish a research portfolio that used a variety of research methods. Vinjar has, from the very start, emphasized the need for broad international cooperation in developing appropriate research methodology for CAM research. He believes that, while simply copying methods from other disciplines of medicine or the social sciences is not sufficient, abandoning the double-blind, placebo-controlled clinical trial and traditional qualitative research methods would be suicidal. Vinjar's background as longstanding academic dean of the medical school in Tromsø and a sizeable



PROFILE: VINJAR FØNNEBØ

list of research publications was crucial when trying to broaden horizons and further develop established, traditional research approaches. Therefore, early on, Vinjar started a series of workshops in research methodology hosted by NAFKAM.

In 2006 he invited a select group of international CAM survey researchers to the tiny island of Sommarøy, outside Tromsø. The purpose was to develop a standard set of internationally usable questions to survey CAM use. Two and a half days together resulted in a draft questionnaire, which is now undergoing validation in Canada and the United States. Other topics have been (1) How to collect and evaluate reported “best” and “worst” cases after CAM treatment, (2) How to research “whole system” treatment approaches, and (3) What are suitable endpoints in clinical CAM research. Next year’s workshop will cover the issue of how to systematically review CAM research. These workshops have allowed NAFKAM to take a leadership role in bringing active and well-known CAM researchers together to discuss and develop suitable research

methodology.

Interestingly, Vinjar himself is not trained in or has experience in providing CAM therapies. His interest in researching the field has developed gradually, not in the least by the very strong opinions held by medical and conventional health care researchers against CAM practices, without having an acceptable level of scientific knowledge of the field. He considered this scientifically unacceptable, and decided to devote some years of his academic career to establish and develop research in the field.

Vinjar Fønnebø is trained as an MD, holds a MSc degree in epidemiology from the London School of Hygiene and Tropical Medicine, University of London, UK and a PhD in epidemiology from the University of Tromsø. He is a professor of preventive medicine at the same university, and has for twenty years (up to 2002) also practiced as a family doctor in a small rural community close to Tromsø.

CAM RESEARCH UPDATE

Register: Fourth Annual IN-CAM Symposium

IN-CAM will be hosting its 4th Annual Research Symposium: Coming of Age - Emerging Issues and New Directions for CAM Research on November 2nd and 3rd, 2007 at the Four Seasons Hotel Vancouver in conjunction with the presentation of the First Dr Rogers Prize which will be awarded at a Gala Award Dinner in on November 1, 2007. IN-CAM invites you to register soon.

For more information please visit:

<http://www.incamresearch.ca/index.php?id=19,213,0,0,1,0#fourth>

Register: The Inaugural Dr. Rogers Prize Gala Award Dinner

The Inaugural Dr. Rogers Prize Gala Award Dinner will be held on Thursday, November 1, 2007 at the Marriott Vancouver Pinnacle Downtown Hotel. Please register early as space is limited. **A special rate is being offered for registrants of the IN-CAM symposium.**

For more information about registration, please visit:

<http://www.pacegroup.com/conf/registration.php?mID=36>

RECENT ARTICLES

Abstracts for these articles are available from the IN-CAM website (www.incamresearch.ca) under Research Resources

Priority Area: CAM Health Care Delivery and Policy

- D'Souza R. The importance of spirituality in medicine and its application to clinical practice. Med J Aust. 2007 May 21;186 (10 Suppl):S57-9.

- Engebretson J, Wardell DW. Energy-based modalities. Nurs Clin North Am. 2007 Jun;42(2):243-59, vi.
- Iredale R, Williams B, Brain K, France E, Gray J. The information needs of men with breast cancer. Br J Nurs. 2007 May 10-23;16(9):540-4.

Priority Area: Methodological Research for CAM

- Aickin M. The importance of early phase research. J Altern Complement Med. 2007 May;13(4):447-50.
- Fønnebø V. Early phase methodology is needed in CAM and conventional research endeavors. J Altern Complement Med. 2007 May;13(4):397-8.
- Hagedorn ME, Zahourek RP. Research paradigms and methods for investigating holistic nursing concerns. Nurs Clin North Am. 2007 Jun;42(2):335-53, viii.
- Schwartz GE. Early phase research and the process of scientific discovery. J Altern Complement Med. 2007 May;13(4):399.
- Verhoef M. News from the International Society for Complementary Medicine Research. J Altern Complement Med. 2007 May;13(4):477-8.

Priority Area: Knowledge Transfer

- None this issue.



OF INTEREST - UPCOMING EVENTS

Fourth Annual IN-CAM Research Symposium: Coming of Age - Emerging Issues and New Directions in CAM Research

November 2-3, 2007
Vancouver, Vancouver, BC
For further information please visit:
www.incamresearch.ca

Society for Acupuncture Research - The Status and Future of Acupuncture Research: 10 Year Post-NIH Consensus Conference

November 8 - 11, 2007
Baltimore, MD
For further information please visit:
<http://www.acupunctureresearch.org>

Fourth International Oncology Conference

November 15 - 17, 2007
San Francisco, CA
For further information please visit:
<http://www.integrativeonc.org/>

14th Annual Symposium on Complementary Health Care

December 11 - 13, 2007
Exeter, UK
For further information please visit:
<http://www.pms.ac.uk/compmed/symposium>

World Congress on Neck Pain

January 20-22, 2008
Los Angeles, California
For more information on the congress, and the abstract submission procedure please visit:
www.neckpaincongress.org

3rd International Congress of Complementary Medicine Research 2008

March 29 - 31, 2008
Sydney, Australia
Oral abstracts deadline: October 15, 2007
Poster abstracts deadline: December 15, 2007
For more information, please visit: www.iccmr2008.com

Alberta Research Ethics Community Consensus Initiative (ARECCI) Conference - Protecting People While Increasing Knowledge: Ethics in Health Research, Evaluation and Quality Improvement

May 4 - 6, 2008
Calgary, AB
For more information, please visit: www.incamresearch.ca

International Society for Holistic Health's 4th International Conference on Holistic Health: The right medicine: Holistic health and biomedicine

September 17-18, 2008
Lexington, Kentucky
Abstract deadline: November 01, 2007
For more information on the conference, and the abstract submission procedure please visit: <http://www.midirs.org/>

Consortium of Academic Health Centers for Integrative Medicine - Second International Conference

May 13 - 15, 2009
Minneapolis, MN
For further information please visit:
<http://www.imconsortium.org/>

For more events related to CAM research, please visit the Conferences and Education section of IN-CAM's website www.incamresearch.ca.

NEWS FROM IN-CAM PARTNERS

NEWS FROM CCAM



CCAM is supported by the Sociobehavioural Cancer Research Network (SCRN) of the Centre for Behavioural Research & Program Evaluation (CBRPE), with 14 members spanning 10 Canadian institutions.

Financial support is provided by the National Cancer Institute of Canada with funds from the Canadian Cancer Society.

A special issue of the journal *Supportive Care in Cancer* has been electronically published that focuses on CAM and Cancer. Some articles from that issue include:

- Balneaves LG, Truant TL, Kelly M, Verhoef MJ, Davison BJ. [Bridging the gap: decision-making processes of women with breast cancer using complementary and alternative medicine \(CAM\)](#). Support Care Cancer. 2007 Aug;15(8):973-83. Epub 2007 Jul 3.
- Faily J, Oneschuk D. [Acupuncture in palliative care](#). Support Care Cancer. 2007 Aug;15(8):1003-7. Epub 2007 Jul 17.
- Fønnebø V, Verhoef M, Paterson C. [Cancer and complementary medicine: an international perspective](#). Support Care Cancer.



NEWS FROM IN-CAM PARTNERS

- 2007 Aug;15(8):999-1002. Epub 2007 Jul 3.
- Leis A, Millard J. Complementary and alternative medicine (CAM) and supportive care in cancer: a synopsis of research perspectives and contributions by an interdisciplinary team. Support Care Cancer. 2007 Aug;15(8):909-12. Epub 2007 Jul 17.
 - Oneschuk D, Balneaves L, Verhoef M, Boon H, Demmer C, Chiu L. The status of complementary therapy services in Canadian palliative care settings. Support Care Cancer. 2007 Aug;15(8):939-47. Epub 2007 Jul 3.
 - Senn HJ. Supportive Care and CAM-an integrative, but cautious encounter. Support Care Cancer. 2007 Aug;15(8):903-4. Epub 2007 Jul 24.
 - Stephen JE, Mackenzie G, Sample S, Macdonald J. Twenty years of therapeutic touch in a Canadian cancer agency: lessons learned from a case study of integrative oncology practice. Support Care Cancer. 2007 Aug;15(8):993-8. Epub 2007 Jul 3.
 - Stephen JE, Rahn M, Verhoef M, Leis A. What is the state of the evidence on the mind-cancer survival question, and where do we go from here? A point of view. Support Care Cancer. 2007 Aug;15(8):923-30. Epub 2007 Jun 26.
 - Verhoef M, Weeks L, Brazier A, Leis A. Evaluating supportive cancer care: are we missing an opportunity? Support Care Cancer. 2007 Aug;15(8):905-7. Epub 2007 Jul 3.
 - Walji R, Boon H, Guns E, Oneschuk D, Younus J. Black cohosh (Cimicifuga racemosa [L.] Nutt.): safety and efficacy for cancer patients. Support Care Cancer. 2007 Aug;15(8):913-21. Epub 2007 Jun 30.
 - Weeks L, Verhoef M, Scott C. Presenting the alternative: cancer and complementary and alternative medicine in the Canadian print media. Support Care Cancer. 2007 Aug;15(8):931-8. Epub 2007 Jul 12.

NEWS FROM PedCAM



There is no news from PedCAM for this month.

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We invite your questions, comments and suggestions on the bulletin, the website and the network in general. Please contact one of our two Network Coordinators/Nous accueillerons avec plaisir vos questions, commentaires et suggestions à propos du Bulletin, du site Web ou du réseau en général. Veuillez contacter l'une de nos deux coordonnatrices.