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**From Dust to Discovery**

In a gigantic freezer in a warehouse about 30 miles from the NIH main campus, coral from the quiet depths of the South Pacific, leaves from a rare tree in southern China, and bacteria from a crustacean of the cold Atlantic waters sit frozen in time, waiting their turn to possibly treat, cure or even prevent two of the planet's worst ailments: cancer and AIDS.

Thousands of plant, marine, and microorganism specimens collected from a myriad of places in the world are sent to the National Cancer Institute's (NCI) Natural Products Branch (NPB) each year. "We are the hub of a hub-and-spoke operation," says Dr. David Newman, chief of the NPB. Here, they are kept frozen until sent out and tested by NCI researchers - as well as other researchers around the world - looking for natural agents to fight cancer and AIDS.

Researchers looking for these new drugs have plenty of reasons to be sifting through nature. Traditional Chinese Medicine, which deals mostly with natural products, has been producing remedies for a variety of diseases for years, including the herbal remedy from the plant "sweet annie" (*Artemisia annua*), which has been used in China for almost 2,000 years. Its main, active constituent, artemisinin, has been found to be effective against fevers and resistant malaria. And today,



*Dr. David Newman, chief of NPB, shows Dr. Phil Tonkins, OCCAM scientific program analyst, a nautilus.*

over 75 percent of the world's population uses some fashion of alternative, or traditional, medicine involving natural products, the World Health Organization (WHO) reports.

"There is no question that Traditional Chinese Medicine has its value," Dr. Newman says. But there is a difference between the traditional usage of natural products and what NPB is looking for, Dr. Newman explains.

NCI breaks specimens down to an unrecognizable pile of dust, aiming to study the active components, whereas traditional practitioners use the original, intact specimen for

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remedies. “We’re interested in finding those active compounds within the organism, not necessarily the extract as a whole,” Dr. Newman states.

But cancer researchers studying complementary and alternative medicine (CAM) still learn from the discoveries stemming out of NPB.

“Knowing the basic components and mechanisms of action of a natural product benefits cancer CAM researchers,” says Dr. Jeffrey D. White, director of the Office of Cancer Complementary and Alternative Medicine. “It’s the investigation of the natural agents’ activities – whether it’s the entire specimen or just one part of it – that helps researchers determine which cancer treatments are worth pursuing.”

Modern, FDA-approved drugs have their fair share of plant life in them, too - even if it’s not in their entirety. According to the WHO, about one-quarter of today’s drugs are derived from plants first used traditionally. Popular drugs that fight cancer like camptothecin and rapamycin were derived from a plant and fungus, respectively, and several drugs on the market are synthetic versions of certain agents in plants.

“So many things come from plants, even the indigo in blue jeans...,” comments Dr. Newman. “It’s things like these that lead to novel treatments of cancer.”

Take the bark of a tree, for example. Back in 1962, researchers from the U.S. Department of Agriculture recovered bark from a Pacific yew in the Pacific Northwest, which led to multiple tests by NCI and NCI

## “Knowing the basic components and mechanism of action of a natural product benefits cancer CAM researchers.”

*Dr. Jeffrey D. White, Director of the Office of Cancer Complementary and Alternative Medicine*

contractors, including the Natural Products Laboratory in Research Triangle Institute, N.C., and subsequent clinical trials of the active compound. The result was a drug known as paclitaxel (Taxol®), which is used to treat breast, ovarian, and lung cancer, and is perhaps the biggest success for NCI-funded natural products research.

Since 1986, NPB has received tens of thousands of samples from the branch’s contractors, which for plants includes the University of Illinois at Chicago, the Missouri Botanical Garden in St. Louis, Morton Arboretum in Lisle, Ill., World Botanical Associates in Calif., and the New York Botanical Gardens. For marine collections, the Coral Reef Research Foundation in Palau and the Australian Institute of Marine Sciences are the two major contractors.

Specimens collected from these teams are almost immediately shipped – frozen if marine and air-dried if plants – to NPB’s repository, and stored in a freezer set at -18 degrees Celsius (about zero degrees Fahrenheit), where they stay until ready for extraction – the process that involves grinding down a sample with everything from hammer mills to meat grinders, and mixing it with water or an organic solvent.

The NPB’s Extraction Laboratory, headed up by Thomas McCloud of SAIC-Frederick, Inc., is responsible for getting whole specimens down to

that pile of dust, into those solutions, and ready for research.

“We are building a library of extracts,” McCloud says. We’ve had over 200,000 extraction samples available in the repository just over the last 20 years for cancer, AIDS, and other disease-oriented research, McCloud adds.

After the samples are whittled down, they are placed into one of the facility’s 10, two-story freezers, which are tucked away in a warehouse, along with the extraction lab, at the NCI-Frederick campus on the Fort Detrick military base. And with an open door policy, any National Institutes of Health (NIH) Institute or external research center can request these specimens, with a Material Transfer Agreement, which protects the rights of the countries of origin. That agreement, based on the NCI Letter of Collection, was in place three years prior to the Convention on Biological Diversity agreement that was signed by over 150 nations at the United Nations Earth Summit in 1992.

With less than 10 percent of the world’s plant and marine species investigated, and thousands of specimens at NPB still waiting to be tested, it’s safe to say that researchers have their work cut out for them. But with samples coming in and out almost every day, Dr. Newman reports, the chances of finding the next great discovery from nature are only getting better. 🌱



*Dr. Farah Zia, OCCAM's first Practice Assessment Program director.*

### Introducing - Dr. Zia!

Meet the newest addition to OCCAM! In September 2007, Dr. Farah Zeba Zia became the new Director of OCCAM's Practice Assessment Program (PAP).

The two main activities of PAP are the NCI Best Case Series (BCS) Program and the Practice Outcomes Monitoring and Evaluation System (POMES) Program. The NCI BCS Program reviews data from CAM practitioners who have used alternative medical approaches to treat cancer patients, while the POMES Program determines whether a phenomenon observed in a retrospective case review is reproducible in a larger population. These two programs allow OCCAM to determine the best suited CAM practices for possible future NCI-initiated research.

As PAP Director, Dr. Zia works with PAP Coordinator, CDR (USPHS) Colleen Lee, to find the most

appropriate projects that may warrant further investigation within NCI.

"We're excited to have Dr. Zia take over the responsibilities of this program," says OCCAM Director Dr. Jeffrey D. White. "Her presence will give us a greater capacity to explore the potential for clinical work in NCI's intramural program."

"There are several CAM studies that show promise," Dr. Zia says. "My interest and goal would be to actually put some of the promising treatments into clinical trials at NCI."

Dr. Zia obtained her bachelor's and master's degrees from George Washington University (GWU), as well as her doctorate of medicine degree from GWU's School of Medicine. After her residency in internal medicine there, Dr. Zia headed to NIH. In 2000, she began a fellowship at NCI and the National Heart, Lung, and Blood Institute, where she worked in the oncology and hematology wards, as well as developed and implemented clinical trials with the breast oncology team. After NCI, Dr. Zia became a full-time staff oncologist with the Mid-Atlantic Permanente Medical Group practicing in northern Virginia hospitals. Her solid background in oncology and clinical trials will undoubtedly be a great asset to OCCAM and PAP.

"This position has a lot to offer," Dr. Zia says. "The wealth of diverse knowledge and expertise available at

NCI make this a great place to work, and I am very excited to be back here."

During her time at Mid-Atlantic as a community oncologist, many of her cancer patients asked about alternatives to their treatment and recovery.

"Cancer patients are looking for hope and there are a lot of things (in CAM) that can be mentally helpful for them," Dr. Zia says. "I want to help oncology patients lead a better life."

Besides evaluating data on cancer patients treated with unconventional therapies, Dr. Zia is also very interested in fostering collaborations between cancer researchers and CAM practitioners. A focus on building connections between the practice community and the research community is a very important factor to advance the science.

For more information on the NCI's Program Assessment Program, please visit [www.cancer.gov/cam/research\\_pap.html](http://www.cancer.gov/cam/research_pap.html).

### Contact Information

**Office of Cancer Complementary and Alternative Medicine**

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Bethesda, Maryland 20892

[ncioccam-r@mail.nih.gov](mailto:ncioccam-r@mail.nih.gov)

<http://cancer.gov/cam>

## Traditional Chinese Medicine Conference Cultivates International Collaboration

This year, NCI gained a new fellow, Dr. Jie Li, from Beijing, China as a direct result of the OCCAM-sponsored conference Traditional Chinese Medicine and Cancer Research: Fostering Collaborations; Advancing the Science, which took place in April 2006.

Dr. Li of the Research Center of Oncology at Guang An Men hospital in Beijing attended the TCM conference as a participant, along with the director of his department, Dr. Hongsheng Lin, a guest speaker who presented her clinical study of improving median survival time of lung cancer with a TCM intervention. Dr. Li's specialty is utilizing the TCM mixture Sheng Qi formula, a Chinese medicine compound, to decrease the side effects of chemotherapy.

During the conference, Drs. Lin and Li met with Dr. O.M. Zack Howard, a staff scientist with the Laboratory

of Molecular Immunoregulation (LMI), Cancer and Inflammation Program, Center for Cancer Research at NCI-Frederick, who had an interest in Drs. Li and Lin's work and similar work with Chinese herbs. Not long after their introduction, the topic of potential future collaboration came up during the conversation.

"We thought we might have some common, interesting research to do in the future," Dr. Li says.

At the end of the conference, Drs. Lin and Li visited NCI-Frederick to explore the facilities. After discussions between LMI, OCCAM Director Dr. Jeffrey D. White, and Guang An Men hospital, all parties agreed that a co-funded postdoctoral training at NCI, sponsored by the Office of International Affairs, was a good way to begin collaborating on this specific area of cancer CAM research.

Guang An Men hospital selected Dr. Li as the candidate for the fellowship. For the last eight months, he's been working with Dr. Howard, exploring the anti-cancer effect and immune stimulating effects of the Sheng Qi formula, a mixture of herbs often used at Guang An Men hospital to decrease the side effects of chemotherapy. A novel aspect of Drs. Howard and Li's project is the use of a murine model of inflammatory breast cancer to assess the impact of the herbal formula on the function of myeloid immunosuppressive cells.

"I feel very happy to work with Dr. Howard," Dr. Li says. "We are going smoothly with our research plan, and I think our study will benefit cancer patients."

Due to the success of Dr. Li's research, the Chinese government's Ministry of Science and Technology has agreed to provide funds to extend his fellowship.

## First Transagency Cancer CAM Fellow

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*Dr. Scott Miller*

The National Center for Complementary and Alternative Medicine (NCCAM) and NCI welcomed its first CAM oncology fellow in July 2007. The three-year fellowship provides an opportunity for physicians to do a traditional oncology fellowship while also gaining expertise in CAM and cancer research, policy and regulatory affairs, and clinical investigations.

CAM approaches for cancer treatment and prevention are increasingly being used by patients to the point where oncologists need to be versed in the use, benefits, and

risks of CAM practices. Because of this, NCCAM and NCI created this fellowship to train oncologists and encourage clinical research in cancer CAM practices.

The fellowship was awarded to Dr. Scott Miller of Iowa City, Iowa, who graduated from the University of Iowa College of Medicine, and completed a residency in family medicine at Loma Linda University Medical Center in California, known for its health and wellness research. His combined interests in oncology and CAM brought him to NIH.

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“There is no other fellowship that has a research focus on CAM and oncology,” Dr. Miller says. “It was a unique position.”

Right before coming to NIH, Dr. Miller completed the first year of his medical oncology fellowship at the University of Iowa. His next two years will be spent mostly at NIH, but will also include brief rotations at the Naval Medical Center and the Food and Drug Administration.

His fellowship will include time working at OCCAM, where Dr. Miller will be exposed to the grant

application and review processes and the review of clinical CAM practices used in cancer treatment via participation in the NCI Best Case Series Program, evaluating documentation of patients treated with CAM approaches to determine if further research sponsored by NCI is warranted.

Also over the two years, he will design, formulate, and execute an original clinical research project pertaining to his area of interest, which may include a proposal looking at immune system stimulation and medicinal mushrooms.

“I’ve always had an interest in CAM,” Dr. Miller says. He attributes this interest to the influence of his parents who practiced alternative medicine, mostly home remedies.

After spending two and half years working in Kotzebue, Alaska, for the Indian Health Service, Dr. Miller decided to return to training in internal medicine and then oncology with an interest to concentrate on cancer and CAM specifically.

“My overall goal is to participate in a team that is investigating CAM modalities in cancer patients,” Dr. Miller says. 🐟

## Funding Opportunities

### NCI Continues Support of CAM at Minority of Health Disparities Research Centers

National surveys estimate that one-third to two-thirds of Americans have used some form of CAM for health related purposes. While a broad range of projected CAM use among the general population is known, there is relatively little information known regarding CAM use by racial and ethnic minority populations. It is believed that Traditional Indigenous Medicine and CAM practices play an integral role in some minority cultures. A better understanding of these factors can provide insight into the health behaviors and beliefs of these minority populations, which can aid in generating information that may inform the delivery of conventional health care and lead to reduced health disparities.

To gain insight into the potential role of CAM practices either in reducing and eliminating health disparities or regarding minority health, a funding

opportunity announcement (FOA) has been renewed across Institutes of NIH. The original FOA PAR-05-152, issued in August 2005, was spearheaded by the NCCAM and was supported by the NCI and the National Center on Minority Health and Health Disparities.

The renewed FY06 opportunity PAR-06-372 (<http://grants.nih.gov/grants/guide/pa-files/PAR-06-372.html>) supports exploratory/developmental (R21) research projects on basic science and clinical research projects to investigate the safety, efficacy, and mechanisms of action of CAM practices as they relate to minority health or racial and ethnic health disparities. Prior funding from either a NIH or Agency for Healthcare Research and Quality research center on minority health or a research center on health disparities is a precursor for this award. 🐟

UPDATE

## Cancer Research Survey

The results of a survey of cancer researchers regarding CAM will be published in the Winter edition of the *Journal of the Society for Integrative Oncology*. Selected results from the survey were presented at the 2<sup>nd</sup> International Conference of the Society for Integrative Oncology in October 2005.

### New Directory for Cancer CAM Researchers

One of OCCAM's priorities is to facilitate the development and organization of the field of cancer CAM research. In light of this, OCCAM has created a searchable directory of cancer CAM researchers, the Cancer CAM Researcher Directory, that will assist researchers working in this growing field to identify others with similar or related research interests. OCCAM hopes that this online tool will simplify at least one aspect of forming collaborations, finding a research partner.

In order to be included in the directory, researchers must register and demonstrate that they have published original research on a cancer and CAM topic by providing a literature citation. Once registered,

users will have full access to information provided by other registered users such as:

- contact information
- educational background
- research topics of interest
- types of research conducted (in vitro, animal, etc.)
- CAM modalities studied

Additional features provided to registered users include access to posted potential collaboration opportunities as well as other announcements including meetings and events and job openings.

The directory will also be searchable by non-registered users, however the type of information that can be

viewed will be limited to researcher name, institution, research topics of interest, types of research conducted, and CAM modalities studied.

Dr. Jeffrey D. White, OCCAM director, says, "I hope that this user-friendly directory will promote a greater exchange of interests and experiences among the growing population working in this diverse field of cancer CAM research."

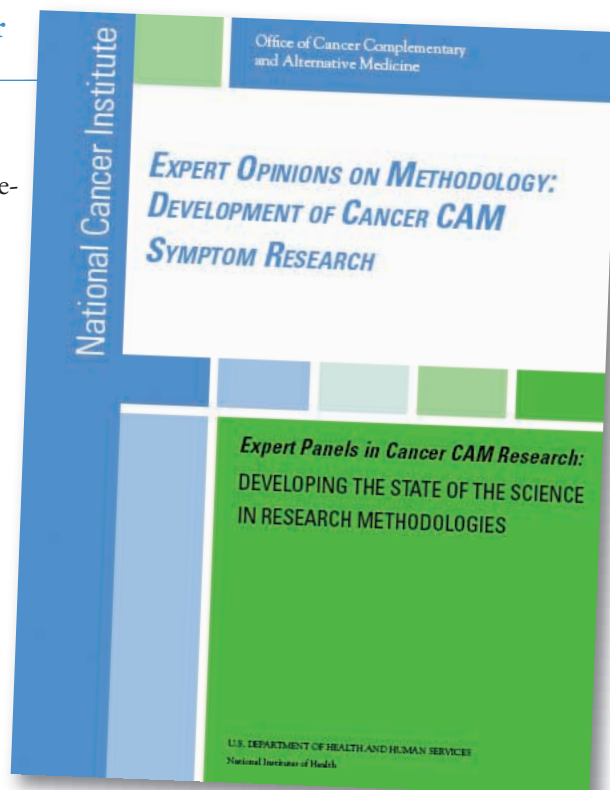
To join and search the Cancer CAM Researcher Directory or to find out information on the inclusion criteria, please visit <http://occamdirectory.cancer.gov>

### Expert Opinions on Methodology: Development of Cancer CAM Symptom Research Booklet Re-released

OCCAM has re-released the publication *Expert Opinions on Methodology: Development of Cancer CAM Symptom Research*. The 128-page publication is based on a meeting convened in November 2001, which focused on the challenges of symptom management research. Topics included the development of appropriate shams or controls for CAM interventions, development of tools and measurement issues, ethical issues, and potential statistical concerns. The panel of experts that included researchers, physicians, and statisticians, from leading cancer

research and treatment centers reviewed and discussed the state-of-the-science in cancer CAM symptom management. An executive summary and supporting presentations are provided in the publication.

To request a copy of *Expert Opinions on Methodology: Development of Cancer CAM Symptom Research*, please e-mail [ncioccam-r@mail.nih.gov](mailto:ncioccam-r@mail.nih.gov) or visit [www.cancer.gov/cam/attachments/expert-panel-report.pdf](http://www.cancer.gov/cam/attachments/expert-panel-report.pdf).



### WHEL Study Results

The researchers from the Women's Healthy Eating and Living (WHEL) study reported that women who consumed a low-fat diet rich in vegetables, fruit, and fiber after treatment for breast cancer essentially had the same risk of recurrence, incidence of new primary breast cancers, and risk of overall mortality as women who consumed diets with less servings of fruits and vegetables. The study was published in the *Journal of the American Medical Association* in July 2007.

The NCI-sponsored study, which followed 3,088 women with early-stage breast cancer over a seven-year period, was a randomized controlled trial that assigned women to either a control group or an intensive diet intervention group who were counseled to maintain a daily diet of five vegetable servings, 16 ounces of vegetable juice, 3 fruit servings, 30 grams of fiber, and 15-20 percent dietary fat. The goal was to substantially increase levels of circulating carotenoids in the blood, because previous research showed that low levels of carotenoids are associated with higher rates of breast cancer recurrence.

Earlier findings from the WHEL study, which was supported by an NCI R01 grant (Grant No. 5R01CA069375), did find that higher intake of vegetables and fruits increased the carotenoid levels in the women used in the study. "We have doubled the circulating carotenoid levels in the blood, which is much more than any other study has accomplished previously and will allow us to properly test the



hypotheses," principal investigator John P. Pierce, Ph.D., director of the Cancer Prevention and Control Program at the University of California, San Diego Cancer Center, reported back in 2006.

Interestingly, the Women's Intervention Nutrition Study (WINS), a randomized clinical trial of 2,437 breast cancer patients who maintained a low-fat diet, reported results contrary to those of the WHEL study. The WINS results showed a reduction in the relative risk of recurrence in postmenopausal women, especially those whose cancers do not respond to estrogen (ER-negative). "These results suggest that an intervention aimed at reducing dietary fat consumption can reduce the risk of cancer recurrence," said principal investigator Rowan T. Chlebowski, M.D., Ph.D., of the Los Angeles Biomedical Research Institute in California. "Although further confirmation is needed, a low-fat diet may offer other health benefits, such as modest weight loss."

Dr. Sharon Ross, NCI's program director of the WHEL study, describes the results as unfortunate and says that the next study, which

would also be funded under an R01 grant, will analyze components in the women's diets, including the specific foods that are being consumed.

"We don't know the exact combination of fruits and vegetables that may decrease recurrence," says Dr. Ross. "Subgroup analyses... will look at the differences in diet among the women." In the meantime, there is no harm in increasing your vegetable intake, she adds.

"We may not know what the best diet is to prevent recurrence (in breast cancer) is," Dr. Ross says. "But that doesn't mean you should go have a bad diet." There are many benefits to a healthy diet, including the prevention of heart disease, she adds.

A supplement to the study funded a survey of WHEL participants that focused on their past and current use of various CAM modalities, including mind-body practices, energy-based therapies, and alternative medical systems, such as homeopathy and naturopathy. A database tracking nutritional supplements that the women in the study took was also compiled. The results of this supplemental study are currently being analyzed and will be ready for release in 2008.

## NCI CAM Studies Presented at ASCO

From June 2-5, 2007, the American Society of Clinical Oncology (ASCO) held its annual meeting in Chicago with over 30,000 participants in attendance. During the four-day conference, several NCI-sponsored CAM studies for cancer prevention and treatment were presented – an area that does not normally receive much attention at ASCO annual meetings.

A phase III clinical trial looking at the use of shark cartilage in cancer patients was one CAM study presented at the meeting.

“It’s uncommon to have phase III cancer CAM clinical trials with survival endpoints, and it’s also uncommon for CAM trials to be the subject of oral presentations instead of just posters at ASCO,” says Dr. Jeffrey White, OCCAM director. “It’s good to see this, because it raises the level of awareness for CAM research.”

The idea that shark cartilage could help treat non-small cell lung cancer was put to the test in a study led by Dr. Charles Lu from the University of Texas M.D. Anderson Cancer Center. Held at multiple sites in the U.S. and Canada, the trial accrued over 380 patients. All patients received conventional platinum-based chemotherapy with or without radiation therapy but were also randomized to receive either Neovastat, a drug containing a liquid extract of shark cartilage, or a placebo. The results of the study showed that the Neovastat did not affect survival rates for cancer patients. An earlier study had indicated that patients who took Neovastat had a decrease in the formation of new blood vessels, a process known as anti-angiogenesis. Several other drugs with anti-angiogenic effects are currently under investigation as potential anti-cancer agents.



A preliminary study involving flaxseed and its affect on prostate cancer was also presented at the meeting. This study found that men who added flaxseed to their diet had slower tumor growth rates compared to those who didn’t, suggesting flaxseed may have the potential to fight early prostate cancer.

One clinical study, funded by NCI’s Community Clinical Oncology Program, found that certain doses of American ginseng can be effective in alleviating cancer-related fatigue.

The abstracts of these NCI studies and information about the 2007 ASCO meeting can be found at [www.asco.org](http://www.asco.org).

## Preventing Chemotherapy-Induced Neuropathy

Reprinted from the Cancer Bulletin, April 3, 2007

[www.cancer.gov/ncicancerbulletin/NCI\\_Cancer\\_Bulletin\\_040307/page7](http://www.cancer.gov/ncicancerbulletin/NCI_Cancer_Bulletin_040307/page7)

### Name of the Trial

Phase III Randomized Study of Alpha-Lipoic Acid in Preventing Platinum-Induced Peripheral Neuropathy in Cancer Patients Receiving a Cisplatin- or Oxaliplatin-Containing Chemotherapy Regimen (MDA-CCC-0327). See the protocol summary at <http://cancer.gov/clinicaltrials/MDA-CCC-0327>.

### Principal Investigator

Dr. Ying Guo, University of Texas M.D. Anderson Cancer Center

### Why This Trial Is Important?

Peripheral neuropathy is characterized by sensations of pain, tingling, burning, numbness, or weakness that usually begin in the hands or feet. It can be caused by certain illnesses, for example,

diabetes. It can also be a side effect of treatment with platinum-based chemotherapy drugs.

Chemotherapy-induced peripheral neuropathy can be either acute or chronic. Acute peripheral neuropathy may begin during or shortly after administration of a platinum-containing drug and usually goes away on its own after several days. Chronic peripheral neuropathy may arise weeks

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or months after chemotherapy treatment and may be very difficult to treat; in some patients, it may be irreversible.

In this trial, researchers are testing the ability of alpha-lipoic acid to prevent peripheral neuropathy caused by the platinum-containing drugs cisplatin and oxaliplatin. Alpha-lipoic acid is an antioxidant produced naturally by the body; it can also be found in some foods and as a nutritional supplement. In diabetes patients, it has been shown to relieve symptoms of neuropathy.

"Peripheral neuropathy is a potentially disabling condition that affects many cancer patients treated with platinum-based chemotherapy,"


said Dr. Guo. "We hope that alpha-lipoic acid will help prevent this condition in patients being treated with cisplatin or oxaliplatin."

Patients will be randomly assigned to receive oral alpha-lipoic acid or a placebo three times a day for at least 24 weeks.

#### Who Can Join This Trial?

Researchers will enroll 224 patients scheduled to receive cisplatin-or oxaliplatin-based chemotherapy for cancer and who have not experienced previous peripheral neuropathy. See the list of eligibility criteria at <http://cancer.gov/clinicaltrials/MDA-CCC-0327>.

#### Study Sites and Contact Information

Study sites in the United States are recruiting patients for this trial. See the list of study contacts at [www.cancer.gov/clinicaltrials/MDA-CCC-0327](http://www.cancer.gov/clinicaltrials/MDA-CCC-0327) or call NCI's Cancer Information Service at 1-800-4-CANCER (1-800-422-6237) for more information. The toll-free call is confidential. 

## CAM Information

### Taking the Pulse of Stakeholders

Striving to stay connected to the ever-growing field of cancer CAM, OCCAM periodically likes to take the pulse of its audience by polling the opinions of its stakeholders. In the past, methods of receiving input from cancer researchers and CAM practitioners have included surveys and focus groups. During the spring, OCCAM added a new method of gathering input, the public comment forum.

The public comment forum allows responders to volunteer to provide open-ended feedback to statements posted by the host of the forum. OCCAM used the public comment forum to gather input on two different topics. One public

comment session sought input on the necessity and utility of collecting nationally representative data on CAM usage by United States (U.S.) cancer patients, while the other sought assistance in identifying factors associated with successful and unsuccessful collaborations between cancer researchers and CAM practitioners.

The two public comment sessions ran concurrently for sixty days from May 1, 2007, thru June 30, 2007. During this timeframe, dozens of unique responders provided OCCAM with valuable information to both public comment sessions. Opinions received regarding the utility and need of nationally



representative CAM use among U.S. cancer patients will add to the ongoing dialogue within OCCAM on this topic. Comments collected from statements focused on collaborations between cancer researchers and CAM practitioners helped to shape the agenda and discussion topics for the October 22-23, 2007, OCCAM hosted conference Cancer Researchers & CAM Practitioners: Fostering Collaborations; Advancing the Science ([www.cancer.gov/cam/news/conference2007.html](http://www.cancer.gov/cam/news/conference2007.html)).

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## OCCAM Director Attends Patient-Physician Dialogue Conference

In May 2007, OCCAM Director Dr. Jeffrey D. White presented at the 13th International Society for Biological Cancer Therapy conference, held in Heidelberg, Germany. Focusing on the communication between cancer patients who use CAM techniques and their physicians, the three-day conference provided participants, both patients and physicians, an opportunity to learn how to interact more efficiently with one another.

At the conference, Dr. White represented NCI as he spoke about OCCAM's role at NCI, as well as the

office's structure, mission, past and current cancer CAM research projects, accomplishments, and online resources. In addition, other presentations looked at motivation and hope during illness, nutrition, lifestyle change, and stress control and prevention. There were also interactive forums, including a session in which patients asked physicians questions and then another session in which the roles were reversed.

“The main goal of May 2007's conference was to reduce the area of conflict between orthodox medicine

and a holistic-biological approach to medicine, as well as to encourage dialogue between doctors and patients. The conference lectures and seminars reflected the human being as a unity of mind, body, and spirit,” said Dr. Gyoergy Irmey, medical director for the Society for Biological Cancer Therapy, an organization consisting of approximately 19,000 patients, physicians, and scientists dedicated to the education and research of complementary medicine.

## Invited Speaker Series Booklet Released


Due to the popularity of the Invited Speaker Series summaries, OCCAM has released a new publication Invited Speaker Series: 2002-2005, a compilation of the summaries and slides from all four of the lectures in the series. The lecture series, an initiative created to present the latest evidence-based cancer CAM data to the NIH community, began in January 2002 and commenced in May 2005.

Each of the following lecture's materials was originally printed in individual publications:

- Acupuncture Research: Examples of the State of the Science from Bench to Bedside
- Melatonin, Chronobiology & Cancer
- The State of Complementary and Alternative Medicine in United Kingdom Cancer

Care: Advances in Research, Practice and Delivery

- Traditional Chinese Medicine for Cancer: The Road to China


The new publication combines each of the individual presentations into one booklet, chronicling the series. Copies of Invited Speaker Series: 2002-2005 can be ordered by calling the Cancer Information Service at 1-800-4-CANCER. 

## Meetings

### An Opportunity for Outreach

Providing high-quality information to the public is an important part of OCCAM's mission. One way in which OCCAM participates in outreach is by presenting at various meetings attended by members of the public. In support of this type of

activity, OCCAM Director Dr. Jeffrey D. White spoke this past July at the Ovarian Cancer National Alliance's 10th Annual Conference in Washington, D.C. Dr. White's talk “Approaches to Uncovering and Studying Unconventional Cancer Therapies: The U.S. National Cancer Institute Experience” demonstrated

to the attendees the many projects and activities that NCI has completed and has underway, which increase the available amount of evidence-based information on cancer CAM therapies. 

## Two New Changes for OCCAM's Monthly Lecture Series

Starting in January 2008,  
the OCCAM Monthly Lecture Series will be held  
from 1:00 – 2:00 pm ET  
on the second Wednesday of each month at  
6130 Executive Plaza  
1<sup>st</sup> Floor, Conference Room J  
Bethesda, MD 20892.

OCCAM is also happy to announce that physicians who attend the OCCAM Monthly Lecture Series can now earn Continuing Medical Education.

The National Institutes of Health/Foundation for Advanced Education in the Sciences (NIH/FAES) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The NIH/FAES designates this activity for a maximum of [12] AMA PRA Category 1 Credits™.

For more information on OCCAM's Monthly Lecture Series, please visit  
<http://www.cancer.gov/cam/news/monthly-lecture-series.html>.

### Upcoming Lectures

Date	Speaker	Topic
December 12, 2007	Dr. Kara Kelly Columbia University Medical Center	Glutamine for Prevention and Treatment of Vincristine Related Peripheral Neuropathy
January 9, 2008	Dr. Yung-Chi Cheng Yale University	PHY 906
February 13, 2008	Dr. Hassan Mukhtar University of Wisconsin	Prostate Cancer and Green Tea
March 12, 2008	Dr. Judith Balk University of Pittsburgh	Acupuncture and Cancer Related Fatigue

## Featured Scientific Meetings

Date	Meeting	Location	OCCAM Staff Attending
November 8-10, 2007	Oncology Nursing Society Advanced Practice Nursing Conference	Chicago, IL	CDR (USPHS) Colleen Lee
November 15-17, 2007	Society for Integrative Oncology 4 <sup>th</sup> International Conference*	San Francisco, CA	Shea Buckman Steve Graff Dr. Dan Xi
April 12-16, 2008	American Association for Cancer Research Annual Meeting	San Diego, CA	Dr. Libin Jia

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

To view sessions from OCCAM's *Cancer Researchers and CAM Practitioners: Fostering Collaborations Advancing the Science* conference held on October 22 and 23, 2007, check out the videocasts archived on our Web site at <http://www.cancer.gov/cam/news/conference2007.html>. Also, look for highlights about the conference in the next issue of our newsletter!

To obtain a copy of this newsletter or for inquiries on  
cancer and CAM, please contact  
1-800-4-CANCER (1-800-422-6237).



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