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EDITORIAL: WEBSITE RESOURCES-RESEARCH OPPORTUNITIES

IN-CAM strives to facilitate connections between researchers, practitioners, students and others interested in CAM research in order to facilitate resource sharing, and to help build CAM research capacity and a CAM research community. The Research Opportunities pages of our website

(www.incamresearch.ca) have been designed with this goal in mind. The Research Opportunities pages are divided into three main sections:

- 1) **Research Collaboration** – This page is intended to facilitate collaboration on interdisciplinary CAM research. If you are building a research team, would like participate in a research team, are seeking patients for your research or health care centres for a multi-centre trial, or have other research collaboration needs or opportunities available, you may post a message on this page, free of charge, for other IN-CAM members to view.
- 2) **Graduate Student Positions and Employment** – This page is directed primarily at graduate students to encourage their participation in both research and education. If you have an opportunity available for a current or prospective graduate student in the field of CAM research, you may post an announcement on this page, free of charge. We hope this will help academic researchers partner with current or prospective students seeking part-time research work or graduate positions.

- 3) **CAM Research Employment** – This page has a broader focus than graduate students and is intended to facilitate communication around paid or volunteer research positions within the CAM research community. If you need a research assistant, post-doctoral fellow, project director or have another employment opportunity in the field of CAM research, you may post a message on this page.

IN-CAM is committed to supporting researchers, students and others conducting CAM research in Canada. If you have any questions regarding any of these resources or would like to have a research opportunity posted on the website, please contact Laura Vanderheyden (Laura@incamresearch.ca), IN-CAM Coordinator. We ask that you limit your research opportunity description to 150 words.

ÉDITORIAL: RESSOURCES D'INFORMATIONS DU SITE WEB - OPPORTUNITES DE RECHERCHE

IN-CAM s'efforce de faciliter les contacts entre chercheurs, praticiens, étudiants et autres intéressés par la recherche en MAC. Ceci permet de faciliter le partage des ressources et d'aider à construire la capacité et la communauté de recherche en MAC. Les pages "Opportunités de Recherche" de notre site web (www.incamresearch.ca) ont été conçues avec cet objectif en tête. Ces dernières sont divisées en trois parties principales :

- 1) **Collaboration de Recherche** – Cette page a pour but de faciliter la collaboration dans la recherche interdisciplinaire en MAC. Si vous construisez une équipe de recherche, aimeriez participer à une équipe de recherche, recherchez des patients pour votre recherche, recrutez des centres de soins pour une expérience multi-centres ou avez d'autres besoins ou opportunités disponibles en matière de collaboration de recherche, vous pouvez envoyer gratuitement un message sur cette page pour permettre aux autres membres IN-CAM de le consulter.

- 2) **Postes et Emploi des Etudiants en Cycle Supérieur** – Cette page s'adresse principalement aux étudiants en cycle supérieur pour encourager leur participation à la fois à la recherche et à l'éducation. Si vous avez une opportunité disponible pour un étudiant actuel ou futur en cycle supérieur dans le domaine de la recherche en MAC, vous pouvez passer une annonce gratuite sur cette page. Nous espérons que cela aidera les chercheurs académiques à établir des partenariats avec les étudiants actuels ou futurs à la recherche d'un travail de recherche à temps partiel ou d'un poste de stagiaires.



ÉDITORIAL: OPPORTUNITÉS DE RECHERCHE

3) **Emploi de Recherche en MAC** – Cette page a une cible plus large que les étudiants en cycle supérieur et a pour but de faciliter la communication autour des postes de recherche rémunérés ou bénévoles au sein de la communauté de recherche en MAC. Si vous avez besoin d'un assistant de recherche, un chercheur post-doctoral, un directeur de projet ou vous offrez une autre opportunité d'emploi dans le cadre de la recherche en MAC, vous pouvez envoyer un message sur cette page.

IN-CAM s'engage à supporter les chercheurs, les étudiants et les autres qui conduisent la recherche en MAC au Canada. Si vous avez des questions à propos d'une de ces informations ou si vous aimeriez envoyer une opportunité de recherche sur le site web, veuillez contacter Laura Vanderheyden (Laura@incamresearch.ca), coordinatrice IN-CAM. Nous vous demandons de limiter la description de l'opportunité de recherche à 150 mots.

FOCUS ON: NATURAL HEALTH PRODUCTS

Regulation of Natural Health Products in Canada

On January 1, 2004, after an extensive national consultation process including town hall meetings, focused dialogue with specific key stakeholder groups and responses to letters and e-mails, the new regulations governing the manufacture, packaging, labelling, storage, importation, distribution, and sale of natural health products in Canada came into effect. A transition period of up to six years will allow for the enforcement of the regulation to be phased in.

The proposed regulations are composed of several main components: definitions, product licensing, adverse reaction reporting, site licensing and good manufacturing practices, clinical trials and labelling/packaging.

Under the new regulations, natural health products (NHPs) are defined as one of the following substances:

- A. A plant or plant material, alga, fungus or non-human animal material;
- B. An extract or isolate of (A), the primary molecular structure of which is the same as that which it had prior to its extraction or isolation;
- C. A vitamin or any of its salts or derivatives;
- D. An amino acid or any of its salts;
- E. An essential fatty acid;
- F. A synthetic duplicate of (B) to (E);
- G. A mineral; or
- H. A probiotic (a term that is defined in the Regulations and is intended to capture such things as acidophilus), which are manufactured, sold or represented for use in:
 - I. The diagnosis, treatment, mitigation or prevention of a disease, disorder, or abnormal physical state of its symptoms in humans;
 - II. Restoring or correcting organic functions in humans; or
 - III. Maintaining or promoting health or otherwise modifying organic functions in humans.

It is important to note that NHPs derived synthetically are also specifically included in the definition of a NHP. All homeopathic preparations and traditional medicines are specifically defined as NHPs in addition to the medical substances identified in the list above. An exclusion list specifically identifies substances that are not included

in the definition of NHPs (e.g., antibiotics, tobacco, marijuana, any injected substance). A full range of health claims, including structure-function, risk-reduction, and therapeutic or treatment claims, will be allowed for NHPs, provided that acceptable evidence exists to support the claim. All NHPs will require pre-market approval by the Natural Health Products Directorate (NHPD), which is a significant difference from the regulation of dietary supplements in the United States.

For more information about the NHP regulations, or research and education around NHPs, please see visit the NHPD website at <http://www.hc-sc.gc.ca/hpfb-dgpsa/nhpd-dpsn/>.

Heather Boon, BScPhm, PhD, Leslie Dan Faculty of Pharmacy, University of Toronto

Natural Health Product Research Society of Canada

The Natural Health Products Research Society of Canada (NHRSC) was incorporated as a non-profit learned society in the Fall of 2003. The NHRSC was created by a group of natural health product (NHP) researchers who share a vision of making Canada an example for high-quality standards on all aspects of NHP research.

The mission of the NHRSC is "to facilitate, support and promote education and meaningful, scientifically rigorous research on NHPs, in order to protect and promote the health of Canadians by enabling the safe, informed and appropriate use of NHPs that are of high quality, safe and efficacious". In short, the overriding objective of the NHRSC is to do all it can to make Canadian research on NHPs gain in funding, quality, vigour and respect. More specifically, the NHRSC sees itself playing a key role in ensuring the development of NHP research training and educational programs, promoting and organizing a much-needed, fair and appropriate peer-review process for NHP-related grant applications, leading a national effort to foster interdisciplinary NHP research and mediating appropriate NHP knowledge transfer and translation.

The First Conference on NHP Research, held recently in Montreal under the auspices of the NHRSC and with the principal support of the NHPD, surpassed all expectations in terms of the level of enthusiasm and quality that characterizes current Canadian NHP research.



The NHRSC also hopes to be proactive in helping to develop national product quality standards, reference materials and validated methods pertaining to NHP research.

The NHRSC's mission and objectives are distinct from those of the IN-CAM network, yet the two organisations are very "complementary". The most important difference between the two organizations is that the NHRSC focuses on NHPs only and IN-CAM embraces all CAM research. NHRSC also has a greater emphasis on basic science research than IN-CAM. We will collaborate closely as we work toward the common goal of helping to ensure that Canadians have a safe and efficacious access to all approaches that can help them maintain sound health!

Pierre Haddad, PhD, Vice-President, Natural Health Product Research Society of Canada

PROFILE: NHP RESEARCH IN CANADA

Natural Health Products Regulations: Perceptions and Impact



Heather Boon (Leslie Dan Faculty of Pharmacy, University of Toronto) and her colleagues (Jillian Cohen, also at the Faculty of Pharmacy, University of Toronto; Timothy Caulfield Faculties of Law and of Medicine and Dentistry, University of Alberta; and Tracey Bailey, Health Law Institute, University of Alberta) are building a program of research to assess how the new regulations governing the manufacture, importation and sale of natural health products (NHPs) will impact Canadians.

This program will involve a number of different stakeholder groups including: the public; health care providers (e.g., physicians, pharmacists, complementary/alternative health care practitioners); third party payers (e.g., private and public health insurance); industry (e.g., manufacturers and importers of food, NHPs and pharmaceuticals) and policy makers (e.g., provincial/territorial Ministries of Health). The overall goal of this program of research is to assess how the implementation of these regulations will impact Canadians.

This program of research will include 5-6 individual research projects and will use a multi-method approach, combining both qualitative and quantitative methods. In some cases, graduate students will be mentored through the process of designing and carrying out projects that fulfill one or more of the general project objectives. In addition, a full-time research assistant will ensure coordination between all projects and research teams. Key components of this program of research will include key informant interviews with stakeholder representatives, stakeholder focus groups, documentary analysis, and surveys. The research program has received three years of funding (with the ability to renew) from the Advanced Foods and Materials Network (AFMnet) as part of their successful National Centre of Excellence (NCE) application.

CIHR New Emerging Team to study potential anti-diabetic plants used by the Cree Nation of northern Quebec



The CIHR, through its Institute for Aboriginal People's Health (IAPH), recently awarded a three-year \$900,000 grant to Dr. Pierre S. Haddad of the Université de Montréal and his colleagues to study plants used by the Cree Nations of the James Bay territory in Quebec that have strong anti-diabetic potential. The multidisciplinary team gathered by

Dr. Haddad will begin with an ethnobotanical survey of Cree healers and Elders. Using some 15 symptoms related to diabetes, the team will rank the plants to identify those with the highest anti-diabetic potential. Crude extracts will then be prepared and analyzed by state-of-the-art phytochemical methods. Standardized extracts will be administered to animal models of diabetes and screened by cell-based bio-assays of insulin secretion (pancreatic cells) or of insulin action (liver, muscle and adipose cells). In doing so, the New and Emerging Team (NET) hopes to provide rigorous scientific evidence for positive biological activity for the most promising anti-diabetic plants. In the longer term, the project aims to re-introduce these standardized extracts into the Cree nutrition and culture and to conduct pilot clinical studies with newly diagnosed Cree individuals diagnosed with diabetes (alternative therapy) and with Cree individuals diagnosed with diabetes as an adjunct to conventional monotherapy (complementary therapy).

Plant taxonomist Alain Cuerrier, Ph.D., who is responsible for the First Nations Garden at the Montreal Botanical Gardens, is in charge of the ethnobotanical survey and taxonomic identification of the plants. He is supported by Timothy Johns, Ph.D., Director of the Center for Indigenous People's Nutrition and the Environment (CINE) of McGill University, who has extensive worldwide experience with ethnobotanical research. Phytochemist John Thor Arnason, Ph.D., of the University of Ottawa, will be responsible for the preparation of the standardized plant extracts and for their chemical analysis. Team leader and pharmacologist, Pierre S. Haddad, Ph.D., will pair up with Marc Prentki, Ph.D., diabetes physiologist and Co-director of the Montreal Diabetes Center (a joint research venture between Université de Montréal and McGill University), to carry out the animal studies and bio-assays. Last but not least, Manon Dugas, M.Sc. R.N., who is responsible for the reinsertion of traditional practices at the Cree Board of Health and Social Services of James Bay (CBHSSJB), completes the team and plays a pivotal role in ensuring harmonious interactions between the Cree communities and the rest of the team. Several graduate students, post-doctoral fellows and other research staff (many of Cree origin) will also be involved in this truly multidisciplinary project.

Une nouvelle équipe de recherche est formée par les IRSC pour étudier l'activité biologique des plantes réputées anti-diabétiques utilisées par les Nations Cris du nord du Québec

Les IRSC, à travers l'Institut de la santé des autochtones (ISA), a récemment octroyé une subvention de \$900,000 échelonnée sur trois



ans au Dr. Pierre S. Haddad de l'université de Montréal et à ses collaborateurs afin de leur permettre d'étudier les plantes utilisées par les Nations Cris du territoire de la Baie James au Québec contre le diabète. L'équipe multidisciplinaire recrutée par le Dr. Haddad recueillera d'abord des données ethnobotaniques auprès des Aînés et des guérisseurs Cris. À l'aide d'une liste de 15 symptômes associés avec le diabète, les plantes mentionnées seront classées en fonction de leur potentiel anti-diabétique. Les plus prometteuses seront soumises à l'extraction et analysées selon les techniques de pointe en phytochimie. Les extraits normalisés seront administrés chez des modèles animaux du diabète ou scrutés à l'aide de bio-essais pour leur capacité à induire la sécrétion d'insuline (cellules pancréatiques) ou à augmenter la sensibilité à l'insuline des cellules cibles (foie, muscle squelettique, graisse). Ce faisant, la nouvelle équipe entend fournir des données probantes en appui à l'activité biologique des plantes anti-diabétiques les plus prometteuses. Par la suite, le projet vise à ré-introduire ces extraits normalisés dans l'alimentation Cri d'une manière respectueuse de leurs coutumes et habitudes de vie. Finalement, une étude clinique pilote est projetée pour évaluer l'impact de la phytothérapie chez des diabétiques nouvellement diagnostiqués (thérapie alternative), de même que chez des diabétiques traité en monothérapie conventionnelle (thérapie complémentaire).

Le botaniste Alain Cuerrier, Ph.D., responsable du Jardin des Premières Nations au Jardin botanique de Montréal, sera chargé de piloter l'enquête ethnobotanique et d'assurer l'identification taxonomique des plantes. Il sera appuyé par Timothy Johns, Ph.D., Directeur du Centre pour la nutrition et l'environnement des peuples autochtones (CINE) de l'université McGill, qui possède une renommée internationale en matière de recherche ethnobotanique. Le phytochimiste John Thor Arnason, Ph.D., de l'université d'Ottawa s'occupera de la normalisation et de l'analyse chimique des extraits de plantes. Directeur de l'équipe et pharmacologue, Pierre S. Haddad, Ph.D., fera équipe avec Marc Prentki, Ph.D., diabétologue et co-directeur du Centre de recherche sur le diabète de Montréal (une entreprise conjointe des universités de Montréal et McGill). Ensemble, ils effectueront le criblage pharmacologique des extraits à l'aide des bio-essais et des études animales. L'équipe est complétée par la présence de Manon Dugas, M.Sc. R.N., responsable de la valorisation des approches traditionnelles au sein du Conseil Cri de santé et de services sociaux, qui verra à développer et à entretenir les relations harmonieuses entre les communautés Cris et les autres membres de l'équipe. Plusieurs étudiants aux cycles supérieurs, chercheurs post-troisième cycle et autres personnels de recherche, beaucoup d'origine de Cri, aussi participeront à ce projet d'envergure qui se veut un modèle multidisciplinaire.

RESEARCH SHOWCASE: USE OF NHP BY CANADIAN CANCER PATIENTS

Anne Leis,¹ Marja Verhoef,² Michelle Deschamps,³ Richard Doll,⁴ Leonard Tan¹, Ron Dewar,⁵

¹University of Saskatchewan; ²University of Calgary; ³Direction de la Santé Publique; ⁴British Columbia Cancer Agency; ⁵Cancer Care Nova Scotia



While the use of natural health products (NHP) by cancer patients has increased worldwide, little research documents these trends in Canada. We conducted a secondary analysis of a large Canadian database to: 1) assess complementary and alternative medicine (CAM) use (including NHP use) by cancer patients; and 2) explore what may determine reliance on NHP compared to other CAM modalities.

The database consisted of data collected in a Canada wide survey of CAM use in cancer patients. The stratified random sample was drawn from the Provincial Cancer Registry database in 6 Canadian provinces (British Columbia, Alberta, Saskatchewan, Ontario, Quebec and Nova Scotia). In total 2634 patients had their name forwarded to a centralized call-centre and 2064 (79%) completed a 30-minute telephone survey, on average 16 months after diagnosis. This survey included information about respondents' demographic characteristics, cancer treatment and CAM use (including NHP use) for both their general health and for their cancer.

Prevalence of CAM use for general health was 43% (n=889) with a mean use of 3.76 types of CAM per user. Out of these 889 patients, 761 (86%) used at least one NHP. Among the 761 NHP users, 68% were using only body modalities whereas 32% were using NHP in combination with modalities from other paradigms (mind-body; body-energy; body-spirit)¹. Highest utilization was found for multivitamins (29%), vitamins E (23%), vitamin C (23%), vitamin B-

complex (12%), calcium (12%), Essiac (11%) and Green Tea (10%). Thirty four percent of users began using these NHP when they were diagnosed, 27% around surgery, 15% while undergoing conventional cancer treatment and 24% after completion of conventional treatment. Main reasons for use included:

- Increase sense of well-being and quality of life (22%);
- Strengthen immune system (22%);
- Fight cancer (15%);
- Increase energy (11%); and
- Help with treatment side effects (8%).

Sources of information for CAM and NHP use that patients most often accessed were friends or family, including other cancer patients (32%) and media articles and advertisements (20%). Only 4% of users reported that NHP were not helpful. The following variables were found to be associated with NHP use: degree of satisfaction with cancer care; disease and treatment related issues; beliefs in CAM; having refused conventional treatment at some point; discussion with health care professionals and preferring to make decisions about treatment.

In conclusion, findings suggest that cancer patients turn to NHP more often than other types of CAM therapies. The vast majority of NHP users found benefit and few adverse reactions were reported. Future studies should further assess what "benefit" means to different patients and the context within which NHP are used. Efficacy studies on the most commonly used NHP should be a priority.

¹Tataryn DJ. Paradigms of health and disease: A framework for classifying and understanding complementary and alternative medicine. *J Altern Complement Med.* 2002 Dec;8(6):877-92.

Note: This research was funded by the National Cancer Institute of Canada, with funds from the Canadian Cancer Society.



CAM RESEARCH UPDATE

RECENT ARTICLES

- Baldwin CM, Kroesen K, Trochim WM, Bell IR. Complementary and conventional medicine: a concept map. BMC Complement Altern Med. 2004 Feb 3;4(1):2.
- Barnes L, Risko W, Nethersole S, Maypole J. Integrating complementary and alternative medicine into pediatric training. Pediatr Ann. 2004 Apr;33(4):256-63.
- Ernst E, Cohen MH, Stone J. Ethical problems arising in evidence based complementary and alternative medicine. J Med Ethics. 2004 Apr;30(2):156-159.
- Fadlon, J. Unrest in Utopia: Israeli patients' dissatisfaction with non-conventional medicine. Soc Sci Med. 2004;58(12):2421-2429.
- Kalish LA, Buczynski B, Connell P, Gemmel A, Goertz C, Macklin EA, Pian-Smith M, Stevens S, Thompson J, Valaskatgis P, Wayne PM, Zusman RM. Stop Hypertension with the Acupuncture Research Program (SHARP): clinical trial design and screening results. Clin Trials. 2004 Feb;25(1):76-103.
- Lafferty WE, Bellas A, Corage Baden A, Tyree PT, Standish LJ, Patterson R. The use of complementary and alternative medical providers by insured cancer patients in Washington State. Cancer. 2004 Apr 1;100(7):1522-30.
- Mercer SW, Reilly D. A qualitative study of patient's views on the consultation at the Glasgow Homeopathic Hospital, an NHS integrative complementary and orthodox medical care unit. Patient Educ Couns. 2004;53:13-18.
- Welsh S, Kelner M, Wellman B, Boon H. Moving forward? Complementary and alternative practitioners seeking self-regulation. Soc Health Illn. 2004 Mar;26(2):216-41.
- White A. Towards greater safety in acupuncture practice—a systems approach. Acupunct Med. 2004 Mar;22(1):34-9.

OTHER PUBLICATIONS

NCCAM Spring Newsletter Online

The Spring 2004 issue of *CAM at NIH* newsletter is now online (<http://nccam.nih.gov/news/newsletter/index.htm>). This issue features botanical research.

The Mainstreaming of Complementary and Alternative Medicine: Studies in Social Context. Tovey P, Easthope G, Adams J. (editors). New York: Routledge; 2004.

Complementary and alternative medicine (CAM) is a major component of health care in most modern societies. While there is increasing recognition of the need for more research in this area. It is frequently argued that such research should be directed towards establishing 'evidence' that will provide 'answers' to policy questions. However, complementary medicine is also a topic worthy of study in its own right as a historically contingent social product, and it is this sociological agenda that underpins 'The Mainstreaming of Complementary and Alternative Medicine'.

Contributors to the book come from the UK, USA, Canada, Australia and New Zealand. They draw on their own research to explore issues such as the role of consumers as activists; the rhetoric of individual responsibility; the significance of evidence-based medicine; and con-

tested boundaries in the workplace. The book also discusses specific processes relating to CAM practitioners, GPs and nurses.

Stepping back from the immediate demands of policy-making, 'The Mainstreaming of Complementary and Alternative Medicine' allows a complex and informative picture to emerge of the different social forces at play in the integration of CAM with orthodox medicine. Complementing books that focus solely on practice, it will be relevant reading for all students following health sociology, health studies or healthcare courses, for medical students and medical and healthcare professionals, as well as academic CAM specialists.

Philip Tovey is Principal Research Fellow, School of Healthcare Studies, University of Leeds. Gary Easthope is Reader in Sociology, School of Sociology and Social Work, University of Tasmania. Jon Adams is Lecturer in Health Social Science, School of Medical Practice and Population Health, University of Newcastle, Australia.

Using Alternative Therapies: A Qualitative Analysis

Low J. Toronto: Canadian Scholars' Press Incorporated; 2004. This book provides a distinctive sociological inquiry into the perspectives and social issues surrounding the use of alternative therapies. Dr. Low presents the experiences of twenty-one Canadians who use alternative approaches to health care. Her study foregrounds the lay perspective by using a symbolic interactionist approach, which emphasises individuals' own understanding of reality as a basis for their actions.

Dr. Low analyses how and why the participants in the study came to use alternative therapies; the ideologies informing the models of health and healing they espouse; the impact these beliefs have on them, and the implications of their experiences for Canadian health care policy.

The people she spoke with sought out alternative approaches in order to solve health problems for which they had previously found little or no redress. In using alternative therapies they developed ever-expanding networks of alternative health care, composed of alternative practitioners, health care professionals, and other lay users of alternative therapies. Through participating in alternative approaches, and interacting with others who use them, these informants began to take on alternative ideologies of health and healing. For some, these beliefs became a mechanism through which they transformed their subjective perceptions of health status for the better. Others became so enamoured of alternative approaches to healing that they sought training as practitioners. All of the participants found that they had to manage the socially constructed deviant identities they acquired through their participation in alternative therapies.

Dr. Jacqueline Low is an Assistant Professor in the Department of Sociology, University of New Brunswick. Her areas of research specialisation include: lay use of alternative health care, chronic illness and disability, deviant behaviour, and qualitative research methods. *For more information or to order a copy of this book contact Rénee Knapp (rknapp@cpsci.org).*



Marginal to Mainstream: Alternative Medicine in America

Ruggie M. New York: Cambridge University Press; 2004

A description of this book can be found at: <http://titles.cambridge.org/catalogue.asp?isbn=0521542227>.

OF INTEREST

NETWORK NEWS

First Annual IN-CAM Symposium and Call for Abstracts

This is a reminder that the deadline for abstract submissions for IN-CAM's First Annual Symposium 'Increasing CAM Research Capacity and Networking in Canada' is June 30th. Please visit the IN-CAM website (www.incamresearch.ca) for the call for abstracts and more information on the symposium.

Volunteers

We would like to thank those members of IN-CAM who have volunteered to help us with our various subcommittees. We look forward to working with you to build a successful Network. Others interested in volunteering should contact one of our Network Coordinators (see contact information at the end of the Bulletin).

Research Priority Setting Process

We would also like to thank those members who participated in the first round of our research priority setting process. Your feedback was very insightful. We welcome everyone's participation in the second round of the process, which is now underway.

What To Do if You Forget your IN-CAM Username or Password / Que faire si vous oubliez votre nom d'utilisateur ou votre mot de passe IN-CAM

If you forget your username or password to login into the IN-CAM web site, and can't locate the confirmation email you were sent when you first signed up as a member, please follow these instructions.

Click on the arrow beside the username and password fields in the login box. You will be taken to a forgot password page. On this page, if you enter the same email address that we have in the IN-CAM database, both your username and a new randomly generated password are sent to that email address. Then, once you're in the site, you can change your password using the "change password" option, located under the member information page.

Si vous oubliez votre nom d'utilisateur ou votre mot de passe IN-CAM et ne pouvez pas retrouver l'e-mail de confirmation qui vous a été envoyé quand vous vous êtes enregistré(e) comme membre pour la première fois, veuillez suivre ces instructions.

Dans la fenêtre d'enregistrement, cliquez sur la flèche à côté du nom d'utilisateur et du mot de passe. Vous serez dirigé(e) vers une page "oubli du mot de passe". Sur cette page, si vous entrez la même adresse e-mail que celle de la base de données IN-CAM, votre nom d'utilisateur ainsi qu'un nouveau mot de passe généré aléatoirement seront envoyés à cette adresse e-mail. Alors, une fois que vous êtes dans le site, vous pouvez changer votre mot de passe en utilisant l'option "changer votre mot de passe", située dans la page "profil de membre".

UPCOMING EVENTS

Spirituality and Health - 3rd North American Multidisciplinary

Conference—May 27 - 29, 2004, Calgary, AB
For further information, please visit www.cme.ucalgary.ca/courses/8100343.html, or contact Andrea Kinloch (kinloch@ucalgary.ca).

3rd Annual CAMera Research Symposium: Building Research Literacy and Capacity: Expanding Horizons

—June 19, 2004, Calgary AB
Please visit www.cameraresearchnetwork.ab.ca for further information, or contact Lana Trojan, (Istrojan@ucalgary.ca).

Integrated Chronic Disease Prevention: Getting it Together

—November 6-8, 2004, Ottawa, ON
For more information, please visit www.cdpc.ca.

11th Annual Symposium on Complementary Health Care

—Nov 17 - 19, 2004, Exeter, UK
The deadline for abstract submission is July 30, 2004. Abstract guidelines may be found at www.exeter.ac.uk/FACT.sympo.

Society for Integrative Oncology: 1st International Conference

—Nov 17 - 19, 2004, Mt. Royal, New Jersey USA
Abstracts are due on June 1, 2004. Please visit www.integrativeonc.com for conference information.

First Annual IN-CAM Symposium: Increasing CAM Research Capacity and Networking in Canada

—Dec 4-5, 2004, Toronto, ON
Abstracts are due on June 30, 2004. Please visit www.incamresearch.ca for more information on the symposium.

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

CONTACT US /

N'HÉSITÉZ PAS À NOUS CONTACTER

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:

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