



Society for Integrative Oncology 2011 Conference Inspires Collaboration with the AOM Profession Part 1

Above: SIO Conference Chair Keith Block, MD, NIH Director Francis Collins, MD, PhD, U.S. Senator Sherrod Brown (OH), and SIO President Gary Deng, MD, PhD

Photo courtesy of Helen Moss Cancer Research Foundation

By Claudette Baker, Dipl OM (NCCAOM), LAc



Claudette Baker, Dipl OM (NCCAOM), LAc, president emeritus AAAOM (1996-8) and ILaaom (Illinois) (94-97 & 2002-5), has been practicing Oriental medicine with a focus on oncology since 1985. She is the founder/medical director of the Glenview Healing Arts Center.

A pioneer and leader in the AOM profession nationally and locally, Ms. Baker has worked to incorporate Oriental medicine into the Illinois and U.S. health care delivery system, taught Chinese herbal medicine for oncology, is an SIO member, and is currently the chairperson of the State of Illinois Board of Acupuncture.

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This past November the Society for Integrative Oncology (SIO) held its 8th annual conference, "Innovating Integrative Oncology: New Science, New Solutions; The Focus is the Patient," in Cleveland, Ohio. The conference was co-sponsored by the Case Western Reserve University School of Medicine/ Comprehensive Cancer Center at Sideman Cancer Center, University Hospitals, and the Cleveland Clinic. Attending along with representatives from many NCI-designated comprehensive cancer centers were Dr. Jeff White, director of the Office of Cancer Complementary and Alternative Medicine, U.S. Senator Sherrod Brown (OH), and keynote speaker NIH Director Dr. Francis Collins.

Conference Chairman Keith Block, MD and Co-Chair Marja Verhoef, PhD who is from the University of Calgary, Alberta, did an outstanding job putting together the four day scientific program that offered comprehensive, informative reports on whole systems and innovative research on how integrative oncology is currently being practiced worldwide and how it has evolved over the past few decades. The speaking faculty was composed of 70 MDs, PhDs, or MD/PhDs, many of whom have been practicing and/or researching oncology in various forms for 10 to 30+ years as well as other licensed holistic practitioners from around the world.

SIO reported that about 550 professionals attended the four-day event—more than double from any previous year. These included medical doctors and naturopathic physicians who practice integrative oncology, PhD researchers, licensed acupuncturists, RNs, nurse practitioners, psychotherapists, nutritionists, and other CAM practitioners. (NCCAOM awarded CME credit to approximately a dozen licensed acupuncturists who attended this event; it is hoped that more LAc's will attend in future years.)

Four researchers from the National Cancer Institute presented data and conducted a workshop on how to apply for NCI research funding. Also attending were representatives from private research groups looking to meet researchers with good ideas to invite them to apply for their research grants. A number of cancer patients from the Cleveland area learned about the latest treatments available to them. It truly was an integrative event!

Approximately thirty vendors exhibited medical books, medicinal fungi, and other natural products developed for the treatment of cancer. Various foundations and cancer center representatives also participated as exhibitors. The AAAOM had a table of information on AOM, and *The American Acupuncturist* Editor in Chief Jennifer Stone networked with many doctors and scientists who expressed interest in submitting articles to the journal. She also let researchers know they can contact AAAOM when searching for qualified LACs for their research teams.

One theme carried through many of the talks, including that of keynote speaker Dr. Collins, was the need for collaboration and integration across all medical disciplines as the American health care system struggles to provide adequate care to its population. As resources and funding are dwindling or cut altogether from both the private and public sectors, the time is ripe for the AOM profession to make it known to legislators and policymakers that AOM significantly improves people's health and reduces our nation's health care costs based on the significant savings realized when acupuncture is utilized.^{1,2} This is accomplished by lobbying in our home states, on Capitol Hill, and also by educating the people, physicians, small businesses, and corporations in our communities. There is a huge swell of interest in what natural and traditional medicine has to offer cancer patients, and, based on the topics discussed at this conference, it will only continue to grow.

During the presentations, acupuncture and Chinese herbs were mentioned very positively in terms of the compelling AOM research and its clinical success. Many studies are currently underway on single herbs, traditional Chinese herbal formulas, and medicinal fungi. The presenting researchers all stressed the need for more well-designed studies to be carried out on these topics.

It is important to note that scientific research presented at conferences like this one helps to explain the action of herbs and supplements from the biomedical perspective and affirms their power and overall safety. It also identifies those substances that are not useful or are contraindicated for use in conjunction with certain cancer treatments such as stem cell or bone marrow transplants. Overall, the research is positive and helps to assuage both patients' and physicians' fears about using acupuncture and herbal medicine on cancer patients in conjunction with traditional therapies. This helps physicians and patients make more informed decisions about which treatments to utilize.

Talks and workshops presented at the conference ranged from hot topics such as "Antioxidants and Chemotherapy," "Status of FDA Regulations on Natural Products," "Potential for Interactions between Alternative Treatments and Chemotherapy," and "Soy and the Breast Cancer Patient," to "Circadian Disruption and Cancer," "Mind-Body Therapies and Epigenetics," "Innovating Natural

Products for Integrative Oncology," "Oxidative Stress and Cancer," and "Mitigating Treatment Toxicities." There were many presentations on mind-body therapies such as "The Science of Psycho-Oncology," "Massage and Energy Therapy Research," "Music Therapy," and "Yoga in the Acute Care Setting."

The pre-conference panel, "Integrative Oncology 101," was moderated by Keith Block, MD, editor in chief of *Integrative Cancer Therapies*. Dr. Block began by giving an overview of integrative oncology, treatment toxicities, and the use of supplements. He also discussed the importance of diet and shared some of the research and outcomes at the Block Medical Center. This center was founded by him and Penny Block, PhD in the 1980s in Evanston, Illinois, as the first integrative oncology center in the country. Its program strategically combines conventional cancer treatments with complementary interventions such as therapeutic diet, selective supplementation, stress-care strategies, and prescriptive exercise programs. Dr. Penny Block presented on "Body-Mind Therapies" and Charlotte Gyllenhaal, PhD, research manager at the Block Medical Center and research assistant professor at the University of Illinois at Chicago College of Pharmacy, gave an excellent presentation on "Supplements and the Cancer Terrain."

SIO President Gary Deng, MD, PhD of the Memorial Sloan-Kettering Cancer Center gave an excellent presentation titled "Acupuncture Safety." A principal investigator of several research projects on acupuncture and botanical/herbal agents funded by the NIH, Dr. Deng presented an overview on the mechanisms and efficacy of acupuncture and how acupuncture successfully treats various complications of cancer treatments. He showcased numerous acupuncture studies, most of which were published in the *Journal of Clinical Oncology*. In addition, Dr. Deng stressed caution when needling patients with neutropenia as they are more prone to infection and bleeding. (Sloan-Kettering has a special community online site with information on acupuncture and herbal medicine at: <http://www.mskcc.org/cancer-care/herb/acupuncture>)

Dr. Deng reported, "Acupuncture is safe in qualified, well-trained hands and enjoys a stellar safety record" as witnessed in statistics from the following three studies:

- Japan 1999; 65,000 acupuncture treatments given; 94 minor adverse events
- UK 2001; 34,000 acupuncture treatment given, 43 minor adverse events
- Germany 2004; 760,000 acupuncture treatment given, 6 serious adverse events

Dr. Deng brought up an issue that has plagued the acupuncture community for years—the practice of avoiding acupuncture on a limb with prior lymph node resection for fear of causing an infection. He explained that this practice stemmed from infections resulting from blood draws and was then extended to include any puncture to the limb.

He also described an ongoing pilot study by Barrie Cassileth, PhD et al., (Memorial Sloan-Kettering Cancer Center [MSKCC] in collaboration with Alta Bates Summit Medical Center Comprehensive Cancer Center [ABSMCC]). Below is an excerpt from abstract #39 published in the 8th Annual SIO conference collection of abstracts, "Safety of Acupuncture for Upper Extremity Lymphedema in Breast Cancer Patients: Lessons from Two Major Medical Centers:"

“SIO reported that about 550 professionals attended the four-day event—more than double from any previous year. These included medical doctors and naturopathic physicians who practice integrative oncology, PhD researchers, licensed acupuncturists, RNs, nurse practitioners, psychotherapists, nutritionists, and other CAM practitioners.”

Methods: At MSKCC, safety data were extracted from a pilot study conducted from 2009 to 2011 involving women with chronic lymphedema after breast cancer surgery. At ABSMC, a retrospective chart review of breast cancer patients with post-operative lymphedema from 2005 to 2011 was conducted. Over 1,000 acupuncture treatments were given at the two centers to 60 patients (37 from MSKCC and 23 from ABSMC) with upper extremity lymphedema. They reviewed the combined data on serious adverse effects following acupuncture treatment, including infection of the affected limbs. Minor adverse events were also recorded.

Results: No serious adverse events or infections were detected. Minor adverse events reported included pain and bruising.

Conclusions: This is the largest data set on the safety of acupuncture for upper extremity lymphedema in breast cancer patients. **No serious adverse events or increased incidence of infection were documented following over 1,000 acupuncture treatments.** Acupuncture appears safe in this patient population. This important paper was also presented later in the conference.³

Another highlight of the conference was the keynote speech by NIH Director Francis Collins, MD, PhD, “Seeking Out the Most Effective Interventions for Cancer Prevention and Treatment.” An engaging speaker who has an illustrious and fascinating background, he gave an eye-opening look at cancer statistics and spoke about some of the therapies being used in integrative oncology and CAM, including several Chinese herbal formulas that have been rigorously studied. Dr. Collins was very encouraging and supportive of the efforts of the integrative oncology community.

Before being appointed to the NIH, Dr. Collins was the head of the Human Genome Project. He reported that “Genomics is the science of understanding what causes a good cell to go bad and it has rocketed forward in the past 10 years to become a major driver of cancer research. Genomics has opened a new era in medicine where more targeted therapeutics are individualized for each patient, rather than using a generic approach to fight cancer.”

Dr. Collins then presented the following NIH statistics:

A National Health Interview Survey (2007) on CAM use and costs found that 40% of adults and 12% of children are using some form of CAM and are spending \$34 billion out-of-pocket, which represents 1% of total health care expenditures and 10% of total out-of-pocket costs per year. (Women more than men, and greater use in people with higher education levels). Cancer survivors are more likely to use CAM than the general population (43% vs. 37%) and over lifetime, CAM was used by 65% of cancer survivors vs. 53% of non-cancer respondents. Reasons for use: sense of well being, energy, immune function, pain, psychological distress, insomnia, unhappy that medical treatments have not helped them or that CAM has been

recommended by their providers. There are still quite a lot of patients not telling their providers that they are using CAM. Fifty-two percent of cancer patients are using CAM during Phase I trials, and 23% do not disclose to the trial managers that they are using CAM.

Reporting on the impact that NIH’s research has had on longevity in the U.S. from 1970-2006, Dr. Collins said we are gaining a year of life for every 6 years; however, he is concerned that if we don’t get a handle on chronic diseases like diabetes and obesity, we may see a downturn in that curve. He shared these additional statistics from the NIH: “Cancer rates are falling on average 1% per year. Each 1% drop will save the American economy roughly \$500 billion annually. Deaths from heart disease have decreased by 60% and from stroke by 70%. HIV/AIDS patients now have a life expectancy of 70 when diagnosed in their twenties, and cancer survival rates have gone up for breast, colon, and cervical cancer. According to economists, these life expectancy gains are worth about \$3.2 trillion annually to the United States. The NIH invests \$30 billion annually on medical research and inventions, so a \$3.2 trillion savings is a nice return on our investment.” Dr. Collins did add that mandatory across the board budget cuts may mean that NIH funding could be cut in FY 2013 and beyond, potentially preventing researchers with good ideas from obtaining funding to create new medical procedures, drugs, and devices that have kept the U.S. at the forefront of medical innovations.

He noted that more than 50% of cancer drugs still come from natural products. Currently, the NIH makes a total investment of about \$500 million a year for CAM research to all of its institutes. NCCAM is exclusively focused on CAM, yet the National Cancer Institute (NCI) has the largest initiative in CAM, and its budget for its CAM projects is slightly larger than the entire budget of the NCCAM.⁴

Dr. Collins also highlighted some rigorous studies that have verified the efficacy of several Chinese herbs, including artemesia (Qinghaosu). The drug Artemisinin has been purified from this plant and is more potent than any other drug in stopping the development of the *P. falciparum* (malaria) parasite. It is now the leading anti-malarial drug in the world.⁵

He also discussed Huang Qin Tang, a four-herb formula (aka PHY906) used for more than 1,800 years to treat intestinal disorders, i.e., dysentery, which has been shown in a phase I/II clinical study to decrease GI toxicity from the chemotherapeutic drug CPT-11 (irinotecan). There is evidence that Huang Qin Tang may promote intestinal recovery from damage caused by CPT-11 by multiple mechanisms. It has been shown to increase healthy proliferative cells in the intestine and promote expression of progenitor or stem cell markers that might mature into intestinal cells.⁶

In closing, Dr. Collins encouraged all of us “to think big, to be innovators, to be rigorous, and to move the field of cancer and

complementary and alternative medicine forward in a way that will make this world a better place for all of those patients waiting for answers that you can provide.”

Wayne Jonas, MD, former director of the Office of Alternative Medicine (OAM), spoke on “Whole Systems Research in Oncology.” Dr. Jonas is currently president and CEO of the Samueli Institute of Information Biology in Alexandria, Virginia, professor of family medicine at the Georgetown University of Medicine, and associate professor of medicine at the Uniformed Services University of the Health Sciences.

Dr. Jonas shared with us why “whole systems” is an essential component of oncology research, especially in integrative oncology, and he discussed strategies that have been used in this area. The whole systems concept involves entire systems of care where multi components overlap and involve the whole person. It concerns research that examines more than just tumor regression or tumor markers, i.e., it examines the well-being and quality of life as well as the effect that a particular treatment has on the body-mind-spirit—which is challenging when trying to fit traditional or integrative medicine into a scientific box. Dr. Jonas gave a detailed presentation on the “evidence house” model that he developed years ago. It examines evidence-based tools on one side and things that look at whole systems on the other side to determine impact and benefit.

He explained that a balanced research approach would utilize all these methods requiring a management process, i.e., asking and answering the right questions and the use of the right research tools. He suggests that you must formulate the questions, put teams together—preferably interdisciplinary teams—and make plans, acquire funding and approvals, perform data collecting and analysis, construe meaning, and then plan and execute outside communication. He emphasized that there has to be an infrastructure built to do research, no matter what you are studying.

Dr. Jonas said that when whole systems are studied, these are the questions that need to be asked:

What is it and how is it applied? The description is essential.

What is the current evidence for its effectiveness? What is the science?

What impact is it having in a particular setting? It is usually delivered in different individual settings

How does it work?

How safe and effective is it?

What are the costs?

How effective is it compared to other whole systems practices?

How can the practice be translated to other settings?

Dr. Jonas said that it may be possible to prove something in one particular setting, but if you want to get it into a health care system that has different rules and regulations, then that translational component becomes key. He then illustrated the example of acupuncture, saying “One of the first things that I did at the OAM in 1995 was to put together a Consensus Conference on Acupuncture that looked at all the existing evidence on acupuncture to investigate its safety and efficacy. The acupuncture community produced



Claudette Baker, LAc and Wayne Jonas, MD. Photo by Buffalo Child

some very solid studies, thereby gaining the support of the OAM.⁷ **In 1997, the Consensus panel determined that acupuncture had been proven safe and effective in placebo controlled trials in multi centers to work for post operative pain, nausea and vomiting.”**

When the audience was asked “How many of you are using acupuncture in your hospitals in post-operative situations?” only five doctors raised their hands. Dr. Jonas replied, “It’s a translational problem. After fifteen years of proven safety and effectiveness, we still haven’t figured out how to translate it. The Samueli Institute is currently working with the Department of Defense to figure out how to get acupuncture into a huge system like the DOD, which is not easy, even when it’s paid for.” It is exciting to hear Dr. Jonas remind us of this important milestone in the evolution of AOM in America, and it is encouraging to know that he is still trying to help our profession join the mainstream so many years after he left his post at the Office of Alternative Medicine (now known as NCCAM).

Tieraona Low Dog, MD spoke on “Innovating Natural Products for Integrative Oncology.” Dr. Low Dog has been with the Center for Integrative Medicine since 2000 and currently serves as the director of education and clinical associate professor at the Department of Medicine, University of Arizona College of Medicine. She is a past president of the American Herbalist Guild and has shaped policies involving traditional medicine at the federal level. Dr. Low Dog spoke about many herbal remedies and how they are used to support the immune system and treat the side effects of chemotherapeutic agents, radiation, and other degenerative diseases.

Craig Mockler from Parker-Hannifin, a global leader in motion and control technologies, spoke about “Integrative Oncology: An Employer’s Viewpoint.” Parker-Hannifin’s employee health benefit program includes integrative medicine based on its efficacy and cost effectiveness. He gave a glowing report of the positive impact on their bottom line, and, just as important to the company, the difference that preventive health care has on their employees’ health,

resulting in less missed days of work due to illness and a happier atmosphere in the workplace.

After the moderated scientific panels, three tracks of moderated abstract panels presented oral presentations on the best of eighty-two abstracts. *The American Acupuncturist* Editor in Chief Jennifer Stone, LAc has written a review on the abstracts relating to AOM in this issue.

AOM was well represented at this conference by the presentations and the abstracts. Jennifer Stone, LAc and Misha Cohen, LAc, OMD with Peter Johnstone, MD, chairman of the Department of Radiation Oncology, Indiana University School of Medicine, participated in a panel on “Gaps in Knowledge, Proposed Research Strategies, and Patient Relevance.” Jennifer Stone, adjunct research faculty in the Department of Radiation Oncology, IUSM, discussed producing better research through MD and TCM collaboration from the licensed acupuncturist’s point of view. She stressed the importance of having fully-trained LAc’s on the research teams to enhance the study design and results. Ms. Stone also spoke about the huge benefits that collaboration with universities brings such as access to MEDLINE, extensive university research resources, animal and human subjects, data from pilot studies, and support for NIH funding, to name a few.

Currently, Jennifer Stone and Dr. Johnstone are co-principal investigators on a study examining the effect of acupuncture on radiation fatigue in breast cancer patients. They will bring LAc’s into five different radiation oncology centers in the Indiana University health system to collect pilot data for a larger study. This study is currently undergoing approval from the Institutional Review Board.

Misha Cohen, OMD, LAc is a research specialist in integrative medicine, UCSF Institute for Health & Aging, an associate member of the UCSF Comprehensive Cancer Center, and a member of the SIO Research Committee. Dr. Cohen discussed the increase in acupuncture studies being done throughout the world and stressed the importance of dealing with the “sham acupunc-

ture” issue when designing acupuncture research in the future. She noted that many in our profession have found the sham acupuncture issue very problematic in terms of determining the difference between true acupuncture and trying to disguise needling non-points as “not acupuncture” or “not the true points and therefore not acupuncture.” As we know, piercing the skin anywhere with a needle causes an effect and is essentially acupuncture, not something else. This has been skewing data for years and is a research model problem that needs to be addressed. Currently, all research funded by NIH is still required to have a sham control. We look forward to hearing more about this in the future.

Research Director of the Pine Street Foundation in San Francisco Michael McCulloch, MPH, PhD, LAc gave a presentation on “Novel Statistical Approaches to Evaluating Whole Systems Therapies: Lung and Colon Cancer Survival.” Dr. McCulloch addressed new approaches that can be used to provide meaningful results through analyzing data from clinical practice records. This is important because very few randomized trials are being funded, and very few patients are willing to join a randomized trial. He presented these new analysis methods based on the results of his newly published paper, “Cancer Survival with Herbal Medicine & Vitamins in a Whole-Systems Approach: 10-Year Follow-Up Data Analyzed with Marginal Structural Models and Propensity Score Methods.”⁸

This study looked at whether complementary and alternative medical therapy in combination with standard treatments helped extend survival in people with lung and colon cancers. The treatments being examined combined Chinese herbal medicine, vitamins, acupuncture, exercise, dietary guidance, and meditation into a comprehensive approach called a “Whole Systems Protocol.” In conducting this study, the Pine Street Foundation collaborated with scientists at the University of California Berkeley, University of California San Francisco, Kaiser Permanente, and the California Cancer Registry. Pine Street’s Clinical Director Michael Broffman led data collection efforts, and Research Director Dr. McCulloch designed the data analysis, which involved a novel approach that had not yet been done before with CAM studies of cancer treatment.



Left to Right: Lorenzo Cohen, MD, Peter Johnstone, MD, FACR, Misha Cohen, OMD, Dipl Ac & CH, LAc, Jennifer Stone, LAc. Photo by Buffalo Child

Study Results:

Patients with both lung and colon cancers who used herbal and vitamin therapy had significantly longer survival than carefully matched controls whose records were obtained from local cancer registries: In patients with lung cancer, combination therapy reduced the risk of death in stage IIIA patients by 46%, stage IIIB by 62%, and stage IV by 69%, compared with conventional therapy alone. In patients with colon cancer, combination therapy reduced the risk of death in stage I by 95%, stage II by 64%, stage III by 29%, and stage IV by 75%, compared with conventional therapy alone. Patients with advanced (stage IIIB and IV) lung cancer who continued with long-term use of herbal and vitamin therapy after treatment survived significantly longer than those who used it only short-term during their chemotherapy programs: Long-term use of herbal/vitamin therapy beyond completion of chemotherapy reduced stage IIIB deaths by 83% and stage IV by 72%, compared with short-term use only for the duration of chemotherapy. For colon cancer patients, however, there was no significant difference in survival between people using CAM short-term versus long-term.⁹

The availability of these new data analysis methods allows clinicians working in collaboration with researchers to produce and publish credible data on the efficacy of complementary and alternative therapies.

SIO Board member and conference co-sponsor Helen Moss was referred to throughout the conference by many of the speakers as a “force of nature.” A cancer survivor for the past 11 years, she is a slender, 75-year-old woman with boundless enthusiasm and energy. One of the first female vice presidents of Merrill Lynch, Ms. Moss credits a combination of alternative medicine treatments including herbal medicines, acupuncture, and hydrotherapy, with extending her life and reducing her suffering from cancer and cancer treatments. During her treatment she vowed to help other cancer patients find more holistic and less debilitating ways to help treat this devastating disease and the symptoms of treatment.

Ms. Moss invited U.S. Senator Sherrod Brown (OH) to address the conference. Senator Brown reported that he and Ms. Moss worked together on the Affordable Health Care Act and succeeded in having a clause included that stops insurance companies from the practice of discontinuing routine health care coverage for cancer patients who have chosen to participate in a clinical trial.

To spread the word about and translate the research into evidence-based therapies, Ms. Moss and her Helen Moss Cancer Research Foundation have raised \$1.5 million to fund a professorship in integrative oncology at Case Western Reserve University’s School of Medicine.¹⁰ The new program aims to blend mainstream cancer treatments with complementary therapies to extend and enhance the quality of life of people with cancer.

Ms. Moss’ efforts also meant that one hundred medical residents, the largest group of medical residents to attend an integrative oncology conference anywhere in the world, attended a special presentation about the future of integrative oncology given by David Rosenthal, MD, professor of medicine at the Harvard Medical School-Dana Farber Cancer Institute and medical director of its

Center for Integrative Therapies. In addition, the inaugural Parker Hannifin-Helen Moss Cancer Research Foundation Professorship in Integrative Oncology was announced. All of this is truly a milestone for integrative oncology and will help to expand its outreach to future physicians and oncologists.

The SIO conference is an excellent venue for the AOM profession to form collaborative relationships with other doctors not only through research but also by developing outreach programs to spread the word about integrative oncology and the integral role that AOM plays by improving patient outcomes. If you treat (or plan to treat) patients who have cancer, it is recommended that you seriously consider attending the next SIO conference in Albuquerque, NM, October 8-10, 2012, to learn about cutting edge treatments available to help your patients and to hear about the most current research directly from the doctors and scientists who create it.

Many conference participants, MDs included, have been treating cancer patients for decades without much support from the mainstream medical community. Even those MDs using evidence-based cutting edge treatments and/or traditional medicine such as acupuncture and herbal medicine are still being dismissed by their own peers in spite of the solid evidence that supports their treatment protocols and positive outcomes. Joining together to share experiences and information made this a very meaningful and memorable conference.

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10. Case Western Reserve University School of Medicine announces gifts to establish the inaugural Parker Hannifin-Helen Moss Cancer Research Foundation Professorship in Integrative Oncology. This professorship will establish the School of Medicine and its affiliate hospitals as national leaders in teaching, research, and patient care in the field of integrative oncology. The professorship seeks to change the way cancer is treated by employing the practice of integrative medicine and therapies designed to extend the lives of cancer patients using a more holistic and natural approach, along with traditional medicine. For more information: <http://www.helenmoss.org/index.php/News/>