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FOCUS ON / LE POINT SUR: CAM and Cancer	2	Receiving a cancer diagnosis usually comes as a shock and despite statistics that show that, on average, about half of all people diagnosed with cancer will survive, most patients are concerned about survival. At the same time, cancer patients struggle to make decisions about available treatment options, most of which are associated with major side effects. Often, it is then that they begin to explore CAM treatment options and soon realize that there is little or no information available about CAM treatments for cancer.
PROFILE / PROFIL: Lynda Balneaves	5	Use of CAM for cancer is significant. A survey conducted in 1998, showed that 45% of Canadians with cancer used CAM. Most commonly used are herbal treatments, mind-body approaches, acupuncture, spiritual therapies, nutritional therapies and massage therapy. Evidence of efficacy and safety for many complementary treatments is still lacking, in particular with respect to curing cancer or preventing a recurrence. However, increasingly evidence is becoming available that mind-body and spiritual approaches, acupuncture and acupressure, massage therapy and selected herbs are effective with respect to pain and symptom control, reducing the side effects of conventional cancer treatments and improving overall well-being. Many cancer patients do indeed use CAM for these reasons. In addition, they indicate that using CAM fosters hope, allows regaining a sense of control and fits with their belief system. In fact, what many patients allude to is that they believe in a body-mind-energy and spirit connection, through which they seek healing and recovery, and that they desire whole person care.
CAM RESEARCH UPDATE / MISE À JOUR - RECHERCHES EN MAC: Research Grants Recent Publications	5	While change is slowly occurring, health care delivery models in which physicians, CAM practitioners and patients work together to develop the best management plan and in which patients have access to clear, unbiased, easily accessible information about CAM are still rare. After a public talk about Cancer and CAM sponsored by the Canadian Cancer Society I gave recently, many of those attending asked important and challenging questions about what we, researchers, are doing to increase evidence and to contribute to the development of integrative health care. They also wanted to know what research is currently going on in Canada!
OF INTEREST / D'INTÉRÊT: Upcoming Events	5	Clearly IN-CAM's Advisory Board has made wise decisions about its future strategic directions: we need more information about health care delivery and policy and about enhancing strategies to study CAM efficacy and safety. In addition, we always will need to keep in mind how our research results can be translated to the public, practitioners and policy makers.
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EDITORIAL: LE CANCER ET LES MAC

Marja Verhoef, PhD

Recevoir un diagnostic de cancer vient généralement comme un choc et malgré les statistiques qui indiquent qu'en moyenne environ la moitié des gens diagnostiqués avec un cancer survivront, la plupart des patients sont préoccupés avec la survie. C'est avec difficulté que ces patients évaluent les divers traitements disponibles, dont la plupart ont des effets secondaires graves. C'est souvent à ce moment qu'ils réalisent qu'ils n'ont pas ou qu'ils ont très peu de renseignements sur les MAC pour le traitement du cancer.

L'utilisation des MAC comme traitement pour le cancer est considérable. Une enquête réalisée en 1998 a montrée que 45% des canadiens atteints du cancer utilisaient des MAC. Les plus fréquemment employées sont les traitements à base de plantes médicinales, l'acupuncture, les thérapies de l'esprit et du corps ainsi que les thérapies spirituelles, les suppléments nutritifs

et la massothérapie. L'évidence de l'efficacité et de la sécurité pour plusieurs traitements complémentaires manque encore, particulièrement pour guérir le cancer ou prévenir la réactivation. Toutefois, il y a de plus en plus de preuves que les thérapies corps-esprit et spirituelles, l'acupuncture et l'acupressure, la massothérapie et certaines plantes médicinales sont efficaces pour contrôler la douleur et les symptômes, réduire les effets secondaires des traitements conventionnels pour le cancer et améliorer le bien-être général. Plusieurs patients souffrant du cancer utilisent les MAC pour ces raisons et ils indiquent aussi que l'utilisation des MAC favorise l'espoir, leur permet de regagner le sentiment de maîtriser leur vie et concorde avec leur système de



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croyances. En effet, plusieurs patients indiquent croire à une connection entre l'énergie de l'esprit et du corps favorisant le processus de guérison. Ces patients désirent soigner la personne dans son ensemble.

Les modèles de prestation des services de soins de santé dans lesquels les médecins, les professionnels de la santé en MAC et les patients travaillent ensemble pour développer le meilleur plan de gestion dans lequel les patients ont accès à des renseignements clairs, impartiaux et facilement accessibles sur les MAC sont encore rares. Suivant une discussion publique sur le cancer et les MAC parrainée par la Société canadienne du cancer que j'ai donnée récemment, plusieurs participant(e)s ont

posé des questions importantes et difficiles sur ce que nous, les chercheurs, font afin d'augmenter les preuves et pour contribuer au développement des approches intégratives des soins de santé. Ils voulaient aussi savoir quels projets de recherche se passent au Canada en ce moment.

Il est évident que le Comité de consultation d'IN-CAM a fait de sages décisions à propos de ses directions stratégiques: nous avons besoin de plus de renseignements sur la prestation et la politique des services de santé et sur l'amélioration des stratégies d'étude de l'efficacité et de la sécurité des MAC. En plus, nous devons toujours garder à l'esprit comment les résultats de recherche pourraient être transférés au public, aux professionnels de la santé et aux responsables des politiques.

FOCUS ON: CAM AND CANCER

INTRODUCING THE CANCER COMPLEMENTARY AND ALTERNATIVE MEDICINE (CCAM) RESEARCH TEAM

Anne Leis, PhD¹, Marja Verhoef, PhD², Heather Boon, PhD³, Richard Doll, MSW⁴, Emma Guns, PhD⁵, Maeve O'Beirne, MD, PhD², Jawaid Younus, MD⁶, Doreen Oneschuk, MD⁷, Joanne Stephen, PhD⁴, Lynda Balneaves, PhD⁸, Lyren Chiu, PhD⁸, Jean Paul Collet⁹, Michael Chung¹⁰, Jennifer Millard, BA¹

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Approximately 50% of people affected by cancer are now using CAM for their care; this fact raises significant issues related to safety, efficacy, reasons for use, determinants of use, preventative use and so on. The **Cancer Complementary & Alternative Medicine Research Team**, known as CCAM, was established in 2000 as part of the Sociobehavioural Cancer Research Network of the Centre for Behavioural Research and Program Evaluation funded by the National Cancer Institute of Canada to conduct research that will impact people affected by cancer, communities, populations, and policies. The CCAM mission is to: 1) generate new knowledge about CAM treatment and healing approaches; and 2) promote and disseminate person-centered, evidence-based practices that include the safe, effective and informed use of CAM throughout the cancer control continuum.

A coherent research program was established around the sociobehavioural aspects of CAM and cancer, including CAM



utilization studies, exploration of appropriate methodologies to evaluate CAM interventions, CAM trials, evidence-based decision-making and information dissemination. Current work is focusing on specific therapies such as ginseng, therapeutic touch, massage and quality of life of people living with cancer. Other topics include the role of evidence in CAM use, CAM education for health professionals, risk communication, information needs and perceptions of CAM, as well as research on cross-cultural and integrated health care systems, such as Traditional Chinese Medicine.

Twelve researchers and practitioners plus one coordinator form this synergistic, cohesive multi-site and interdisciplinary Canadian research team. Bi-annual meetings and central coordination provide support for networking and developing collaborative projects. The team environment allows for efficient, collaborative, and timely work that individuals could not easily complete alone. Capacity building, mentorship and student training are also pivotal aspects of the team and critical to its success. Since its inception, the team has established itself as a leading expert in CAM and cancer research across Canada, often receiving referrals and inquiries.

The team is eager to partner with other CAM organizations in order to develop and share information. The team is pursuing links with health



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services and policy research, as well as population health research where CAM is specifically mentioned. Links have been developed with various CAM organizations, such as INCAM and the International Society for CAM Research. In addition, working relationships have been forged with cancer organizations, such as the National Cancer Institute of Canada Clinical Trials Group, the BC Cancer Agency, Cancer Information Service of the Canadian Cancer Society and the Canadian Association of Provincial Cancer Agencies.

The team plans to expand its current work by engaging in applied research in knowledge translation (KT) with the assistance of a KT expert, and also diversify publications to both referred and lay journals. For more information about CCAM, please contact Jennifer Millard, Team Coordinator at millard@sask.usask.ca.

Acknowledgement: Financial support is obtained from the National Cancer Institute of Canada with funds from the Canadian Cancer Society.

THE CENTRE FOR INTEGRATED HEALING

Karen Cooke, MA

The Centre for Integrated Healing is a non-profit organization in Vancouver that provides integrative cancer care to patients and their families. The Centre's approach to care is embodied in its Introductory Program (IP), physician visits and access to associate practitioners. The IP is two days of seminars and experiential sessions that introduce the concepts of integrative cancer care and healing, and also explore meditation, healthful nutrition, visualization, group sharing, decision-making and other issues. In addition, the program provides an opportunity to discuss with the Centre's practitioners a wide variety of complementary cancer care modalities and their integration with conventional treatments. Following the IP, clients schedule their two initial doctor visits (each 1.5 hours in length); these may be followed by an unlimited number of 30-minute follow-up visits. Physician visits are free of charge, paid for through the BC Medical Services Plan. Clients may also choose to book appointments with one or more of the Centre's associate practitioners who include a naturopath, a doctor of Traditional Chinese Medicine, a massage therapist, a nutritionist and a music therapist. Physicians and associate practitioners work closely together in supporting clients to create their own integrated healing program. At the heart of the Centre's philosophy of cancer care is the recognition that personal autonomy, personal choice and self-care play an essential role in the healing process. Another important aspect of the Centre's approach is an emphasis on the safe and effective integration of conventional and complementary treatments.

The Centre sees approximately 400 new clients each year who have been diagnosed with a wide variety of cancers at all stages. The vast majority of these individuals have had, or will receive, conventional treatments and choose to come to the Centre to explore additional ways of managing their cancer. Centre doctors (who are general practitioners) play a role as adjunctive care providers; clients are expected to maintain their relationships with their own family physicians and specialists.

In addition to providing care to clients and their families, the Centre is involved in outreach and research activities. Some examples of outreach include: public and corporate presentations on cancer prevention and wellness; assistance to other organizations in setting up integrated clinics; and mentorship to medical students. Research at the Centre is undertaken mainly for three purposes: to provide support to clients, the medical staff and the public; to provide support to CAM and cancer researchers; and, to complete specific projects. Research support involves assisting other research teams (e.g. by recruiting study participants), maintaining an up-to-date, accessible database on cancer and CAM, and preparing regular "research updates". Researchers at the Centre are currently completing two projects. The first is a pilot observation study of 46 clients, utilizing mixed methods (surveys, focus groups and interviews) to develop a clear understanding of the client experience of integrative cancer care. The second is a retrospective chart review of Centre patients who were diagnosed with lung, colorectal, breast or prostate cancer between 1992 and 2000, to determine whether there was a measurable difference in survival between Centre patients and others with the same diagnosis who received conventional care only. The Centre is hopeful that these exploratory studies will provide the foundation for an expanding research program in the next few years.

LEUCAN- A MESSAGE PROGRAM FOR CHILDREN WITH CANCER—AND THEIR PARENTS

Andréa Maria Laizner, PhD and Lyse Lussier, Honorary Member, Fédération des massothérapeutes du Québec

Years later, what do children remember about their cancer experience? Andréa Maria Laizner and Lyse Lussier joined forces to better understand the benefits of massage therapy for people with cancer and their families. Together, they set up focus groups with children and parents about their recollections of therapeutic massage as part of cancer treatment. Their findings, presented at the December 2004 PedCAM/IN-CAM Symposium in Toronto, showed that massage not only relieved children's pain and discomfort but also relieved parents' suffering at seeing their child suffer.





FOCUS ON: CAM AND CANCER

Laizner, who holds a Ph.D. in nursing, is affiliated with the McGill University Health Centre, McGill School of Nursing, Faculté des sciences infirmières and Hôpital Sainte-Justine CHU Mère-Enfant of the University of Montreal. Lussier, an educator with Ecole Guijek and massage therapist, is Director of Programs, Services and Research at LEUCAN, an association that provides support for children with cancer and their families. They met with former massage program participants (seven mothers, two fathers, and seven children) to explore the benefits of LEUCAN's hospital-based massage therapy program for children with cancer, offered since 1988. In the past year alone, LEUCAN has provided 3,000 massages.

"Both nurses and massage therapists are interested in comfort as an outcome of our interventions," says Laizner. "We heard children and parents talk about suffering. Mothers say that their suffering is lessened when their child begins to smile again. Being offered a massage shows the child and parent that there are still people who will touch them and provide comfort. Massage opens you up mentally and physically – both adults and children. It offers a distraction –

your mind can go somewhere else."

Most of the children described the benefits of reduced pain or discomfort such as muscle tension, and relaxation or distraction, while others mentioned improved sleep. One teenaged boy recalled: "It was a positive time in the day...When I would see the doctor arrive, I would tremble. When I'd see the massage therapist, I'd be relieved."

LEUCAN also offers massage at home and at a summer camp held near Quebec City for families of children with cancer. "Most parents explained that they did not want to receive a massage in the hospital, as they did not want to deprive their children of massage. However, parents would partake in massage at the summer camp because "it is my turn to relax" Laizner recalls.

"Our next step is to get funding to support a larger study that would use physiological and psychological measurement when assessing the benefits of massage therapy," says Laizner.

CAM AS A FIRST OPTION IN BREAST CANCER TREATMENT

Rona Achilles, PhD

It is well established that a substantial portion of cancer patients use various forms of CAM as an adjunct to conventional treatment. The information needs of cancer patients using CAM has also been acknowledged in the research literature.



However, there is another population of cancer patients which is largely untouched by research—those who choose to use alternative medicine as a first option to treat their cancer and use conventional medicine only for diagnosis. I will limit

my comments to women diagnosed with breast cancer since, as a breast cancer survivor, this is the type of cancer that I am most familiar with.

An exploratory, qualitative study of women who choose alternative medicine to treat their breast cancer would answer some questions of interest. First, what are the factors which influence their decision-making process? Are these women informed about alternative medicine or is their decision based on fear of conventional treatment? Or both? Is their decision based on trust they have in a CAM practitioner? If so, this has implications for the role of the 'healing relationship' in all forms of treatment.

There is a large and well-organized support system for women with

breast cancer (in urban centres) since mental health and self-esteem are dependent on a strong support system throughout treatment and recovery. What kind of support system do women have who choose alternative medicine to treat their breast cancer? Are they embraced by the breast cancer community or are they marginalized because they have made a different choice for their treatment?

What are the responses of families, friends and colleagues to their choice of treatment? (For example, are they still perceived as battling a life-threatening disease? Or, does the use of alternative medicine minimize the fact that they are in treatment for cancer and still need support and time to recover?) What is their perception of how their experience of breast cancer differs from those who use conventional medicine? Are their issues around recovery different or the same as those who use conventional medicine? What kinds of outcomes do they experience?

In a recent issue of Network News (Winter, 2005), the Canadian Breast Cancer Network reports the results of a survey on the financial costs of women with breast cancer (489 respondents). Women who are salaried workers with good benefits are clearly in the best position. Other women report filing for bankruptcy, re-mortgaging their homes, losing their jobs, using up their RRSP's or carrying enormous debt for years. Non-salaried workers and single mothers appear to be most at risk for financial losses. If this is the situation for women who are using Canada's health care system, what are the costs, financial or otherwise for those who step outside the system and pay for their treatment out-of-pocket?

These are just a few of the questions which could be explored in a qualitative study of women who drop through the cracks of research on breast cancer since they are not within the conventional system.



ANNOUNCEMENT: IN-CAM IS LOOKING FOR A BULLETIN EDITOR!

The Canadian Interdisciplinary Network for Complementary and Alternative Medicine (IN-CAM) is looking for an Editor for the IN-CAM Bulletin. The Bulletin is a quarterly Complementary and Alternative Medicine (CAM) research publication that is forwarded to IN-CAM's more than 875 members. Current and previous issues of the Bulletin are also available on the IN-CAM website at:

<http://www.incamresearch.ca/>.

We are looking for an individual with a genuine interest in CAM research to work in close collaboration with the Bulletin Design and Production Coordinator. Knowledge of French is an asset. This is a volunteer position.

The ideal candidate possesses good organizational skills, good verbal and written language skills, and is a team player.

Editor responsibilities include:

- Brainstorming ideas for the general theme of the issue;
- Developing ideas for content;
- Contacting potential Bulletin contributors and guiding them with respect to content and format;
- Editing;
- Reviewing/Proofreading.

Please forward your CV as well as a paragraph describing your interest in this position to:

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PROFILE

Lynda Balneaves, RN, PhD



Dr. Lynda Balneaves is an Assistant Professor in the University of British Columbia (UBC) School of Nursing and a Co-Principal Investigator in the Nursing and Health Behaviour Research Unit (www.nahbr.nursing.ubc.ca) at UBC. She is also currently the Past President of the BC Oncology Nurses Group and is an Associate Editor for the *Canadian Oncology Nursing Journal*. In 2004, Dr. Balneaves received a six-year Research Scientist award from the Canadian Cancer Society.

Following an initial degree in Zoology and a short stint doing acid rain research in Manitoba and Ontario with the federal Department of Fisheries and Oceans, Lynda completed her undergraduate and Masters' degrees in Nursing from the University of Manitoba. She went on to UBC and completed her PhD in Nursing in 2002.

Lynda currently teaches research methods and utilization in the undergraduate nursing program at UBC as well as supervises numerous graduate students. She is passionate about promoting research as an integral part of nursing practice and, to this end, is an Affiliate Nurse Scientist at the BC Cancer Agency. She is also active in the community supporting nurses in developing research projects

that are clinically relevant and informative to their practice.

Having been involved in cancer nursing and palliative care research since the early 1990's, Lynda has expanded her research program in psychosocial oncology to examine the treatment decision-making processes of cancer patients using complementary and alternative medicine (CAM). She is currently the Principal Investigator on two nationally funded studies that explore the information needs and choice behaviour of early stage and advanced breast and prostate cancer patients who are using CAM as part of their cancer care. The goal of this beginning research program is to provide the foundation for future decision and education support interventions that will assist individuals living with cancer and their families make safe and informed decisions about CAM.

In addition, Lynda is pleased to be collaborating with members of the NCIC-SCRN Cancer and Complementary and Alternative Medicine (CCAM) team on two pilot studies focused on CAM utilization within the context of cancer. Recognizing the increasing role of genetics in health care and the growing number of pre-symptomatic individuals aware of their risk for hereditary cancer, the first study explores CAM use by people enrolled in a provincial hereditary cancer program. The second study, involving a secondary data analysis and interviews with health professionals, examines the risk perceptions associated with natural health products held by individuals living with cancer as well as their conventional and complementary health care providers.

CAM RESEARCH UPDATE

Graduate Studentship Grants

The funding goal of the Graduate Studentship Grant program is to support the development of researchers interested in IN-CAM's research priorities. To view IN-CAM's research priority areas, please

visit: <http://www.incamresearch.ca/about/priorities.html>

Awards are usually worth \$5,000-\$10,000. Funding is available for one year (renewable).

Application deadline date: May 15, 2005.



CAM RESEARCH UPDATE

RECENT ARTICLES

Priority Area: CAM Health Care Delivery and Policy

- Bair YA, Gold EB, Azari RA, Greendale G, Sternfeld B, Harkey MR, Kravitz RL. Use of conventional and complementary health care during the transition to menopause: Longitudinal results from the Study of Women's Health Across the Nation (SWAN). *Menopause*. Vol. 12(1)(pp 31-39), 2005.
- Cohen MH, Sandler L, Hrbek A, Davis RB, Eisenberg DM. Policies pertaining to complementary and alternative medical therapies in a random sample of 39 academic health centers. *Alternative Therapies in Health & Medicine*. Vol. 11(1)(pp 36-40), 2005.
- Cohen MH, Hrbek A, Davis RB, Schachter SC, Eisenberg DM. Emerging credentialing practices, malpractice liability policies, and guidelines governing complementary and alternative medical practices and dietary supplement recommendations: a descriptive study of 19 integrative health care centers in the United States. *Arch Intern Med*. 2005 Feb 14;165(3):289-95.
- Dunn JD, Cannon HE, Lewis T, Shane-McWhorter L. Development of a Complementary and Alternative Medicine (CAM) Pharmacy and Therapeutics (P&T) Subcommittee and CAM Guide for Providers. *J Manag Care Pharm*. 2005 Apr-May;11(3):252-7.
- Hirschhorn K.A., Bourgeault I.L. Conceptualizing mainstream health care providers - behaviours in relation to complementary and alternative medicine. *Social Science & Medicine* (2005). 61: 157-170.
- Honda K, Jacobson JS. Use of complementary and alternative medicine among United States adults: The influences of personality, coping strategies, and social support. *Preventive Medicine*. Vol. 40(1)(pp 46-53), 2005.
- Hulme C, Long AF. Square pegs and round holes? A review of economic evaluation in complementary and alternative medicine. *J Altern Complement Med*. 2005 Feb;11(1):179-88.
- Kaptschuk TJ, Miller FG. Viewpoint: what is the best and most ethical model for the relationship between mainstream and alternative medicine: opposition, integration, or pluralism? *Acad Med*. 2005 Mar;80(3):286-90.
- Kim S, Hohmann JL, Clark S, Munoz KN, Braun JE, Doshi A, Radeos MS, Camargo CA Jr. A Multicenter Study of Complementary and Alternative Medicine Usage among ED Patients. *Acad Emerg Med*. 2005 Apr;12(4):377-80.
- Morrow JD, Edeki TI, El Mouelhi M, Galinsky RE, Kovelesky R, Noveck RJ, Preuss C; American Society for Clinical Pharmacology and Therapeutics. American Society for Clinical Pharmacology and Therapeutics position statement on dietary supplement safety and regulation. *Clin Pharmacol Ther*. 2005 Mar;77(3):113-22. No abstract available.
- Park. Jungwee Use of Alternative Health Care. Statistics Canada, Catalogue 82-003, Health Reports, Vol. 16, No. 2, March 2005.
- Oumeish OY. The Cultural and Philosophical Aspects of Pressure, Massage, and Touch Healing as Alternative Therapies. *Skinmed*. 2005 March/April; 4(2):93-100.
- QuickStats: Percentage of Adults Aged >18 Years Who Used Complementary and Alternative Medicine (CAM) During the Preceding 12 Months, by sex - United States, 2002. The National Center for Health Statistics in MMWR Weekly, March 25, 2005; 54 (11): 283.
- Verhoef M, Epstein M, Brundin-Mather R, Boon H, Jones A. Introducing medical students to CAM: Response to Oppel et al [3]. *Canadian Family Physician*. Vol. 51(FEB).(pp 191-192), 2005. Held at Gerstein, U of Toronto
- Willison, K.D., Mitmaker, L., Andrews, G.J. (2005). Integrating Complementary and Alternative Medicine With Primary Health Care Through Public Health To Improve Chronic Disease Management. *Journal of Complementary and Integrative Medicine*; 2(1) Article 2. The Berkeley Electronic Press.

Canadians writing on other CAM topics

- Wayne Kondro. Debate over credibility of natural health product claims. *CMAJ*. April 12, 2005; 172 (8). doi:10.1503/cmaj.050162.

OF INTEREST—UPCOMING EVENTS

Systematic Reviews Methods Workshop for Researchers Interested in Natural Health Products

May 14&15, 2005 - Carrier Place Suite Hotel, Ottawa, Ontario

For more information, please contact Tammy Clifford at:

tclifford@cheo.on.ca or visit: <http://www.incamresearch.ca/events/pdf/SystematicReviews2.pdf>

When the Body Forgets to Heal: An Integrative Approach to Reactivating the Healing Response

May 27-29, 2005 - University of Victoria, Victoria, British Columbia

For more information, please contact info@acpbc.org or visit:

<http://www.bodyheals.ca>

Exploring Health and Healing: Connecting Mind, Body and Spirit

June 1-3, 2005 - Kananaskis, Alberta, Canada

For more information, please visit: <http://www.calgaryhealthregion.ca/healthandhealing/>.

Conference on the Biology of Manual Therapies

June 9-10, 2005 - Bethesda, Maryland

For more information please visit: <http://nccam.nih.gov/news/upcomingmeetings/manual-conference.htm>

4th Annual Complementary and Alternative Medicine Education and

Research Network of Alberta (CAMera) Research Symposium

June 14, 2005 - Edmonton, AB.

Abstract deadline: May 6, 2005. For more information, please

visit: www.cameraresearchnetwork.ab.ca

Information Sessions on Clinical Trials (Natural Health Products Directorate, Health Canada)

June 14, 2005 (Vancouver, BC) AND June 18, 2005 (Ste-Foy, QC) and June 21 (Ottawa, ON).

For more information, please visit: http://www.hc-sc.gc.ca/hpfb-dgpsa/nhpd-dpsn/info_sess_announce_e.html.

The 2005 Society for Arts in Healthcare Conference and the First Canadian International Conference on Arts in Healthcare - No Borders: pARTners in HEALTHcare

June 22-25, 2005 - Sutton Place Hotel, Edmonton, Alberta

For more information, please visit: <http://www.thesah.org/annual>

2nd Annual Research Symposium on Energetic and Spiritual Healing

June 24, 2005 - Colorado Springs, Colorado, USA

For more information, please contact ISSSEEM at issseem2@comcast.net or visit <http://www.issseem.org>



Diversity and Debate in Alternative and Complementary Medicine: 2nd international academic & experiential conference for researchers & practitioners

June 28 - July 1, 2005 - Nottingham University, United Kingdom

For more information please visit: <http://www.brunel.ac.uk/depts/hs/achrn/>

12th Annual Symposium on Complementary Health Care

September 19-21, 2005 - University of Exeter, Exeter, UK

Abstract submissions for platform and poster presentations are invited for the deadline of 1 June 2005.

For further information, please visit: <http://www.pms.ac.uk/compmed/symposium.htm> or contact Barbara Wider at: b.wider@exeter.ac.uk.

Highlighting Massage Therapy in CAM Research

September 25-27, 2005 - Albuquerque, New Mexico, USA

For further information or to view the call for abstracts, please visit:

http://www.massagetherapyfoundation.org/found_news_researchconference.html

Exploring the Mind: Buddhist and Scientific Approaches to Mental Health and Healing

October 14-16, 2005 - University of Toronto

For further information, please visit:

<http://www.religion.utoronto.ca/English/page-7-11046-1.html>

EURO-TCM Congress 2005

November 10-13, 2005 - Berlin, Germany

Abstracts for oral presentations deadline is May 9, 2005

For further information, please visit: <http://www.euro-tcm.org/>.

Second Annual IN-CAM Symposium - CAM Research in Canada: Sharing our Successes and Challenges

November 12-13, 2005—University of St Michael's College, University of Toronto

NEWS FROM PedCAM



For more information relevant to pediatrics, please visit the PedCAM network website at:

<http://www.pedcam.ca>

Grants/Funding

- Congratulations to Bradley Johnston of the CARE Program, University of Alberta on receiving a Duncan L. Gordon Fellowship from the Sick Kids Foundation.
- SickKids Foundation Research Grants: **LOI due May 13.**

Conferences

The Children's Complementary Network is holding their first conference, "New Beginnings: Setting up a children's service," **May 21, 2005** at the Birmingham Children's Hospital, UK. This conference is based on the theme of developing a children's complementary therapy service. People who have already set up such projects will be sharing their experiences. Themes to be covered will, among others, include: funding, monitoring and evaluation, and working safely with children. The conference is a must for old and new - useful not just for beginners but also for people with existing projects wishing to enhance or expand their service. Certificates of attendance will be issued.

Fees: Network members £15.00 (It is free to join the network). Non-members £25.00 (Priority of places will be given to network members). For an application form (for the conference and/or to join the network) please contact Dr Pankaj Shah, phone: 0121 456 8100, email: cctn@freshwinds.org.uk

CALL FOR ABSTRACTS:

The **3rd Annual Pediatric Integrative Medicine Conference III** will be co-sponsored by NIH/NCCAM and is to be held October 21-23, 2005 at the New York Academy of Medicine. **Abstract due June 30.**

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.

CAMera CORNER



The Complementary and Alternative Medicine Education and Research Network of Alberta (CAMera: www.cameraresearchnetwork.ab.ca) is an official partner of IN-CAM.

CAMera publishes a bi-monthly **newsletter** focussing on CAM research and practice. The latest edition focussed on Integrative Medicine. To view archives of CAMera's newsletters, please visit: www.cameraresearchnetwork.ab.ca/news/newsletters.html. To receive CAMera's newsletters via email, please contact Lana Trojan, Network Coordinator at lstrojan@ucalgary.ca.

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