Appendix 1

Consortium Membership as of March 1, 2016

Arizona
University of Arizona: Arizona Center for Integrative Medicine

California
Scripps Center for Integrative Medicine
Stanford University School of Medicine: Stanford Center for Integrative Medicine
Sutter Health System
University of California, Irvine: Susan Samueli Center for Integrative Medicine
University of California, Los Angeles: Collaborative Centers for Integrative Medicine
University of California, San Diego: Center for Integrative Medicine
University of California, San Francisco: Osher Center for Integrative Medicine at UCSF
University of Southern California: USC Institute for Integrative Health

Colorado
University of Colorado Health: The Center for Integrative Medicine

Connecticut
University of Connecticut: Programs in Complementary and Integrative Medicine
Yale University School of Medicine: Integrative Medicine at Yale

District of Columbia
George Washington University: GW Center for Integrative Medicine
Georgetown University School of Medicine: Complementary and Alternative Medicine Program
Veterans Health Administration

Florida
University of Miami: Miller School of Medicine

Hawaii
University of Hawaii at Mānoa: John A. Burns School of Medicine

Illinois
Northwestern University Feinberg School of Medicine: Osher Center for Integrative Medicine at Northwestern University
University of Chicago Pritzker School of Medicine: NorthShore University Health System

Kansas
University of Kansas Medical Center: KU Integrative Medicine

Kentucky
University of Kentucky: Family and Community Medicine

Maryland
Johns Hopkins University School of Medicine: Program in Integrative Medicine
University of Maryland: Center for Integrative Medicine

Maine
Central Maine Healthcare

Massachusetts
Boston University School of Medicine: Program for Integrative Medicine & Health Care Disparities
Harvard Medical School: Osher Center for Integrative Medicine at Brigham & Women’s Hospital
Tufts University School of Medicine
University of Massachusetts Medical School: Center for Mindfulness

Michigan
Beaumont Health System
University of Michigan: Integrative Health

Minnesota
Allina Health: Abbott Northwestern Hospital: The Penny George Institute of Health and Healing
Mayo Clinic: Complementary and Integrative Medicine Program
University of Minnesota: Center for Spirituality & Healing
New Jersey
Rutgers School of Health Related Professions: The Institute for Complementary & Alternative Medicine

New Mexico
University of New Mexico, School of Medicine: Integrative Health

New York
Albert Einstein College of Medicine of Yeshiva University
Columbia University Medical Center
Ican School of Medicine at Mount Sinai

North Carolina
Duke University: Duke Integrative Medicine
University of North Carolina at Chapel Hill: Program on Integrative Medicine
Wake Forest University School of Medicine: Center for Integrative Medicine

Ohio
Cleveland Clinic: Tanya I Edwards, MD Center for Integrative Medicine
The Ohio State University: Wexner Medical Center: Center for Integrative Medicine
University of Cincinnati College of Medicine Cincinnati: Center for Integrative Health and Wellness
University Hospitals/Connor Medicine Network

Oregon
Oregon Health and Science University: OHSU Center for Women’s Health

Pennsylvania
Milton S. Hershey Medical Center: Integrative Holistic Medicine
Temple University School of Medicine
Thomas Jefferson University: Jefferson Myrna Brind Center of Integrative Medicine
University of Pennsylvania, Perelman School of Medicine, Abramson Cancer Center
University of Pittsburgh, Center for Integrative Medicine

Tennessee
Vanderbilt University: Osher Center for Integrative Medicine at Vanderbilt University

Texas
MD Anderson Cancer Center, University of Texas
Texas Tech University: Division of Integrative Medicine
University of Texas Medical Branch: UTMB Integrative Health Care

Utah
University of Utah

Vermont
University of Vermont College of Medicine

Washington
University of Washington: UW Integrative Health Program

Wisconsin
Aurora Health Care
University of Wisconsin-Madison

Canada, Alberta
University of Alberta; CARE Program for Integrative Health & Healing
University of Calgary: Canadian Institute of Natural & Integrative Medicine

Canada, Ontario
McMaster University: Family Practice Centre of Integrative Health and Healing
University of Toronto: The Office of Integrated Medical Education

Canada, Saskatchewan
University of Saskatchewan College of Medicine

Mexico
Tecnológico de Monterrey School of Medicine
Universidad Autónoma de Guadalajara
Conference Summary

North American Research Conference on

COMPLEMENTARY & INTEGRATIVE MEDICINE

May 12-15, 2009 | Minneapolis, MN USA

Consortium of Academic Health Centers for Integrative Medicine

www.imconsortium-conference.org
“I want to emphasize how impressed I was not only with the scientific content presented, but also with the excellent way in which everything was organized. From arranging posters into categories, to distributing color-coded listings of poster abstracts for each day, to the user-friendly and aesthetically pleasing Official Pocket Guide. In addition, I thought there was an outstanding balance between plenary lectures, symposia, poster sessions, informal breakfast and lunch presentations, and opportunities for social connection. WELL DONE!”

Conference Evaluation

Conference Organizing Committee:

Aviad Haramati PhD, Chair, Organizing Committee
Dan Cherkin PhD, Chair, Program Committee
David Eisenberg MD, Chair, Review Committee
Susan Folkman PhD, Chair, Fundraising Committee
Mary Jo Kreitzer RN, PhD, Chair, Local Site Committee
Adam Perlman MD, MPH, Chair, Finance Committee
Robert Scholten MLS, Chair, Communications Committee

All Quotations in this summary have been taken from conference evaluations.
Conference Statistics

790 Attendees
Representing 24 countries

Primary Professional Role

- 43.2% Academic Faculty/Research Scientist
- 20.4% Clinical Health Practitioner (e.g., Physician, Acupuncturist, Psychologist...)
- 14.1% Student
- 11.4% Other
- 8.0% Fellow Resident
- 2.9% Health Administrator

Primary Discipline or Field

- 42.6% Medicine
- 12.9% Other
- 10.4% Behavioral/Social Sciences
- 9.9% Allied Health Sciences
- 8.4% Nursing
- 7.2% Biological Sciences
- 5.9% Public Health
- 2.7% Pharmacy

Highest Degree

- 33.8% PhD (PharmD, DSc, etc.)
- 21.9% MD
- 13.9% MS/MPP/MA
- 9.2% BS/BA
- 5.7% ND
- 5.2% Other
- 3.0% DC
- 2.7% LAc
- 1.5% OMD
- 1.5% RN

Conference Feedback

Overall Quality of Conference

- 59.7% Excellent
- 34.2% Good
- 4.3% Neutral
- 1.0% Fair
- 0.8% Poor

55% of attendees completed the Conference Evaluation
96.2% said the Conference provided new ideas and information they expected to use.
96.7% learned about original research relating to the safety, efficacy, and/or cost-effectiveness of integrative and/or complementary therapeutic approaches.
98.5% better understand the most significant advances occurring in the field of integrative and complementary healthcare.
98.7% connected with investigators from other disciplines, institutions, and organizations.
95.2% were able to examine new and/or different research measures and methodologies applicable to complementary therapy investigations.
84.3% became more aware of the importance of practicing evidence-based health care.
80% discovered significant curricular innovations using complementary and integrative approaches for health.

"The most valuable aspect of the conference was the wide range of research topics addressed and methods presented"...
Something that happens only once every three years can create a good deal of anticipation. This is the time frame between the first two iterations of the North American Research Conference on Complementary and Integrative Medicine (NARCCIM). The first was in Edmonton in 2006.

**The Sponsors, Leadership and a Salute to Multidisciplinary Diversity**

The conference is the anchor production of the Consortium of Academic Health Centers for Integrative Medicine (CAHCIM, or “The Consortium” as the representatives of the 44 member academic health centers self-refer). Researchers and faculty in integrative medicine from these medical schools were much in evidence. In addition, the organizers, led this year by Aviad (Adi) Haramati, PhD, of Georgetown University made a point at every step of the way to include other disciplines and professions.

- The Participating Organizations were a robust list of 26 groups, ranging from the American Association of Medical Colleges to professional, educational and industry organizations representing acupuncture and Oriental medicine (AOM), naturopathic medicine, massage therapy, chiropractic, herbal products, Yoga therapy and others.

- The program team, led by health services researcher Dan Cherkin, PhD, included Christine Goertz, DC, PhD, and Richard Hammerschlag, PhD, the co-chairs of the Research Working Group of the Academic Consortium for Complementary and Alternative Health Care (ACCAHC), a separate consortium that includes councils of colleges and schools for the licensed complementary healthcare fields.

- The Consortium extended a grant to ACCAHC, through which 15 students from these fields were granted scholarships to the conference.

“I was impressed by the convergence of a diverse group of academic researchers, united by a common concern.”
• Pre-conference meetings were hosted by the Pediatric Complementary and Alternative Medicine Network (PedCAM) and the International Society for Complementary Medicine Research (ISCMR).

• Programming dedicated to New Investigators, namely students, residents, trainees, and early-career faculty was inaugurated. Events included a mentoring lunch featuring senior academics, social events, and scientific poster critiques. Approximately 150 people attended the mentoring lunch that received numerous comments about the quality of the program and the desire for more dedicated time for similar events.

The drive for inclusion proved successful. The program, developed by Cherkin’s team through a peer-review process, as well as the attendance at the conference itself, each manifested a deep level of integration. Many panels of speakers and featured discussions included teams from diverse backgrounds. The Consortium successfully honored its own definition of “integrative medicine” by “making use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing,” or, in this case, to create an optimal conference. To the organizers’ credit, ample time in receptions and breaks was allowed for the assembled multitudes to mix it up.

A Meeting Between Two Consortia

One notable, even historic, pre-conference event was a meeting of members of the Steering Committee of the conference’ sponsoring organization, the Consortium of Academic Health Centers for Integrative Medicine (CAHCIM) and the leadership of the Academic Consortium for Complementary and Alternative Health Care (ACCAHC).

The 4-hour joint meeting began with introductions and short slide show presentations on each consortium’s make-up and activities and continued with small group sessions exploring collaboration. A reception and dinner, hosted by CAHCIM, followed.

Conference Materials Readily Available: Innovision Innovates as Conference’s “Principal Publisher”

Innovision Health Media took the lead at the Principal Publisher, publishing all the abstracts. These are available in a searchable database available at www.cahcimabstracts.com. It is a very efficient site which allows one to search by type of research (basic, health services, education, clinical, etc.), see a list of related topics, and then quickly click in to see the abstract desired. Take a look! In addition, Explore! and the Journal of Alternative and Complementary Medicine each published sets of abstracts.

The table on left is a brief breakdown of the number of presentations, including posters, by category of research.

<table>
<thead>
<tr>
<th>Type</th>
<th>Approx. Number*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Science</td>
<td>47</td>
</tr>
<tr>
<td>Clinical Research</td>
<td>112</td>
</tr>
<tr>
<td>Health Services Research</td>
<td>88</td>
</tr>
<tr>
<td>Research Methodology</td>
<td>21</td>
</tr>
<tr>
<td>Education Research</td>
<td>13</td>
</tr>
<tr>
<td>General Research</td>
<td>20</td>
</tr>
</tbody>
</table>

* Quickly counted from the lists. Does not include late-breaking additions.

Last Updated (Monday, 06 July 2009)
For more information: http://theintegratorblog.com

“The wide range of research topics addressed and methods presented was most valuable.”
The placebo effect has evolved from being thought of as a nuisance in clinical and pharmacological research to a biological phenomenon worthy of scientific investigation in its own right. The study of the placebo effect and of its negative counterpart, the nocebo effect, is basically the study of the psychosocial context around the treatment and the patient, and it plays a crucial role in the therapeutic outcome in both conventional and complementary/alternative medicine. In recent years, different types of placebo effects have been analyzed with sophisticated biological tools that have uncovered specific mechanisms at both the biochemical and cellular level. This recent research has revealed that these psychosocial-induced biochemical and cellular changes in a patient’s brain and body are very similar to the biochemical changes induced by drugs. This new way of thinking may have profound implications both for clinical trials and for medical practice.

Fabrizio Benedetti, MD, is Professor of Physiology and Neuroscience at the University of Turin Medical School in Italy. He was consultant for the Placebo Project at the US National Institute of Health and member of the six strong Placebo Study Group of the Mind-Brain-Behavior Initiative at Harvard University. He held positions at the University of California in Los Angeles and at the University of Texas in Dallas. His current scientific interests are the placebo effect across diseases, pain in dementia, and intraoperative neurophysiology for mapping the human brain. He is author of the book Placebo Effects: Understanding the Mechanisms in Health and Disease which is in press by Oxford University Press.
Medical science and behavioral science underwent dramatic, but separate, transformations during the 20th century. However, changes in disease patterns and advances in technology have awakened the interest of each in the other and now integrative medicine (or integrative health) provides an organic crucible for their convergence. Behavioral science is something of a mystery to many who are trained in the medical sciences. This talk will focus on stress, coping, and well-being to illustrate the process of behavioral science and its relevance to integrative models of care.

Susan Folkman, PhD, is Professor of Medicine and the Osher Foundation Distinguished Professor of Integrative Medicine at the University of California (UCSF) where, since 2001, she has been Director of the UCSF Osher Center for Integrative Medicine. Dr. Folkman received her PhD from the University of California at Berkeley in 1979 where she remained until 1988 when she moved to UCSF. Her research program, which has been supported by grants from the NIH, has focused on stress and coping in the context of serious illness and bereavement. In 1997, she was awarded an honorary doctorate from the University of Utrecht, The Netherlands, for her contributions to coping theory and research. Dr. Folkman served as a member of the NIH/NIMH National Advisory Council has chaired NIMH and NCCAM review committees, served on Institute of Medicine study groups, and was chair of the Consortium of Academic Health Centers for Integrative Medicine from 2004-2007.

Twentieth century advances in medical technology have been a major factor in the compartmentalization of medicine into sub-specialties and loss of emphasis on the “whole patient”. Perhaps more fundamental to this phenomenon is the basic organization of human physiology into systems that tend to be studied in isolation from each other. Many complementary and alternative medicine (CAM) treatments, especially those inspired by Eastern philosophies, traditionally emphasize connections (such as mind/body) that have already influenced the practice of mainstream medicine. Using her pioneering work on connective tissue as an example, Dr Langevin will discuss how CAM is increasingly inspiring the recognition of new connections across physiological systems that are influencing our understanding of human health and disease.

Dr. Helene M. Langevin is a Research Associate Professor of Neurology, Orthopaedics and Rehabilitation and Director of the Program in Integrative medicine at the University of Vermont College of Medicine. For the past ten years, Dr Langevin has been an internationally recognized leader in the fields of acupuncture and connective tissue mechanotransduction. She currently is the Principal Investigator of two NIH-funded studies investigating the role of connective tissue in chronic musculoskeletal pain, acupuncture and manual therapies. She has served on several NIH Review panels and is a past Co-President of the Society for Acupuncture Research. Dr. Langevin’s training includes an MD degree from McGill University, post doctoral research fellowship at the MRC Neurochemical Pharmacology Unit, Cambridge, England, residency in Internal Medicine and fellowship in Endocrinology/ Metabolism both at Johns Hopkins Hospital.

"The extensive opportunities for networking, and sharing ideas and innovations were most valuable."
Claire M. Fraser-Liggett, PhD

The Role of the Human Microbiota in Health and Disease

Thursday, May 14, 2009, 4:45 PM - 5:30 PM

Made possible through the generous funding of The Penny George Institute for Health and Healing, Abbott Northwestern Hospital

The microorganisms that live inside and on humans (known as the microbiota) are estimated to outnumber human cells by a factor of ten. Together, the genomes of these microbial symbionts (collectively defined as the microbiome) provide traits that humans did not need to evolve on their own. To understand the range of human genetic and physiological diversity, the microbiome and the factors that influence the distribution and evolution of the constituent microorganisms must be characterized. It is expected that these studies will reveal new insights into the role of host genotype, host physiological status (including the properties of the innate and adaptive immune systems), host lifestyle (including diet), and host environment (at home and/or work) in the modulation of the structure and function of the microbiota in health and disease, and new opportunities for preventive approaches to disease that specifically target the microbiota.

Claire M. Fraser-Liggett, PhD is Director of the Institute for Genome Sciences at the University of Maryland School of Medicine in Baltimore, MD. Until 2007, she was President and Director of The Institute for Genomic Research (TIGR) in Rockville, MD, which has been at the forefront of the genomics revolution since a landmark publication Dr. Fraser has authored more than 200 publications, edited three books, and served on the editorial boards of nine scientific journals. Her contributions to the fields of genomics and microbiology have been acknowledged by many agencies and professional societies and her list of awards include the E.O. Lawrence Award, the highest honor bestowed on research scientists by the Department of Energy, the Promega Biotechnology Award from the American Society of Microbiology, and the Charles Thom Award from the Society for Industrial Microbiology. She received her undergraduate degree summa cum laude from Rensselaer Polytechnic Institute and her PhD in Pharmacology from the State University of New York at Buffalo.

“The overall feeling of growth and maturing of the field, giving me the reassurance that we are definitely on the right path.”
Governments, private insurers and international aid agencies face competing demands on limited resources for investing in health. The resulting resource allocation decisions evolve from a range of medical, economic, financial and political considerations. The World Bank, for example, occasionally receives governments’ requests to finance investments in complementary and integrative medicine (CIM) and has, over the years, made multiple CIM investments. What are reasonable economic and financial criteria for the World Bank or national governments to use as inputs to such decisions? This talk provides an overview of some of the relevant issues. One important economic criterion is intervention cost-effectiveness. Cost-effectiveness analyses (CEAs) attempt to answer the question of how much it will cost to buy more health if additional dollars are spent on a given intervention. Results are expressed as the cost per death averted or per disability-adjusted life-year (DALY) averted, and the presentation will review findings of CEAs of CIM interventions. While these are useful, it will be important in the future to undertake CEAs of packages of CIM interventions and to assess CIM as a platform for addressing a portion of population health needs. Further research is also needed on the capacity of CIM to reduce expenditures on more costly alternatives, to reduce time lost from work and to improve product satisfaction. When CEAs are extended to include this broader range of issues, the relative attractiveness of CIM is likely to improve. In this context the presentation will briefly assess how the financial mechanisms within the health sector can assure adequate levels of investment in CIM.
### Conference Schedule at a Glance

**Wednesday May 13, 2009**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00am - 5:00pm</td>
<td><strong>Registration Desk Open</strong></td>
<td>(Third Floor Foyer)</td>
</tr>
<tr>
<td>6:30am - 7:15am</td>
<td><strong>Experiential Session 1</strong> Tai Chi – Peter Wayne</td>
<td>(Salon G)</td>
</tr>
<tr>
<td>6:30am - 7:15am</td>
<td><strong>Experiential Session 2</strong> Yoga – Susan Gould Fogerite</td>
<td>(Symphony IV)</td>
</tr>
<tr>
<td>7:00am - 8:00am</td>
<td><strong>Continental Breakfast Buffet</strong></td>
<td>(Third Floor Foyer)</td>
</tr>
<tr>
<td>8:00am - 8:15am</td>
<td><strong>Welcome and Meeting Overview</strong></td>
<td>(Salons ABC)</td>
</tr>
<tr>
<td>8:15am - 9:00am</td>
<td><strong>Plenary Session / Keynote Speaker: Fabrizio Benedetti, MD</strong></td>
<td>(Salons ABC)</td>
</tr>
<tr>
<td>9:00am - 9:45am</td>
<td><strong>Coffee Break and Poster Presentations (Group 1)</strong></td>
<td>(Salon D)</td>
</tr>
<tr>
<td>9:45am - 10:45am</td>
<td><strong>Oral Abstract Presentations</strong></td>
<td></td>
</tr>
<tr>
<td>10:15am - 10:45am</td>
<td><strong>Models of Complementary and Integrative Medicine</strong></td>
<td>(Salon A)</td>
</tr>
<tr>
<td>10:45am - 11:15am</td>
<td><strong>Complementary and Integrative Medicine for Back Pain</strong></td>
<td>(Salon B)</td>
</tr>
<tr>
<td>11:15am - 11:45am</td>
<td><strong>Relaxation/Meditation/Therapeutic Touch</strong></td>
<td>(Salon C)</td>
</tr>
<tr>
<td>11:00am - 12:30pm</td>
<td><strong>Concurrent Scientific Sessions</strong></td>
<td></td>
</tr>
<tr>
<td>11:00am - 11:15am</td>
<td><strong>Symposium Research on Yoga as a Therapeutic Intervention</strong></td>
<td>(Salon A)</td>
</tr>
<tr>
<td>11:15am - 11:30am</td>
<td><strong>Symposium Changing the Culture of CAM Institutions Toward an Evidence-Based Approach – One R25 at a Time</strong></td>
<td>(Salon B)</td>
</tr>
<tr>
<td>11:30am - 11:45am</td>
<td><strong>Symposium Research in Homeopathy - Where Do We Stand and Where Should We Go?</strong></td>
<td>(Salon G)</td>
</tr>
<tr>
<td>11:45am - 12:00am</td>
<td><strong>Symposium Challenges of Research in Traditional Chinese Medicine Herbs</strong></td>
<td>(Salon C)</td>
</tr>
<tr>
<td>12:00pm - 12:15am</td>
<td><strong>Featured Discussion Cancer Treatment from a Complexity Science Perspective</strong></td>
<td>(Directors Row IV)</td>
</tr>
<tr>
<td>12:15pm - 12:30am</td>
<td><strong>Featured Discussion Directions and Dilemmas in Massage Therapy Research</strong></td>
<td>(Directors Row I)</td>
</tr>
<tr>
<td>12:30pm - 1:45pm</td>
<td><strong>New Investigator Lunch Session (Pre-registration Required)</strong></td>
<td>(Duluth)</td>
</tr>
<tr>
<td>1:45pm - 3:45pm</td>
<td><strong>Concurrent Scientific Sessions</strong></td>
<td></td>
</tr>
<tr>
<td>1:45pm - 2:45pm</td>
<td><strong>Symposium Successful Implementation of Integrative Medicine in a Large Hospital and Healthcare System</strong></td>
<td>(Salon C)</td>
</tr>
<tr>
<td>2:45pm - 3:00pm</td>
<td><strong>Symposium The Biological, Neurological, Cognitive, and Psychological Underpinnings of Placebo Effects</strong></td>
<td>(Salon A)</td>
</tr>
<tr>
<td>3:00pm - 3:15pm</td>
<td><strong>Symposium Complementary and Alternative Medicine Research in the Military</strong></td>
<td>(Directors Row IV)</td>
</tr>
<tr>
<td>3:15pm - 3:30pm</td>
<td><strong>Symposium Paradoxes in Acupuncture Research: Strategies for Moving Forward Meditative Therapies for Addiction Treatment: Theory, Research, and Clinical Application</strong></td>
<td>(Salon B)</td>
</tr>
<tr>
<td>3:30pm - 3:45pm</td>
<td><strong>Workshop How to Create High Functioning Integrative Care Teams: Lessons From a Randomized Clinical Trial</strong></td>
<td>(Directors Row I)</td>
</tr>
<tr>
<td>3:45pm - 4:15pm</td>
<td><strong>Coffee Break</strong></td>
<td>(Third Floor Foyer)</td>
</tr>
<tr>
<td>4:15pm - 5:00pm</td>
<td><strong>Plenary Session II Keynote Speaker: Susan Folkman, PhD</strong></td>
<td>(Salons ABC)</td>
</tr>
<tr>
<td>5:00pm - 6:15pm</td>
<td><strong>Poster Presentations with Wine and Cheese (Group 1)</strong></td>
<td>(Salon D)</td>
</tr>
<tr>
<td>6:15pm</td>
<td><strong>Local Integrative Medicine Site Tours</strong></td>
<td></td>
</tr>
</tbody>
</table>

*All tours are full at time of printing. Check registration for possible openings. Buses will board at 6:00-6:15pm in front of the Hilton Hotel.*

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"Excellent presentations from the top doctors in these fields; please keep plenary presentations for future meetings."
<table>
<thead>
<tr>
<th>Time</th>
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<tr>
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<td>Registration Desk Open</td>
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<tr>
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<td>Experiential Session 1 Tai Chi – Peter Wayne</td>
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<tr>
<td></td>
<td>Experiential Session 2 Yoga – Susan Gould Fogerite</td>
<td>(Symphony IV)</td>
</tr>
<tr>
<td>7:00am - 8:00am</td>
<td>Continental Breakfast Buffet</td>
<td>(Third Floor Foyer)</td>
</tr>
<tr>
<td>8:00am - 8:15am</td>
<td>Recognition of Trainee Awardees</td>
<td>(Salons ABC)</td>
</tr>
<tr>
<td>8:15am - 9:00am</td>
<td>Plenary Session III Keynote Speaker: Helene Langevin, MD</td>
<td>(Salons ABC)</td>
</tr>
<tr>
<td>9:00am - 9:45am</td>
<td>Coffee Break and Poster Presentations (Group 2)</td>
<td>(Salon D)</td>
</tr>
<tr>
<td>10:00am - 11:00am</td>
<td>Oral Abstract Presentations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Session 4 Education</td>
<td>(Salon A)</td>
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<tr>
<td></td>
<td>Session 5 Natural Products/Dietary Supplements</td>
<td>(Salon B)</td>
</tr>
<tr>
<td></td>
<td>Session 6 Mind-Body-Spirit</td>
<td>(Salon C)</td>
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<tr>
<td></td>
<td>Session 7 Supplements/Nutrition</td>
<td>(Salon A)</td>
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<tr>
<td></td>
<td>Session 8 Mindfulness/Yoga</td>
<td>(Salon B)</td>
</tr>
<tr>
<td></td>
<td>Session 9 Physiological Response to Acupuncture/Manipulation</td>
<td>(Salon C)</td>
</tr>
<tr>
<td>11:15am - 12:15pm</td>
<td>NCCAM Grant$ for Lunch: Grant support for CAM Research Training – Unfolding the Alphabet Soup (Box lunch available for purchase: Pre-registration required)</td>
<td>(Location TBA)</td>
</tr>
<tr>
<td></td>
<td>OR Lunch on your Own</td>
<td></td>
</tr>
<tr>
<td>1:30pm - 4:15pm</td>
<td>Concurrent Scientific Sessions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Symposium Integrative Medicine in Cancer Care</td>
<td>(Salon A)</td>
</tr>
<tr>
<td></td>
<td>Symposium Synergistic Research Goals for Manual Treatments of Musculoskeletal and Soft Tissue Disorders</td>
<td>(Salon B)</td>
</tr>
<tr>
<td></td>
<td>Symposium Whole Systems Research Becomes Real: New Results and Next Steps</td>
<td>(Salon C)</td>
</tr>
<tr>
<td>*1:30pm - 3:00pm</td>
<td>Symposium Neuroimaging in Translational Research on Complementary and Integrative Medicine</td>
<td>(Salon G)</td>
</tr>
<tr>
<td></td>
<td>Featured Discussion Health-Oriented Medical Homes: Defining Cost-Effective Interdisciplinary Integrated Healthcare Teams in the Outpatient Environment</td>
<td>(Directors Row I)</td>
</tr>
<tr>
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<td>Workshop What are Research Literacy Competencies for the CAM Practitioner? A Participatory Workshop to Inform Teaching and Practice</td>
<td>(Directors Row IV)</td>
</tr>
<tr>
<td>**3:00pm - 4:30pm</td>
<td>Symposium Mechanisms of Acupuncture Regulation of Pain and Cardiovascular Function</td>
<td>(Salon G)</td>
</tr>
<tr>
<td></td>
<td>Symposium Evidentiary Requirements for the Reimbursement of Complementary, Alternative, and Integrative Medical Therapies</td>
<td>(Directors Row I)</td>
</tr>
<tr>
<td></td>
<td>Workshop Collaborating Across Disciplines to Develop Joint Degree Programs in CAM and Integrative Medicine</td>
<td>(Directors Row IV)</td>
</tr>
<tr>
<td>4:15pm - 4:45pm</td>
<td>Break</td>
<td>(Third Floor Foyer)</td>
</tr>
<tr>
<td>4:45pm - 5:30pm</td>
<td>Plenary Session IV Keynote Speaker: Claire Fraser-Liggett, PhD</td>
<td>(Salons ABC)</td>
</tr>
<tr>
<td>5:30pm - 6:30pm</td>
<td>Poster Presentations with Wine and Cheese (Group 2)</td>
<td>(Salon D)</td>
</tr>
</tbody>
</table>

"Meeting other investigators and feeling welcomed and inspired as a new investigator was the most valuable to me."
### Friday May 15, 2009  
Conferece Schedule at a Glance

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00am - 5:00pm</td>
<td>Registration Desk Open</td>
<td>(Third Floor Foyer)</td>
</tr>
</tbody>
</table>
| 6:30am - 7:15am | Experiential Session 1  
Tai Chi – Peter Wayne                                                                 | (Salon G)          |
|               | Experiential Session 2  
Yoga – Susan Gould Fogerite                                                                 | (Symphony IV)       |
| 7:00am - 8:00am | Continental Breakfast Buffet                                           | (Third Floor Foyer) |
| 8:00am - 8:45am | Plenary Session V  
Keynote Speaker: Dean Jamison, PhD (Salons ABC) | (Salons ABC)       |
| 8:45am - 9:45am | Poster Presentations (Group 3)                                         | (Salon D)          |
| 10:00am - 10:45am | Oral Abstract Presentations  
Session 10  
Acupuncture: Clinical Trials  
Session 11  
Practice-Based Research  
Session 12  
Health Services Research | (Salon A)   |
|               | (Salon B)                                                              | (Salon C)          |
| 11:00am - 12:30pm | Concurrent Scientific Sessions  
Symposium  
Does Basic Science Research in Complementary and Integrative Medicine Need Standards and Guidelines?  
Symposium  
Developing Patient-Centered Measures for Outcomes of CAM Therapies  
Workshop  
Introduction to Systematic Reviews and Meta-Analyses: Focus on CAM  
Featured Discussion  
Practice-Based Research Networks: Meeting the Challenge of Reflecting CAM Clinical Practice  
Featured Discussion  
Mindfulness-Based Interventions for Trauma Survivors  
Symposium  
Integrative Medicine in Residency | (Salon A)   |
|               | (Salon B)                                                              | (Salon C)          |
|               | (Directors Row I)                                                     | (Salon C)          |
| 12:30pm - 2:00pm | NCCAM Grant$ for Lunch:  
Dealing with Peer Review  
(Box lunch available for purchase: Pre-registration required)  
OR Lunch on your Own | (Location TBA)       |
| 2:00pm - 3:00pm | Oral Abstract Presentations  
Session 13  
Acupuncture: Research Challenges/Use of Literature  
Session 14  
Use of CAM  
Session 15  
Basic Science | (Salon A)   |
|               | (Salon B)                                                              | (Salon C)          |
| 3:15pm - 4:45pm | Concurrent Scientific Sessions  
Symposium  
Nesting Qualitative Studies Within Randomized Controlled Trials – Added Value Through Collaboration  
Symposium  
State of the Science in Tai Chi Research: A Mini Symposium  
Workshop  
Navigating the Web-based World of Complementary and Alternative Medicine Information  
Featured Discussion  
Mind-Body Interventions: Is There Power in Positive Thinking?  
Featured Discussion  
How can CAM Research Better Reflect CAM Practice?  
Symposium  
Spirituality / Religiosity as a Resource for Patients with Chronic Diseases | (Salon G)   |
|               | (Salon A)                                                              | (Directors Row I)  |
|               | (Salon B)                                                              | (Directors Row C)  |
|               | (Directors Row IV)                                                    | (Directors Row IV) |
| 4:45pm - 5:15pm | Break  
(Third Floor Foyer) | (Third Floor Foyer)       |
| 5:15pm - 6:00pm | Plenary Session VI  
Presenters: Josephine Briggs, MD, Director, NCCAM, USA and Alan Bensoussan, PhD, Director, NICM, Australia | (Salons AB)       |
| 6:00pm         | Closing Ceremony                                                      | (Salons AB)        |

“I appreciated the wide range of oral abstract and poster presentations (very useful for networking).”
Save the Date!

May 15-18, 2012
Portland Marriott
Downtown Waterfront
(Portland, Oregon US)

FUNDING SUPPORT
The George Family Foundation
The Bernard Osher Foundation
Blue Cross and Blue Shield of Minnesota
The Penny George Institute for Health and Healing – Abbott Northwestern Hospital
Ted and Roberta Mann Foundation
The Marsh, A Center for Balance and Fitness
Massage Therapy Foundation
Mayo Clinic – Complementary and Integrative Medicine Program
Northwestern Health Sciences University
University of Minnesota
Academic Health Center
Woodwinds Health Campus
The National Institutes of Health
- Office of the Director
- Office for Research on Women’s Health
- Office of Dietary Supplements
National Cancer Institute
National Center for Complementary and Alternative Medicine
National Center for Research Resources
National Heart, Lung and Blood Institute

PARTICIPATING ORGANIZATIONS
AAMC/MedEdPORTAL
Academic Consortium for Complementary and Alternative Health Care (ACCAHC)
American Association of Acupuncture & Oriental Medicine
American Association of Naturopathic Physicians
American Herbal Products Association
American Holistic Medical Association
American Medical Student Association
Association of Chiropractic Colleges
Centre of Complementary Medicine Peninsula Medical School, Universities of Exeter & Plymouth
Canadian Pediatric Complementary and Alternative Medicine Network (PedCAM)
Canadian Research Institute of Spirituality & Healing (CRISH)
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KaMaH-Israel Assn for Health-Promoting Therapies
National Certification Board for Therapeutic Massage and Bodywork
Oregon Collaborative for Integrative Medicine
Pathways, a Health Crisis Resource Center
Centre of Complementary Medicine Peninsula Medical School, Universities of Exeter & Plymouth
Society for Acupuncture Research
Society for Integrative Oncology
The Canadian Interdisciplinary Network for CAM Research (IN-CAM)
The Institute of Integrative Health
The International Society for Complementary Medicine Research (ISCMR)
The National Institute of Complementary Medicine

Experience for the first time or keep the momentum of this inspiring conference going!

Individual sessions or the entire conference are available on CD or DVD.
Contact: Conference Recording Service, Inc. at www.conferencerecording.com or 510-527-3600.

“The best part of the conference was meeting with other scientists who have similar research fields.”
Strengthening Research in Integrative Healthcare Around the World

CONGRESS SUMMARY REPORT

SPONSORED BY

PORTLAND, OR
MAY 15-18, 2012

Portland Marriott
Downtown Waterfront
“After being involved in this community for almost 25 years, it seems that ‘we’ have arrived at a new level of professional maturity.”

“This being my first conference I attended, I realized the importance of going because I learned so much about what research is taking place in different parts of the world. I also came to appreciate Integrative Medicine more than I did before and want to be an advocate in practicing IM with conventional medicine.”

ORGANIZING COMMITTEE

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Scientific Review Chair
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Samantha Simmons, MPH
Local Logistics Chair
Oregon Collaborative for Integrative Medicine, USA
On May 12-15, 2012, the most significant research conference globally on the emerging fields of integrative, complementary and alternative medicine was convened in Portland, Oregon, USA. The 2012 International Research Congress on Integrative Medicine and Health (IRCIMH), sponsored by the Consortium of Academic Health Centers for Integrative Medicine (CAHCIM), drew 1022 attendees from 30 countries. The meeting also served as the 7th International Congress on Complementary Medicine Research, in association with the International Society of Complementary Medicine Research (ISCMR).

The meeting’s growth is anchored in the rising membership of the sponsoring Consortium. Member institutions jumped from 30 six years ago to 54 in 2012. In little more than a decade, the small set of pioneering institutions has grown to become an undeniable, durable subpresence in academic medicine.

A second contributor to this significant turn out is the ongoing commitment of the Consortium’s planners to multidisciplinary and interprofessional engagement. Among the 43 Participating Organizations were numerous discipline-specific research organizations and professional associations from such fields as chiropractic, acupuncture and oriental medicine, naturopathic medicine, massage therapy, yoga therapy and diverse creative arts therapies groups. Nearly 40% of respondents to a post conference survey indicated a principal affiliation with one or another of these complementary and alternative healthcare fields.

IRCIMH’s commitment to interprofessional teamwork in the Congress’s development is publicly evident in the make-up of its program committees and the breadth of accepted content. Unknown to most is a partnership that the planning team, led by Aviad (Adi) Haramati, PhD, created with the Academic Consortium for Complementary and Alternative Health Care (ACCAHC). The Consortium extended 24 scholarships to investigators from the licensed complementary and alternative healthcare disciplines.

Remarkably, a conference sponsored by an academic medical organization has essentially been adopted as “their” meeting by at least a half-dozen other health care professional groups. The event is an exemplar as US healthcare begins to more significantly engage interprofessional education, practice and team approaches.

The third factor was the decision to rename the conference (see “Behind a Change in the Meeting’s Title” on page 4). The title for 2012 asserts an affirmative, international engagement with front-line issues in medicine related to integration and to health.

Continued >>
Plenary speakers lived up to this promise. Those choosing to attend had the opportunity to hear about the microbiology of stress, ethical use of placebos, and the links between emotions, diet, exercise and health. Two sessions on comparative effectiveness research methods were particularly relevant to researchers in this emerging, patient-centered science focused on evaluating the role of integrative modalities, systems and disciplines in advancing human health.

Numerous respondents to the post-Congress survey considered it “excellent,” “the best” or a “must” for those in the complementary and integrative medicine fields. One suggested that it is a “can't miss for anyone who has skin in the game of integrative health.”

These appear to certainly be true. But the trend-lines here suggest that this scientific meeting is also becoming a "can't miss" for anyone who wishes to perch on the bowsprit of the medical system's still tentative movement into understanding the interprofessional, integrative and health domains that this meeting is increasingly exploring.

Behind the Change in the Title

The previous two iterations of the Congress, in Calgary, Alberta (2006) and Minneapolis, Minnesota (2009) were organized as the North American Research Congress on Complementary and Integrative Medicine. The title change for 2012 captured the evolution in both the event and the field.

International reflected attendee demographics and meeting content. Twenty-four nations were represented in 2009. The 2012 event eventually drew from 30 countries. The term reflects the global origins of practices, products, scientific projects and investigators.

The addition of health reflected a NIH-CDC study that found a significant percentage of consumer use of complementary and alternative agents and practitioners is for health maintenance, wellness, health enhancement and promotion.

The survey findings reflect practitioner self-perceptions captured in discussions at the February 2009 Institute of Medicine (IOM) Summit on Integrative Medicine and the Health of the Public. Medicine by itself did not adequately capture the transformative intention of many of these practices. The IOM report found that many in the field urge for integrative health as a more appropriate and inclusive title.

Notably, the shift in language parallels Congressional usage in the 2010 Affordable Care Act which includes multiple references to “integrative health,” “integrative health care,” “integrative health practices,” and “integrative health practitioners.”

2012 International Research Congress on Integrative Medicine and Health captured these evolutions.
“My Congress ‘aha’ moment was Adi Haramati’s advice to faculty and trainees at the New Investigator’s lunch: ‘strive to conduct high level research, but don’t forget to be nice.’

Pre-Congress Workshops
On the day prior to the Congress, more than 260 individuals attended one of seven different pre-congress workshops. Workshops were selected through the same peer review process as abstracts and symposia and included Advancing Research Literacy, Evidence-Based CAM, Clinical Hypnosis for Pain Management in Children, Health Coaching, Writing a CAM Grant, Training in Systematic Review of Research Methods, and Fostering Empathy in Healthcare Professionals.

New Investigator Programming
IRCIMH 2012 continued the practice of having programming dedicated to New Investigators, namely early-career faculty, fellows, residents and students. Events included a welcome reception, a mentoring lunch attended by 200 people, and an informal networking dinner. All of these events featured senior academic leaders and researchers from the Consortium and ISCMR.

Peer-Selected Symposia, Panel Discussions and Workshops
IRCIMH 2012 featured eight well-received plenary sessions featuring renowned integrative health researchers and drew together the most cutting edge and rigorous research being conducted around the world with 30 concurrent workshop sessions and 16 oral abstract sessions. Webcasts of the plenary sessions are freely accessible on the website: IRCIMH.org/2012.

Poster sessions
With 433 posters presented through a scientific peer review process, a wide breadth of the science in the field was accessible to congress attendees through seven different poster viewing sessions. There also was an opportunity to learn from representatives of Participating Organizations who had information tables at the Congress.

Experiential Sessions
True to the spirit of integrative health, participants had the opportunity to begin each day with either a guided walk or run across the Portland bridges and along the waterfront of the Willamette River, or an engaging session of yoga, tai chi or mindfulness meditation.
Over 98% rated the Congress Excellent or Good.

427 responded to the survey:
- 65.3% said Excellent
- 33.3% said Good
- 6.7% said Neutral
- 0.9% said Poor

When I think about feelings that I felt while volunteering at the International Research Congress on Integrative Medicine and Health, vivid reflections of Oregon return to me and the first word that comes to mind is: moved. I am moved because I stand before many giants in a blossoming field, many of whom started their careers in Integrative Medicine.

Overall Conference Quality
How would you rate the overall quality of the conference?

Attendees’ Discipline or Field

- Acupuncture
- Allied Health Services
- Biological Sciences
- Behavioral/Social Sciences
- Chiropractic
- Massage
- Medicine
- Nursing
- Naturopathy
- Oriental Medicine
- Pharmacy
- Public Health
- Other
CONFERENCE STATISTICS

Attendees’ Primary Professional Role

- Academic Faculty: 24%
- Health Administrator: 11%
- Health Practitioner: 8%
- Research Scientist: 11%
- Trainee: Student: 6%
- Trainee: Fellow/Resident: 4%
- Other: 4%

Attendees’ Highest Degree

- BS/BA: 46%
- DC: 15%
- LAc: 16%
- MD: 8%
- MS/MPH/MA: 7%
- ND: 4%
- PhD: 1%
- RN: 1%
- Other: 1%
A STUDENT’S REFLECTIONS OF IRCIMH 2012

Daniel Woolridge

MS, Georgetown University
Now a first year medical student at UC San Diego School of Medicine

“No matter what background each practitioner came from (i.e. naturopathy, chiropractic, yoga therapy, nursing, allopathic medicine), all were greeted as colleagues and received as friends.”

“When I think about how I felt while volunteering at the 2012 International Research Congress on Integrative Medicine and Health, vivid reflections of Oregon return to me and the first word that comes to mind is: moved. I am moved because I stand before many giants in a blossoming field, many of whom started their careers in Integrative Medicine amidst heckling and harsh scrutiny. I am moved because their conviction to this field inspires me to stay the course with what I believe to be the future of healthcare and fundamentally what is right for patient care. But more than anything, I am moved because never before have I been witness to people who are just as eager—if not more—to help me on my path as they are to get their data published and available to the public. The enthusiasm that each senior investigator conveyed in wanting to learn about my plans for the future was second only to the guidance they were each willing to give me about what to consider as I move forward on my way to becoming an MD. The supportive environment has pushed me to try and become a giant in this field someday. Logistically, just as much time was devoted to New Investigators meeting with experienced professionals, as was devoted for plenary discussions. And to top everything off: there was an absence of hierarchy present at the congress. This is truly where the congress shined, distinguishing itself from an MDs-only gathering. Integrative Medicine is still a field that faces much scrutiny from many different communities, but to see scientists, practitioners, and even military personnel working together reaffirms the idea that this is something special and necessary...”
**CONGRESS FACTS**

Over **1000** registrants attended the 2012 Congress, representing **30** different countries.

Over **250** Trainees, Students, and New Investigators registered for the Congress.

694 scientific abstracts were submitted to the Congress, and **72%** of the submitted abstracts were accepted.

More than **200** members in the field of integrative medicine and health served as abstract reviewers.

The Congress held educational **roundtable** lunch sessions.

The Congress received close to **80** proposals for sessions and was able to include **30** symposia workshops & discussions into the program.

The Congress accepted both **regular** and **late-breaking** abstract submissions.

<table>
<thead>
<tr>
<th>2012 Congress Presentations</th>
<th>Poster</th>
<th>Oral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Science</td>
<td>56</td>
<td>9</td>
</tr>
<tr>
<td>Clinical</td>
<td>197</td>
<td>32</td>
</tr>
<tr>
<td>Education</td>
<td>17</td>
<td>7</td>
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<tr>
<td>Health Sciences Research</td>
<td>90</td>
<td>14</td>
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<tr>
<td>Research Methodology</td>
<td>73</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>433</strong></td>
<td><strong>65</strong></td>
</tr>
</tbody>
</table>
Presentation Overview

The ability to self-generate meaningful positive emotions is essential to health from infancy to old age. In this presentation, world-renowned researcher Dr. Barbara Fredrickson will justify this claim by drawing on her broaden-and-build theory of positive emotions and the latest evidence that supports it. The theory holds that, in the moment of experience, positive emotions expand people’s awareness (the broaden effect) and that, over time, moments of expanded awareness accumulate and compound to increase people’s resources for living well (the build effect). Experiments from multiple laboratories now support the broaden effect of positive emotions, using behavioral measures as well as eye-tracking and brain imaging. More recently, field experiments have tested the build effect of positive emotions, finding that people can reliably increase their daily diets of positive emotions through the contemplative practice of loving-kindness meditation, and by doing so, they nourish growth in their personal resources. Improved resources, including perceived mindfulness, environmental mastery, self-acceptance, positive relations with others, and physical health, in turn contribute to increases in life satisfaction and reductions in depressive symptom. Moving beyond self-reported resources, a recent field experiment finds that the practice of loving-kindness meditation also increases people’s cardiac vagal tone, a biological marker of health and flexible self-regulatory capacity. These new data deepen the evidence that contemplative practices transform enduring biological functioning in ways that may promote both mental and physical health.

Biography

Barbara Fredrickson, PhD is Kenan Distinguished Professor and Director of the Positive Emotions and Psychophysiology Laboratory (a.k.a. PEPlab, www.PositiveEmotions.org) at the University of North Carolina at Chapel Hill, where she holds appointments in Psychology and the Kenan-Flagler School of Business. She earned her undergraduate degree from Carleton College and her doctorate from Stanford University and has previously held faculty positions at Duke University and the University of Michigan. Dr. Fredrickson is most known for her broaden-and-build theory of positive emotions, which she and her students have tested in laboratory and field experiments, using self-report, behavioral, and physiological measures. She has received numerous honors for her research on the benefits of positive emotions, including the American Psychological Association’s Templeton Prize in Positive Psychology and the Society for Experimental Social Psychology’s Career Trajectory Award. Her work has also received more than fifteen consecutive years of research funding from the National Institute of Health. Dr. Fredrickson is co-author of a leading Introductory Psychology textbook, and with the publication of Positivity (Crown, 2009) she has written about her research for general audiences as well. For more information on Dr. Fredrickson’s work, please visit www.PositivityRatio.com.
The Neurobiology of Stress: From Mechanisms to Intervention
Sonia Lupien, PhD

Scientific Director, Mental Health Institute,
University of Montreal
Professor, Department of Psychiatry at
University de Montréal
Founder and Director of the Centre for Studies
on Human Stress

Presentation Overview

For the last two decades, science has managed to delineate the mechanisms by
which stress hormones (particularly glucocorticoid secretion through activation
of the hypothalamic-pituitary-axis) can impact on the human brain. Receptors
for glucocorticoids are found in the hippocampus, amygdala and frontal cortex,
three brain regions involved in memory processing and emotional regulation.
Studies have shown that chronic exposure to stress is associated with reduced
volume of the hippocampus and that acute and chronic stress can modulate
volumes of both the amygdala and frontal cortex. The negative effects of chronic
stress on the hippocampus has led to the ‘Neurotoxicity Hypothesis’, whereby
chronic exposure to stress can lead to hippocampal atrophy. However, recent
studies show that reduced hippocampal volume can actually be pre-determined
early in life and increase vulnerability to develop stress-related mental health
disorders in face of adversity during adulthood (the ‘Vulnerability Hypothesis’).
We have recently suggested that exposure to early adversity could delay the
development of various brain regions through a neurotoxic process, leading to
reduced brain volumes as measured in adulthood. These reduced brain volumes
in adulthood could increase vulnerability to develop mental health disorders in
the face of adversity during adult life (called the ‘Life-Cycle Model of Stress’).
Dr. Lupien presented data showing that early exposure to maternal depression
has significant impact on brain volumes in 10 years old children, thus giving
support to this model. Based on these data, her laboratory is now developing
and/or studying the effects of various interventions aiming at decreasing stress
hormones levels in children and teenagers in order to prevent the deleterious
effects of chronic stress on brain development.

Biography

Sonia Lupien, PhD is the founder and director of the Centre for Studies on
Human Stress (www.humanstress.ca), and she holds a position as Senior
Investigator Chair on Mental Health in Women and Men from the Canadian
Institutes of Health Research.

For the last 20 years, Dr. Lupien has been studying the effects of stress on the
human brain, from infancy to adulthood and old age. In her new research
projects, Dr. Lupien is working on differences between men and women in
stress reactivity, and she is developing new educational programs on stress in
adolescents and workers.

“Sonia Lupien’s presentation on stress was excellent. I have already shared her website
with faculty and staff in my department.”
Placebo Therapy as an Ethical Alternative

Irving Kirsch, PhD

Associate Director, Program in Placebo Studies and the Therapeutic Encounter
Harvard Medical School
Beth Israel Deaconess Medical Center, Boston, MA, USA
Professor Emeritus, University of Hull & University of Connecticut

Presentation Overview

The ethics of using placebos in clinical trials and in clinical practice have been challenged. The challenge to clinical trials is based on the concern that effective treatment is being withheld from patients given placebos. In fact, effective treatment may be withheld from patients given the active drug in clinical trials. Were this not a possibility, there would be no need for the trial. More important, giving a placebo may be more ethical than giving the active drug in a clinical trial. This is the case when placebo effects are substantial for the condition being treated, when the effects of existing drugs are not much better than those of placebo, and when the active drug produces side effects and other risks that are not produced by placebo. Clinical trials of antidepressants are examined as an exemplar of this situation. In clinical practice, the ethical concern is based on the presumption that effective administration of placebos requires deception. Three ways of overcoming this obstacle to clinical exploitation of the placebo effect are explored. First, recent data indicate that placebo pills can be given to patients openly, without either explicit or implicit deception, and can still produce substantial clinical benefits. Second, placebo effects can be elicited without the use of placebos by enhancing the therapeutic relationship and increasing patient confidence in the effectiveness of the treatment. Third, hypnosis can be used as a non-deceptive placebo to enhance therapeutic outcome.

Biography

Irving Kirsch, PhD is Associate Director of the Program in Placebo Studies at the Harvard Medical School and Professor Emeritus at the University of Hull and the University of Connecticut. He has published 10 books and more than 200 scientific journal articles and book chapters on placebo effects, antidepressant medication, hypnosis, and suggestion. Dr. Kirsch’s meta-analyses on the efficacy of antidepressants were covered extensively in the international media and influenced official guidelines for the treatment of depression in the United Kingdom. His book, The Emperor’s New Drugs: Exploding the Antidepressant Myth, which has been published in English, French, and Japanese, was shortlisted for the prestigious Mind Book of the Year award. It was the topic of a five-page cover story in Newsweek, and was favorably reviewed in the New York Review of Books by Marcia Angell, former editor-in-chief of the New England Journal of Medicine.

“The talk from Dr. Kirsch’s ‘placebo effect’ validated what I see in my work with mind/body medicine. We just need a ritual to tap into our innate ability to heal ourselves. I will use this when talking to patients and students.”
Comparative Effectiveness Research: Implications for Practice and Policy

Michael Lauer, MD, FACC
Director, Division of Cardiovascular Sciences, National Heart, Lung, and Blood Institute

“Various ideas from the comparative effectiveness research talk by Lauer will shape my thinking for years to come...”

Presentation Overview

Comparative effectiveness research (or “CER”) is the type of clinical research that most directly impacts clinical practice and/or public policy. We can understand what CER is by focusing on the three letters: “C” stands for comparison, contest, or choice among existing options for diagnosis, prevention, monitoring, or management of medical conditions; “E” stands for effectiveness, meaning outcomes relevant to patients (such as mortality, morbidity, or quality of life) or health care systems within real-world settings; and “R” stands for research, meaning randomized trials, observational studies, or systematic syntheses of existing research. CER has drawn much attention recently because of its explicit inclusion in the 2009 American Recovery and Reinvestment Act (ARRA) and the 2010 Affordable Care Act, which led to the formation of the non-governmental, non-profit Patient-Centered Outcomes Research Institute (“PCORI”). CER has also drawn controversy, as some have criticized it of creating “death panels” that would lead to the withholding of expensive health services from patients.

Despite the recent attention, CER is in fact nothing new. Critical physicians and policy makers have noted for many years (centuries in fact) that doctors often adopt technologies and services in the absence of rigorous scientific evidence. Examples among many include bloodletting, anti-arrhythmic drugs, hormone-replacement therapy, bone marrow transplantation for metastatic breast cancer, anti-oxidant vitamins to prevent cancer, and intracranial stents after stroke. In each of these cases, rigorous large-scale comparative effectiveness trials were needed to evaluate value. In other cases, rigorous CER trials established value: examples include revascularization for acute myocardial infarction, and more recently helical CT for lung cancer screening. CER is the center of a number of policy questions, including prioritization, role of stakeholders, governance, implementation, role of observational data, and incorporation of personalized medicine.

Biography

Michael Lauer, MD, FACC, has served as Director of the Division of Cardiovascular Sciences at the National Heart, Lung, and Blood Institute since October 14, 2009. He is a cardiologist and clinical epidemiologist noted for his work on diagnostic testing, clinical manifestations of autonomic nervous system dysfunction, and clinical comparative effectiveness. Dr. Lauer received a BS in biology from the Rensselaer Polytechnic Institute and an MD from Albany Medical College; he also participated in the Program in Clinical Effectiveness at the Harvard School of Public Health. He received post-graduate training at Massachusetts General Hospital, Boston’s Beth Israel Hospital, and the Framingham Heart Study. Prior to coming to the NIH, Dr. Lauer was a Professor of Medicine, Epidemiology, and Biostatistics at the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University and a Contributing Editor for JAMA (Journal of the American Medical Association). Dr. Lauer is an elected member of the American Society of Clinical Investigation and won the Ancel Keys Award of the American Heart Association in 2008. In 2010, he won the NIH Equal Employment Opportunity (EEO) Award of the Year.
Developing a Methodological Framework to Improve the Quality and Relevance of Research in Integrative Medicine

Sean Tunis, MD, MSc

Founder and Director, Center for Medical Technology Policy
Former CMO, Centers for Medicare and Medicaid Services

Sponsored in part by:

THE INSTITUTE FOR INTEGRATIVE HEALTH

Presentation Overview

Major gaps in knowledge are consistently identified in virtually all systematic reviews and clinical guidelines in both conventional and integrative medicine, whether the topic of review is drug therapy for dementia, radiation therapy for prostate cancer, surgical therapy for rotator cuff injuries, or acupuncture for back pain. As patients or clinicians, we are generally faced with making difficult decisions about different interventions with limited evidence to inform those decisions. Furthermore, a number of treatment options that may well be helpful are not widely available or covered by insurance because their benefits and risks have not been adequately evaluated. Most studies in traditional, complementary and integrative medicine were designed to detect specific effects of these interventions and are not very useful for clinical decision-making in a usual care setting. An important contributor to the evidence gaps for clinical decision-making is the historical lack of engagement of decision makers in developing research priorities, refining research questions, and crafting study protocols. Comparative effectiveness research and patient-centered outcomes research are relatively recent attempts to meaningfully engage decision makers in the process of evidence development. The core premise of this approach to research is, for example, to learn from patients what outcomes are most relevant to them, from clinicians which comparators are the most common options they consider, and asking payers what patient characteristics would be most helpful to reflect in the study inclusion and exclusion criteria. These insights are then reflected in how clinical studies are designed. Rapid improvements in the quality and consistency of evidence may be achieved by collaborative efforts between clinicians, patients and researchers to develop consensus on the optimal approaches to conducting research for specific categories of health interventions. Work of this kind in now underway in the field of integrative medicine (acupuncture and traditional Chinese medicine) and a number of other clinical domains.

Biography

Sean Tunis, MD, MSc is the Founder and Director of the Center for Medical Technology Policy in Baltimore, Maryland. CMTP’s main objective is to improve the quality, relevance and efficiency of clinical research by providing a neutral forum for collaboration among experts, stakeholders and decision makers. Dr. Tunis was a member of the Institute of Medicine Committee on Initial National Priorities for Comparative Effectiveness Research. He advises a wide range of domestic and international public and private health care organizations on issues of comparative effectiveness, evidence based medicine, clinical research, reimbursement and health technology policy.

Through September of 2005, Dr. Tunis was the Chief Medical Officer at the Centers for Medicare and Medicaid Services (CMS), where he had lead responsibility for clinical policy for the Medicare and Medicaid programs. Previously, he served as the Director of the Health Program at the Congressional Office of Technology Assessment and as a health policy advisor to the U.S. Senate, where he worked on pharmaceutical and device policy issues.

Dr. Tunis trained at the University of California in Los Angeles and the University of Maryland in Internal Medicine and Emergency Medicine, and holds adjunct faculty positions at the Center for Health Policy at Stanford University, the Department of Internal Medicine at the Johns Hopkins School of Medicine, and the Department of Surgery at the University of California at San Francisco.

“The biggest take away from my experience at the conference as a practitioner was the absolute need of a collective approach to research. A model that, as Sean Tunis highlighted, needs to incorporate input from practitioners and patients which I now understand are the translators and end users of research efforts.”
Presentation Overview

Acupuncture is one of the most widespread CAM treatments and more than 1000 randomized controlled trials on acupuncture have been published over the last decade. The available research has shown that for a number of diseases acupuncture is more effective than a usual care intervention or even a conventional standard care intervention; however, there is an ongoing discussion about the acupuncture point-specific effects and the validity of different sham controls. In addition to methodological considerations on acupuncture’s complexity, this presentation highlights the newest research on its efficacy and effectiveness. Included are results from 1) a patient-level meta-analysis summarizing the evidence from 29 studies on acupuncture for chronic pain (Vickers 2010), 2) the first meta-analysis on fMRI studies for acupuncture and 3) results from large recent clinical trials on allergic rhinitis and migraine. More research on acupuncture mechanisms and the influence of context is needed. An increased emphasis on Comparative Effectiveness Research (CER) promises to strengthen the evidence base for clinical and policy decision-making. Available acupuncture research already contributes to CER (Witt 2012) and the newly developed Effectiveness Guidance Document for acupuncture research will support future optimal use of research resources.

Biography

Claudia Witt, MD, MBA is Professor for Medicine and Vice Director of the Institute for Social Medicine, Epidemiology and Health Economics at the University Medical Center Charité in Berlin, Germany. Since May 2008, she is Carstens Foundation Distinguished Professor for Complementary Medicine Research. In addition to her position at the Charité, Dr. Witt is Visiting Professor at Center of Integrative Medicine at the University of Maryland School of Medicine. Over the last 10 years she was involved in a number of studies, including large acupuncture studies, comparative effectiveness research and health economic evaluations. Dr. Witt is the President of the International Society for Complementary Medicine Research (ISCMR), has more than 100 publications in peer reviewed journals and developed the first international summer school on complementary medicine research methods which is offered annually.

References:

Presentation Overview

Scientific data continue to accumulate demonstrating that people who are more physically active have a lower chronic disease burden throughout their lifespan than their counterparts who remain sedentary much of the time. Data contributing to the science of inactivity, activity and health come from a wide range of experimental and observational studies that provide the evidence needed to support strong clinical and public health physical activity guidelines. While the effects of physical activity closely interact with other health behaviors or conditions such as nutrition, mental stress and obesity, physical activity provides independent and unique health benefits. Most data showing lower chronic disease rates in more active persons come from prospective observational studies. However, numerous well-executed experimental studies have demonstrated the favorable effects of increased activity on a wide range of biomarkers considered to be in the causal pathways between the change in activity and the disease process for major chronic diseases such as coronary heart disease, congestive heart failure, stroke and type-2 diabetes. While strong associations and some experimental data exist linking physical activity to many other chronic conditions such as colon cancer, breast cancer, depression, and dementia, less is understood about potential biological mechanism for these benefits.

Much of the research between the 1950s and 2000 focused on the health benefits and risks of moderate- or vigorous-intensity physical activity (MVPA), but recently a major research emphasis has been on the health risks associated with sedentary behavior, primarily sustained sitting. Preliminary data indicate that reducing sitting time and inserting “breaks” throughout the day may provide health benefits independent of MVPA.

Based on extensive systematic reviews of the scientific literature physical activity guidelines have published by a number of developed countries (e.g., USA, Canada, UK, Brazil) and for developing countries by the World Health Organization with excellent harmonization across guidelines.

Biography

William Haskell, PhD is Professor of Medicine (active emeritus) in the Stanford Prevention Research Center and the Division of Cardiovascular Medicine at Stanford University. He has been a member of the Stanford Medical School faculty for the past 38 years with primary interests in applied and clinical research in preventive cardiology, cardiac rehabilitation, physical activity and chronic disease and successful aging. Dr. Haskell has served on numerous national and international panels responsible for developing guidelines for physical activity and public health, preventive cardiology and cardiac rehabilitation. He was chair of the Physical Activity Guidelines Advisory Committee for DHHS in 2008. During 2008-2010, he was a scientific advisor to the World Health Organization for the development of WHO Global Recommendations on Physical Activity for Health (2010) and to the United Kingdom Health Ministries for the development of United Kingdom Physical Activity and Sedentary Behavior Guidelines (2011). Currently, Dr. Haskell is Chair of the International Review Panel for the Evaluation of Exercise and Sports Sciences in the Nordic Countries.

“Haskell gave a condensed view of maybe 40 years on the subject! ‘Rest’ as pathogenic factor—you never hear this anywhere else!”
CONGRESS KEYNOTE PRESENTATIONS

Friday, May 18 | 08:45 – 09:30

Diet and Health: A Progress Report

Walter Willett, MD, MPH, DrPh
Fredrick John Stare Professor of Epidemiology and Nutrition
Chair, Department of Nutrition
Harvard School of Public Health

Presentation Overview

For much of the last 25 years the focus of nutritional advice has been to reduce total fat intake and consume large amounts of carbohydrate. However, this advice was inconsistent with many lines of evidence indicating that unsaturated fats have beneficial metabolic effects and reduce risk of coronary heart disease. More recent evidence has also shown that the large majority of carbohydrates in current industrial diets, consisting of refined starches and sugar, have adverse metabolic effects and increase risks of obesity, heart disease and type 2 diabetes. Also, red meat consumption is associated with increased risks of diabetes, cardiovascular disease, some cancers, and total mortality, and replacement of red meat with nuts and legumes is strongly associated with lower risk of these outcomes. Thus, in an optimal diet, most calories would come from a balance of whole grains and plant oils, and proteins would be provided by a mix of nuts, beans, fish, eggs, and poultry. Higher intake of fruits and vegetables (not including potatoes) is associated with lower risks of cardiovascular disease, although the benefits for cancer prevention appear to be less than anticipated. A shift from the current US diet to a more optimal way of eating would have a profoundly beneficial effect on health and wellbeing of Americans. This shift would also reduce the many adverse environmental impacts of our current diet.

Biography

Walter Willett, MD, MPH, Dr.Ph, is Professor of Epidemiology and Nutrition and Chairman of the Department of Nutrition at Harvard School of Public Health and Professor of Medicine at Harvard Medical School. Dr. Willett, an American, was born in Hart, Michigan and grew up in Madison, Wisconsin, studied food science at Michigan State University, and graduated from the University of Michigan Medical School before obtaining a Doctorate in Public Health from Harvard School of Public Health. Dr. Willett has focused much of his work over the last 25 years on the development of methods, using both questionnaire and biochemical approaches, to study the effects of diet on the occurrence of major diseases. He has applied these methods starting in 1980 in the Nurses’ Health Studies I and II and the Health Professionals Follow-up Study. Together, these cohorts that include nearly 300,000 men and women with repeated dietary assessments are providing the most detailed information on the long-term health consequences of food choices.

Dr. Willett has published over 1,100 articles, primarily on lifestyle risk factors for heart disease and cancer, and has written the textbook, *Nutritional Epidemiology*, published by Oxford University Press. He also has three books book for the general public, *Eat, Drink and Be Healthy: The Harvard Medical School Guide to Healthy Eating*, which has appeared on most major bestseller lists, *Eat, Drink, and Weigh Less*, co-authored with Mollie Katzen, and most recently, *The Fertility Diet*, co-authored with Jorge Chavarro and Pat Skerrett. Dr. Willett is the most cited nutritionist internationally, and is among the five most cited persons in all fields of clinical science. He is a member of the Institute of Medicine of the National Academy of Sciences and the recipient of many national and international awards for his research.

“I realized I should throw out all my low fat foods after listening to Dr. Willett.”
PROGRAM AT A GLANCE
Tuesday, May 15

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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| 09:00 - 17:00 | Full Day Pre-Congress Workshop  
|            | Advancing Research Literacy                                              |
| 09:00 - 12:00 | Morning Pre-Congress Workshops  
|            | Evidence-based CAM: State of the Science of Chiropractic, Naturopathic and Traditional East Asian Medicine  
|            | Clinical Hypnosis as an Adjunct in Peri-Operative Medicine and Pain Management in Children, Adolescents and Adult Patients  
|            | Health Coaching: State of the Science                                    |
| 14:00 - 17:00 | Afternoon Pre-Congress Workshops  
|            | Writing a CAM Grant: Challenges in Clinical Trial Design and Important Statistical Considerations  
|            | Systematic Review Research Methods Training: Focus on CAM                |
|            | Fostering Empathy: A Hands-On Training for Healthcare Professionals       |
| 18:30 - 20:00 | Welcome Reception                                                        |

“My ‘aha’ moment was that what is going on outside of the conference (networking, socializing, eating) is almost as important as the conference itself. It is fantastic to see colleagues that you have not seen in years in person, all connecting.”

Wednesday, May 16

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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| 06:30 - 07:15 | Experiential Sessions: Yoga | Tai Chi | Meditation  
| 07:00 - 08:00 | Continental Breakfast                                                   |
| 08:00 - 08:15 | Opening Remarks                                                          |
| 08:15 - 09:00 | Plenary Session 01: “How Positive Emotions Heal”  
|            | Barbara Fredrickson                                                     |
| 09:00 - 09:45 | Plenary Session 02: “Stress: From Neurobiology to Interventions”  
|            | Sonia Lupien                                                            |
| 09:45 - 10:30 | Poster Viewing and Coffee Break                                          |
| 10:30 - 12:00 | Concurrent Sessions                                                       |
|            | Advances in Integrative Cardiology: State of the Science                |
|            | Standardizing Competencies for Integrative Medicine Clinical Fellowships |
|            | Tools for Measuring and Enhancing Contextual Factors in Healing          |
|            | A Window to the Brain: Neuroimaging Technologies for Integrative Medicine Research |
|            | Strengthening Integrative Medicine and Health across the US Military with Research, Evidence, and Collaboration |
|            | Conducting Research in Integrative Medicine Clinical Practices: Lessons Learned and Future Directions |
"I loved the international perspective of research happening around the world—for example, Korea and England."

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<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>12:00 - 13:30</td>
<td>Lunch Sessions&lt;br&gt;General Seating is available in the exhibit hall.</td>
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<tr>
<td></td>
<td>Stepped Progression of Mind-Body Clinical Research</td>
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<td></td>
<td>Meet the Speaker: Barbara Fredrickson</td>
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<td></td>
<td>Meet the Speaker: Sonia Lupien</td>
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<tr>
<td></td>
<td>New Investigator Lunch Pre-Registration Required</td>
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<td>Open Discussion on CAM Safety Research: What is Needed?</td>
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<td>Pediatrics Interest Group: Models for Integrative Pediatric Clinical Practice</td>
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<td>13:30 - 14:30 (OHSU session)</td>
<td>Concurrent Oral Abstract Sessions</td>
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<td>Health Services Research - Cost Effectiveness of CAM/IM</td>
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<td>Clinical - CAM/IM on Biological Outcomes of Clinical Significance</td>
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<td>Clinical - Acupuncture Efficacy and Effectiveness</td>
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<td>Basic Science-Mechanisms of CAM Therapies</td>
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<td>14:30 - 14:45</td>
<td>Break</td>
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<td>14:45 - 15:45</td>
<td>Concurrent Sessions</td>
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<td></td>
<td>Creating a Working Definition of “Disciplines Research”</td>
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<td>Using Observational Studies and Secondary Data Analyses for Research on Complementary and Integrative Healthcare (CIH)</td>
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<td>Real World Studies of Complementary and Alternative Medicine: Rigorous Study Designs that Increase Generalizability</td>
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<td>CAM and CANCER: Communicating the Research Status to Healthcare Professionals and Patients</td>
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<td>Teaching Evidence Based Practice in a CAM Environment: The Experience at Western States</td>
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<td>CAMbrella: A Pan-European Research Network for Complementary and Alternative Medicine</td>
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<tr>
<td>15:45 - 16:15</td>
<td>Break</td>
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<tr>
<td>16:15 - 17:00</td>
<td>Plenary Session 03: “Placebo Therapy as an Ethical Alternative”</td>
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<td>Irving Kirsch</td>
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<tr>
<td>17:00 - 18:30</td>
<td>Poster Session 01 and Reception</td>
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<tr>
<td>17:20 - 19:30</td>
<td>Optional Local Site Visits</td>
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<tr>
<td></td>
<td>National College of Natural Medicine: Naturopathic Medicine, Classical Chinese Medicine, Integrative Medicine</td>
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<td></td>
<td>Oregon College of Oriental Medicine: Traditional Chinese Medicine, Integrative Medicine</td>
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<td>Oregon Health &amp; Science University: Centers for Integrative Medicine</td>
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<td>University of Western States: Chiropractic Medicine, Massage Therapy, Integrative Medicine</td>
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<td>18:30 - 19:30</td>
<td>ISCMR Annual General Membership Meeting</td>
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<td>18:30 - 19:30</td>
<td>Integrative Mental Health—Organizational Meeting</td>
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## PROGRAM AT A GLANCE

**Thursday, May 17**

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<tr>
<th>Time</th>
<th>Session/Activity</th>
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<tbody>
<tr>
<td>06:30 - 07:15</td>
<td>Experiential Sessions: Yoga</td>
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<td>07:00 - 08:00</td>
<td>Continental Breakfast</td>
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| 08:00 - 08:45 | Plenary Session 04: “Comparative Effectiveness Research: Implications for Practice and Policy”  
*Michael Lauer* |
| 08:45 - 09:30 | Plenary session 05: “Developing a Methodological Framework for Comparative Effectiveness Research in Integrative Medicine”  
*Sean Tunis* |
| 09:30 - 10:30 | Poster Viewing and Coffee Break                                                 |
| 10:30 - 12:00 | Concurrent Sessions                                                            |
|               | Integrative Pain Management: Meeting the Research Challenge of Clinical Effectiveness and Cost Efficiency |
|               | Low Back Pain: Standardization Issues in Manual Medicine Research and its Application to Evidence – Based Practice |
|               | What Can Clinical Effectiveness Research (CER) Contribute to Integrative Health? – An International Perspective |
|               | Mechanisms of Stress Reduction & Resilience during Mindfulness – Based Interventions |
|               | Assessing the Safety of Pediatric CAM                                           |
|               | Acupuncture, Research and the Challenge of Heterogeneity: What Can We Learn from Comparing Manual VS Electrical Acupuncture? |
| 12:00 - 13:30 | Lunch Sessions                                                                 |
|               | General Seating is available in the Exhibit Hall, Pearl, and Mt. Hood Rooms    |
|               | Integrative Pain Management Interest Group                                     |
|               | Funding Your Research – New Opportunities and Strategic Partnerships            |
|               | Meet the Speaker: Sean Tunis                                                    |
|               | Pediatrics Interest Group: Rapid Fire Discussion – Priority Research Topics and Methods for Health Services and Policy Research (OHSU session) |
| 13:30 - 14:30 | Concurrent Oral Abstract Sessions                                              |
|               | Education Involving CAM/IM                                                      |
|               | Clinical – Movement and Manipulation                                            |
|               | Clinical – Naturopathic and Herbal Approaches                                  |
|               | Basic Science Mechanisms                                                       |
| 14:30 - 14:45 | Break                                                                          |
| 14:45 - 15:45 | Concurrent Oral Abstract Sessions                                              |
|               | CAM – Touch Therapies                                                          |
|               | Clinical – Yoga Research                                                        |
|               | IM for Low Back Pain                                                            |
|               | Health Services Research – Surveys                                              |
| 15:45 - 16:15 | Poster Viewing and Break                                                        |
| 16:30 - 17:15 | Plenary Session 06: “International Perspectives on Acupuncture Research – Where Do We Stand, Where Should We Go?”  
*Claudia Witt* |
<p>| 17:15 - 18:45 | Poster Session 02 with Reception                                                |</p>
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<td>08:00 - 08:45</td>
<td>Plenary Session 07: “The Science of Physical Inactivity and Activity in the Prevention of Chronic Disease” William Haskell</td>
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<tr>
<td>08:45 - 09:30</td>
<td>Plenary Session 08: “Diet and Health: A Progress Report” Walter Willett</td>
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<td>09:30 - 10:30</td>
<td>Poster Session 03 and Coffee Break</td>
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<td>10:30 - 12:00</td>
<td>Concurrent Sessions</td>
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<td>Health Care Disparities in Complementary and Alternative Medicine</td>
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<td>The State of the Art and Science in Creative Arts Therapies – With a Focus on Treatment of Trauma</td>
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<td>Natural Health Product Research: The Next Frontier</td>
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<td>Role of Complementary and Alternative Medicine in Promoting Healthy Behaviors: How Health Behavior Theory &amp; Conceptual Frameworks Improve Study Design</td>
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<td>Research Design and Methodology for Ayurveda as a Whole System of Medicine</td>
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<td>Cost Savings of Integrative Medicine: Systematic Review and Results from Studies of Medical Home, Medicare Demonstration Project and 2 Hospitals</td>
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<tr>
<td>12:00 - 13:30</td>
<td>Lunch Sessions (Boxed Lunch Provided)</td>
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<td>General Seating is available in the Exhibit Hall, Pearl, and Belmont Rooms</td>
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<td>Consortium Luncheon (CAHCIM)</td>
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<td>Meet the Speaker: William Haskell</td>
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<td>Characteristics of Successful Mentoring Relationships (NCCAM Resource Lunch)</td>
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<td>13:30 - 14:30</td>
<td>Concurrent Oral Abstract Sessions</td>
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<td>CAM/IM in Educational Settings</td>
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<td>Clinical – Efficacy, Effectiveness, and Mechanisms</td>
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<td>Clinical and Health Service Research</td>
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<td>Practice – Based Outcomes and Survey Research</td>
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<td>14:30 - 15:00</td>
<td>Coffee Break</td>
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<td>15:00 - 16:30</td>
<td>Concurrent Sessions</td>
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<td>An Integrated Understanding of Scientific and Methodological Issues in Biofield/Bioenergetic Therapies</td>
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<td>Conducting Research on Integrative Cancer Symptomology: Focus on Research Challenges, Successes, and Resources in Clinical Research</td>
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<td>Yoga as Therapy: Rationale and Research</td>
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<td>Integrative Medicine for Women: State of the Science</td>
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<td>Advancing Outcomes Measurement and Data Collection in Integrative Medicine Clinical Research Using NIH PROMIS and Assessment Center Applications</td>
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<td>Integrative Medicine Educational Models in Residency: Research Design, Methods, and Outcomes</td>
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<tr>
<td>16:30 - 17:00</td>
<td>Poster Viewing and Break</td>
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<tr>
<td>17:00 - 18:00</td>
<td>Trainee Poster Awards</td>
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<td>Final Session and Closing Ceremony</td>
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“I was amazed at the quality of the science around bioenergy therapies (last afternoon).”
THANK YOU FOR YOUR SUPPORT!

Funding Support

- Abbott Northwestern Hospital / Penny George Institute for Health and Healing
- Bernard Osher Foundation
- Dr. Rogers Prize for Excellence in Complementary & Alternative Medicine
- Global Advances in Health and Medicine
- Massage Therapy Foundation
- National Center for Complementary and Alternative Medicine (NCCAM)/NIH
- Northwestern Health Sciences University / Wolfe-Harris Center for Clinical Studies
- OHSU Foundation
- OHSU Integrated Self-care Initiative for Students (ISIS)
- Oregon Collaborative for Integrative Medicine
- Oregon College of Oriental Medicine
- Samueli Institute
- The Institute for Integrative Health
- University of Western States
- Weil Foundation

Participating Organizations

- Academic Consortium for Complementary and Alternative Health Care (ACCAHC)
- Alliance for Massage Therapy Education
- American Academy of Pain Management
- American Art Therapy Association
- American College of Lifestyle Medicine
- American Institute of Homeopathy
- American Massage Therapy Association
- American Psychosomatic Society
- Argentine Association of Integrative Medicine
- Association of Ayurvedic Professionals of North America
- Australasian Integrative Medicine Association
- CAMbrella (European Research Network on CAM)
- Canadian Interdisciplinary Network for CAM Research (IN-CAM)
- Canadian Pediatric Complementary and Alternative Medicine Network
- Center for Integrative Medicine in Public Health
- Cochrane Collaboration CAM Field
- Council of Colleges of Acupuncture and Oriental Medicine
- European Society of Integrative Medicine
- Global Alliance of Traditional Health Systems (GATHS)
- Institute for the Preservation of Medical Traditions
- Institute of Integrative Pain Management
- International Association of Medical Science Educators
- International Association of Yoga Therapists
- International Network of Integrative Mental Health (INIMH)
- International Society for Complementary Medicine Research (ISCMR)
- International Society for Japanese Kampo Medicine (ISJKM)
- Israel Society for Complementary Medicine
- Japanese Society for Acupuncture (JSAM)
- KaMaH-Israel Assn for Health-Promoting Therapies
- Mind-Body Spirit Society of India
- Nationaal Informatie en Kenniscentrum Integrative Medicine (NIKIM) (National Information Center on Integrative Medicine) Netherlands
- National Cancer Institute, Office of Cancer Complementary and Alternative Medicine
- National Certification Commission for Acupuncture and Oriental Medicine
- National Institute of Complementary Medicine (NICIM)
- Naturopathic Physicians Research Institute
- Network of Researchers in the Public Health and Health Services Research of Complementary and Alternative Medicine (NorphCAM)
- NW Yoga Therapy Collaborative
- Society for Acupuncture Research
- Society for Arts in Healthcare
- Society for Integrative Oncology
- South Asian Society on Atherosclerosis and Thrombosis

Publishers

- Biomed Central Complementary and Alternative Medicine
- Explore / Elsevier
- Mary Ann Liebert
- Natural Standard
SAVE THE DATE

May 13-16, 2014

Hyatt Regency Miami | Miami, Florida, USA
www.IRCIMH.org/2012
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All quotations in this summary have been taken from the congress evaluations completed by the attendees.
The New Investigator’s Luncheon was one of the most exciting experiences that a trainee could have had, especially for those just starting their careers in this life-long journey of research. The advice of world-renown leading senior researchers was truly helpful and will be remembered in times of hardships that may come in the future. Thank you!!!
Program Committee

Frederick Hecht, MD  
Program Committee, Co-Chair  
University of California-San Francisco, USA

Gloria Yeh, MD, MPH  
Program Committee, Co-Chair  
Harvard Medical School, USA

Shelley Adler  
University of California-San Francisco, USA

Lesley Braun, PhD  
Monash University, Australia

Emmeline Edwards, PhD  
NCCAM, USA

Torkel Falkenberg, PhD  
Karolinska Institute, Sweden

Helene Langevin, MD  
Harvard University and University of Vermont, USA

Jianping Lui, Ph.D., M.D.  
Beijing University of Chinese Medicine, China

Mitchell Haas, DC  
University of Western States, USA

Jun Mao, MD, MSCE  
University of Pennsylvania, USA

Karen Sherman, PhD, MPH  
Group Health, USA

Esther Sternberg, MD  
University of Arizona, USA

Claudia Witt, MD, MBA  
University Medical Center Charité Berlin; International Society for Complementary Medicine Research

Heather Zwickey, PhD  
Helfgott Research Institute, National College of Natural Medicine

Ex-Officio Members

David Eisenberg, MD  
Scientific Review Committee, Co-Chair  
Harvard University, USA

Adi Haramati, PhD  
Organizing Committee, Co-Chair  
Georgetown University School of Medicine, USA

Mary Jo Kreitzer, PhD, RN  
Fundraising Committee, Co-Chair  
University of Minnesota, USA

Robert Saper, MD, MPH  
Organizing Committee, Co-Chair  
Boston University School of Medicine, USA
Ushering In a New Era in Integrative Health
Notes from the Leading Edge

The 2014 International Research Congress in Integrative Medicine and Health (IRCIMH), sponsored by the Consortium of Academic Health Centers for Integrative Medicine (CAHCIM), convened in Miami on May 13-16, 2014. This Congress also served as the 9th International Congress on Complementary Medicine Research of the International Society for Complementary Medicine Research (ISCMR). In attendance were over 650 researchers, practitioners, educators and trainees, representing nearly 100 academic medical institutions in 23 countries. Though diverse, the attendees shared a unifying vision: to enhance research and broaden the reach of integrative medicine.

Presentations and symposia ranged in innovative research in basic science, clinical medicine, health service delivery and education. There was a strong focus on established therapies like meditation, yoga, tai chi, and acupuncture, as well as newer areas of inquiry such as health coaching, cost-effectiveness analyses, and the use of technology in integrative health. Of the numerous clinical conditions studied, chronic pain was featured most prominently. Two plenary speakers, Drs. Catherine Bushnell and Eric Schoomaker, presented key elements in the national epidemic of chronic pain in civilian and military populations, respectively. In the closing of his talk, Dr. Schoomaker borrowed a phrase from Pema Chodren: “Let us be both big and small.” This was a particularly poignant moment – garnering a standing ovation, it set the tone for the IRCIMH 2014.

In its ability to think big, the Congress highlighted its global reach, a broad sense of community, and a multidisciplinary approach to integrative health. Dr. Joseph Sung, vice-chancellor and president of the Chinese University of Hong Kong, in his plenary, encouraged mutual respect and cooperation between Eastern and Western medical paradigms. And in their respective plenary talks, Drs. Linda Collins and Alan Bensoussan both underscored the inherent strengths of an interdisciplinary approach to advancing integrative medicine scholarship. As testament to these themes, the IRCIMH afforded numerous opportunities to foster a sense of community across culture and discipline. Both camaraderie and engagement were ample during the Welcome Reception, Gala Dinner, community drum circle, lunchtime roundtable discussions and poster sessions.

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It is such an amazing opportunity to mingle with some of the most important people in this field - IRCIMH does a really nice job of facilitating this process. I especially appreciate the focus on new investigators and trainees - we are made to feel so welcome and supported. Thank you!
While the IRCIMH allowed us to think big, it also guided us in thinking small. Two plenary speakers, Drs. Steven Cole and Elissa Epel, brought our attention to the cellular level by elucidating the molecular underpinnings of mind-body interventions. Several symposia and presentations educated us on the emerging field of mind-body genomics, like those by Drs. Towia Libermann, John Denninger, and Manoj Bhasin. And there were a substantive number of poster presentations which revealed the breadth and scope of various cellular and immunologic biomarkers in integrative medicine research. In spite of their promising findings, nearly all of these “-omics” researchers balanced their curiosity with equipoise, advocating for the importance of making clinical sense of these findings given their social implications.

As we were urged to think big and small at the IRCIMH, so too were we encouraged to look back and then forward. In its looking back, the IRCIMH paid great tribute to the past in helping to inform the present. At the Gala Dinner, John Weeks was surprised with a living eBook tribute that included a collection of written thoughts from leaders in integrative healthcare, honoring his three decades of contributions to the field. Dr. Adi Haramati was also warmly acknowledged at the Gala by Drs. Rob Saper and Margaret Chesney, vice chair and chair of CAHCIM, respectively, and Heather Boon, president of ISCMR, after the announcement was made that the 2014 IRCIMH would be his last as co-chair.

Ushering in a future era in leadership, research, education and direction, the IRCIMH was particularly focused on tailoring its programming towards new investigators. The pre-congress offered a career development panel, the Welcome Reception was followed by a reception specifically for new investigators, and the first day of the conference included a new investigator luncheon. Of the nearly 320 posters on display, many were presented by trainees and junior faculty. And as homage to the approaching future, Dr. Josie Briggs publicly proposed a name change for NCCAM- the National Center for Research on Complementary and Integrative Health (NCRCI), and was met with overwhelming applause.

Big. Small. Past. Future. These simple yet pervasive constructs were the defining characteristics of our time together. The 2014 IRCIMH, much like the rich and nuanced field of integrative medicine itself, was all of these things – at once.
I came to observe and discover some research models for my future work in IM. I got more than I expected and found this conference to be an excellent networking platform.

I felt transformed at a paradigmatic level, and I have been using interventions with more confidence since returning to our clinic.

A valuable venue that will both delight, surprise and inform you of a depth and breadth of IM research.
FEATURES of the 2014 International Research Congress on Integrative Medicine and Health

- **Pre-Congress Workshops**
  On the day prior to the Congress, more than 150 individuals attended one of eight different pre-congress workshops. Workshops were selected through the same peer review process as abstracts and symposia and included Writing a Grant: Challenges in Clinical Trial Design; Introduction to the Multiphase Optimization Strategy (MOST) for Building more Effective Behavioral Interventions; Exploring the Timbre of Leadership in Integrative Healthcare; The Selection, Use and Interpretation of Outcome Measures in Integrated Medicine and Health; Including Health Economics Evaluations in Clinical Studies; Writing a CAM Grant, Where Wellness Meets Technology; Evaluating and Interpreting Systematic Reviews in CAM; and an all day workshop presented by staff from the National Center for Complementary and Alternative Medicine (NCCAM) at NIH, entitled: From Idea to Project—Career Development Strategies.

- **New Investigator Programming**
  IRCIMH 2014 continued the practice of having programming dedicated to new investigators, namely early-career faculty, fellows, residents and students. Events included a Welcome Reception, a mentoring lunch attended by 160 people, and informal networking throughout the Congress. Many attended the very popular Gala Dinner, which featured an outstanding live band specializing in Miami latin music. All of these events featured senior academic leaders and researchers from the CAHCIM and ISCMR.

- **Peer-Selected Symposia, Panel Discussions and Workshops**
  IRCIMH 2014 featured eight well-received plenary sessions featuring renowned integrative health researchers and drew together the most cutting edge and rigorous research being conducted around the world with 43 concurrent workshop sessions and 16 oral abstract sessions.

  Webcasts of the plenary sessions are freely accessible online at webcast ircimh.org.

- **Poster Sessions**
  With over 320 posters presented through a scientific peer review process, a wide breadth of the science in the field was accessible to congress attendees through seven different poster viewing sessions. Congress attendees also had the opportunity to learn from representatives of various sponsors and exhibiting organizations who had information tables at the Congress.

- **Experiential Sessions**
  True to the spirit of integrative health, participants had the opportunity to begin each day with an engaging session of either yoga or tai chi. Nearly 100 participants took advantage of one of these sessions over the course of the three days.
The Congress boasted an extensive international presence with representation from the following 22 international countries.

### Registrants Outside United States

#### Attendees’ Discipline or Field

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#### Registrants Outside United States

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### US Registrants by State

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<td><strong>Total</strong></td>
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Attendees’ Primary Professional Role

- 30.9% - Academic Faculty
- 7.9% - Administrator
- 8.5% - Fellow/Resident
- 10.8% - Practitioner
- 17.1% - Research Scientist
- 16.7% - Student
- 8.1% - Does not apply

Attendees’ Student Status

- 5.2% - Undergraduate
- 40.1% - Graduate/Master/PhD
- 26.7% - Professional Training
- 27.9% - Postdoctoral Fellow

Attendees’ Degrees Held

- 2.9% - DC
- 0.6% - DO
- 3.8% - LAc
- 29.1% - MA/MS/PhD
- 29.4% - MD
- 3.5% - ND
- 40.4% - BA/BS/Other
- 37.3% - PhD

Statistical data from the 2014 International Research Congress.
A Student’s Reflections on IRCIMH 2014

My childhood was, in many ways, punctuated by my parents’ annual attendance of the Computer Measurement Group’s International Conference (CMG). I distinctly remember my dad explaining to me that I too would one day find a community of like minded individuals in my chosen profession, and that it was arguably just as important as deciding on a career.

This was my second time attending the IRCIMH. I arrived in Miami with just enough time to sneak in to a wonderful afternoon workshop on cost effectiveness. From there I happened upon the opening reception where I, and many other new investigators, were personally greeted and made to feel welcome and supported. I floated back to my room that night and I called my dad. “Dad,” I said, excitedly gripping the phone, “I think I’ve found my CMG.”

The congress had only just begun, and it continued in much of the same fashion of that first magical day. I thoroughly enjoyed all of the cutting-edge presentations, thought provoking discussions, and delicious wholesome snacks. At my first conference in Portland, I spent much of my time awestruck at being in such close proximity to so many of the people in our field that I so deeply respect. I’m now a second year medical student at Bastyr University College of Naturopathic Medicine, and while my respect for the leaders of our field has only grown, I have a newfound understanding of just how much work there is to be done and the many opportunities that come with that.

Looking at the schedule, I often wanted to be in two, even three, sessions at once. I spent the week running from presentation to presentation – meticulously writing down key points, hurriedly scribbling thoughts to remember, and connecting with a humbling number of brilliant minds.

I left Miami energized, inspired, and empowered. I feel so lucky to have found this community and I look forward to many more years of learning and growing as we work together to provide the most efficacious, highest quality, integrative care for our patients.

Ms. Bereznay is a graduate of the Johns Hopkins Bloomberg School of Public Health (MSPH in International Health, Health Systems) and Georgetown University (MS in Physiology, CAM Program), and is currently a second year medical student at Bastyr University College of Naturopathic Medicine.

In my work the Congress was valuable in that it provided networking opportunities internationally and helped to inform my own knowledge with a variety of research that can be accessed for future program development.
Value of ISCMR Partnership

Having just returned home from the 2014 International Research Congress on Integrative Medicine and Health in Miami, my mind is alive with new knowledge, exciting research ideas and potential research collaborations. The International Society of Complementary Medicine Research (ISCMR) was proud to collaborate with Consortium of Academic Medical Centers for Integrative Medicine who convened this truly international congress which included participants from 23 countries.

I have a vivid memory of sitting in the Oral Abstract Session on Health Services Research and hearing presentations from the United States, Hong Kong and Sweden and being struck by how we are all struggling with the same issues regarding integration of effective therapies in a cost-effective way into our health care systems. This highlighted how much we have to learn from each other and the value of holding international research congresses.

ISCMR’s goal is to encourage and enable researchers from around the world to collaborate on high quality research that influences health care decisions. This congress provided an exceptional platform for exchange of ideas, showcasing the value of international collaborations and catalyzing new international research partnerships. It was a success on every level – scientific quality and diversity; innovative thinking; and open and interactive sessions that facilitated collaboration.

On behalf of ISCMR, I would like to thank the organizing committees, all the volunteers and all the participants for a challenging and enlightening international research congress.

Some of the presentations inspired new ideas for helping with current and future research projects. I also had some wonderful conversations with other practitioners that illuminated new ways of conducting business.
Facts from the 2014 International Research Congress

- Nearly **700 participants** from **23 countries** convened in Miami.
- The Congress received over **70 proposals** for sessions and included **43** symposia workshops & discussions into the program.
- **476 scientific abstracts** were submitted to the Congress, 91% of which were accepted.
- The Congress accepted both **regular** and **late-breaking** abstract submissions.
- Close to **200 members** in the field of integrative medicine and health served as abstract reviewers.
- The Congress had **65 oral presentations** and over **320 poster presentations**.
- **32%** of the oral presentations and **33%** of the poster presentations were presented by Students or Trainees.

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Presentation Synopsis
Relationships between genes and social behavior have historically been viewed as a one-way street, with genes in control. Recent analyses have challenged this view by discovering broad alterations in the expression of human genes as a function of differing socio-environmental conditions. My talk summarizes the developing field of social genomics, and its efforts to identify the types of genes subject to social regulation, the biological signaling pathways mediating those effects, and the genetic polymorphisms that moderate socio-environmental influences on human gene expression. This approach provides a concrete molecular perspective on how external social conditions interact with our genes to shape the functional characteristics of our bodies, and alter our future biological and behavioral responses based on our personal transcriptional histories.

Biography
Steve Cole is a Professor of Medicine in the Division of Hematology-Oncology at the UCLA School of Medicine. His research analyzes the pathways by which social and environmental factors influence the activity of human, viral, and tumor genomes. Dr. Cole pioneered the use of functional genomics approaches in social and behavioral research, and he collaborates with a diverse array of research groups through his roles as Director of the UCLA Social Genomics Core Laboratory and consultant to the Institute of Medicine, the National Cancer Institute, the National Institute of Aging, the Santa Fe Institute, and the MacArthur Foundation, among others. Dr. Cole is a Fellow of the American Association for the Advancement of Science and a member of the Jonsson Comprehensive Cancer Center, the Norman Cousins Center, and the UCLA Molecular Biology Institute. He also serves as Vice President for Research & Development at the HopeLab Foundation. Dr. Cole’s laboratory specializes in developing new bioinformatics strategies for mapping the pathways through which social and environmental conditions influence gene expression dynamics involved in inflammation, infectious diseases such as HIV-1, and breast and ovarian cancers.

The talk on social and psychological influences on gene expression was one of the best talks I have ever heard at a conference.
Presentation Synopsis

Behavioral interventions are typically developed and evaluated using a treatment package approach. In this approach, the intervention is assembled a priori and evaluated by means of a randomized controlled trial (RCT). Using this approach, the intervention is a “black box” because it is unknown which components of the intervention are working and which are not. This talk will review an alternative approach called the multiphase optimization strategy (MOST). MOST is an engineering-inspired framework for developing, optimizing, and evaluating behavioral interventions. MOST includes the RCT for intervention evaluation, but also includes other steps before the RCT. These steps are aimed at empirically assessing the performance of individual intervention components, and at intervention optimization using criteria chosen by the behavioral scientist. The goal may be to develop an intervention made up entirely of active components; to develop a cost-effective intervention; to achieve a specified level of effectiveness; to arrive at the briefest intervention that achieves a minimum level of effectiveness; or any other reasonable goal. The MOST framework relies heavily on resource management by strategic choice of highly efficient experimental designs. MOST offers several benefits, including more rapid long-run improvement of behavioral interventions, without requiring a dramatic increase in intervention research resources.

Biography

Linda Collins, PhD, is Professor of Human Development & Family Studies and Professor of Statistics at Penn State. She is also Director of The Methodology Center, an interdisciplinary research center devoted to the advancement and dissemination of quantitative methods for applications in the behavioral sciences. Dr. Collins received her PhD in Quantitative Psychology from the University of Southern California. Her research interests center on engineering-inspired methods for improving behavioral interventions, particularly the Multiphase Optimization Strategy (MOST), a methodological framework for optimizing and evaluating behavioral interventions. Her peer-reviewed publications have appeared in a wide range of outlets, including methodological journals such as Clinical Trials, substance use journals such as Nicotine and Tobacco Research, behavioral health journals such as Annals of Behavioral Medicine, and engineering journals such as IEEE Transactions on Control Systems Technology. Dr. Collins has co-edited several books and special issues of journals, and co-authored a book on latent class analysis. Her research has been funded by the National Institute on Drug Abuse, the National Science Foundation, the National Cancer Institute, and the National Institute of Diabetes and Digestive and Kidney Diseases.
Linda Collins’ session focused precisely on a question I was struggling with - how to do pragmatic research of a complex intervention. It was fascinating to learn about MOST - Mutlimphase Optimization Strategy.
Mind-body Medicine and the Brain’s Role in the Perception and Management of Pain

Presentation Synopsis
Chronic pain has reached epidemic levels in the US, with more than 100 million American adults affected. Pain is costing our nation more than $600 billion each year. To face this growing problem, many people are turning to mind-body therapies, such as relaxation, meditation, yoga and cognitive-behavioral therapy, to help manage chronic pain. This lecture will address how these therapies alter pain processing and pain modulation in the brain, as well as how they may be protective against brain aging.

Biography
M. Catherine Bushnell, PhD is Scientific Director of the National Center for Complementary and Alternative Medicine at the NIH, where she is responsible for establishing and overseeing a new program on the brain’s role in perceiving, modifying, and managing pain. Prior to her appointment at NCCAM, Dr. Bushnell was the Harold Griffith Professor of Anesthesia at McGill University, in Montreal, Canada. She has been president of the Canadian Pain Society, and treasurer and press editor-in-chief of the International Association for the Study of Pain. Among her other honors are the Lifetime Achievement Award from the Canadian Pain Society and the Frederick Kerr Basic Science Research Award from the American Pain Society. Dr. Bushnell holds a PhD in experimental psychology from the American University, Washington, D.C. and received postdoctoral training in neurophysiology at NIH. Her research interests include forebrain mechanisms of pain processing, psychological modulation of pain, and neural alternations in chronic pain patients. Recent projects have utilized brain imaging and psychophysical testing to study the neural basis of pain processing, addressing both normal pain processing and aberrant processing after nervous system damage.

Dr. Bushnell’s presentation provided innovative perspectives and methodologies that were new to me and presented them in a way that was accessible, appropriately contextualized, and clear.
The Implementation of Integrative Medicine – A Chinese Perspective

Joseph Sung, MD, PhD
Vice-Chancellor and President, Mok Hing Yiu Professor of Medicine
The Chinese University of Hong Kong

Presentation Synopsis
While the conventional Western medicine establishes its solid foundation based on state-of-the-art technology, objective clinical evidence, well defined therapeutic mechanisms, standardization of treatment and rigorous research methodology, it is limited by the lack of holistic approach, individualized treatment and awareness of the inter-relationship between the environment, psychosocial factors and the physical illness. In contrast, the time-honored CAM has established a distinct system to strive for the balance and harmony between the environment, spiritual, mental and physical well-being. CAM adopts an individualized holistic approach that emphasizes patient-practitioner therapeutic relationship and tailor-made management. It is generally perceived as a more natural treatment modality and the use of CAM has been increasingly accepted in developed countries. In United States, the total expenditure on CAM is comparable to that of conventional medical services. Yet, the development and acceptance of CAM is hampered by the empirical nature of practice, which lacks the support from robust evidence and biological basis. Furthermore, owing to the fundamental difference in the conceptual framework between conventional Western medicine and CAM, there is substantial difficulty in applying the conventional research methodology on evaluation of CAM treatments.

To reconcile the two completely different systems of medical practice, the concept of "Integrative Medicine" has emerged in recent years. Integrative Medicine combines conventional Western medicine and CAM in the disease management. It aims to synergize the strengths and compensate the shortcomings of conventional Western medicine and CAM so as to provide the best patient care: delivery of medical care based on robust evidence and theoretical basis through a holistic, individualized approach of healing the mind, body and spirit.

CONTINUED ON NEXT PAGE...
Biography

Professor Joseph J.Y. Sung, Mok Hing Yiu Professor of Medicine, has been Vice Chancellor and President of The Chinese University of Hong Kong since 2010. Professor Sung graduated from the University of Hong Kong in 1983 with the Bachelor of Medicine and Bachelor of Surgery degrees. He was conferred a PhD in biomedical sciences by the University of Calgary in 1992, and Doctor in Medicine by CUHK in 1997. In 2011, Professor Sung was elected to the Chinese Academy of Engineering as an Academician in recognition of his contributions in the field of gastroenterology. Professor Sung also holds fellowships and memberships from many professional societies and associations: he is a Fellow of Hong Kong College of Physicians, Fellow of Hong Kong Academy of Medicine, Fellow of Royal College of Physicians (FRCP Edinburgh, London, Glasgow), Fellow of American College of Gastroenterology, Fellow of Royal Australian College of Physicians, Fellow of Royal College of Physician, and Fellow of American Gastroenterological Association.

IRCIMH brings together experts in the integrative medicine field to discuss innovative research. It is an enlightening experience that anyone in integrative medicine would benefit from both clinicians and researchers. This congress provides a great chance for new investigators to meet experts and get tools necessary to start or advance his or her career in integrative medicine research.
Assessing the ‘Value for Money’ of Acupuncture for Chronic Pain in the UK: Many Challenges and Some Solutions

Presentation Synopsis

Economic analyses carried out to inform policy making must consider and synthesise all (relevant) evidence relating to the clinical effectiveness, patient-reported outcome measures (PROMs) and costs of the health technologies under scrutiny. Evidence based medicine says that a quantitative synthesis of the same outcome measure from multiple IPD sources is the gold standard for deriving estimates of treatment effect, a key parameter in any policy evaluation. Unfortunately, in practice the evidence base is often multifaceted and fragmented, comprising a mix of aggregate (AD) and individual patient level data (IPD). This talk illustrated the methodological challenges encountered (and the solutions devised) by the authors in a recent economic model which assessed the value for money of acupuncture in chronic non-cancer related pain among primary care patients.

We had access to IPD (>18,000 patients) from 28 high quality Randomised Controlled Trials (RCTs) which evaluated acupuncture (versus either sham acupuncture and/or versus usual care) in three different conditions comprising headache, musculoskeletal pain and osteoarthritis of the knee. The evidence base was chaotic, with the majority of the RCTs: (a) reporting different condition-specific [e.g. pain VAS, CMS, WOMAC] and generic PROMs (SF12, SF36, only two studies collected EQ-5D], (b) having different follow up durations, (c) failing to compare directly the relevant strategies. We developed a suite of statistical models for the synthesis of continuous (heterogeneous) outcomes (i.e. change in adjusted pain score, change in EQ-5D), which embedded a series of mapping algorithms to predict individual specific EQ-5D values, and linked these to the patient adjusted standardised pain scores and predicted healthcare resource use.

This talk demonstrated the range of methods that can be used to deal with the challenges posed by a complex evidence base, when the purpose is to assess the value for money of competing healthcare strategies.

Biography

Andrea Manca is Professor of Health Economics and member of the Programme for Economic Evaluation and Health Technology Assessment, part of the Centre for Health Economics at the University of York, where he has been based since 1999.

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Assessing the ‘Value for Money’ of Acupuncture for Chronic Pain in the UK: Many Challenges and Some Solutions continued...

Andrea is co-editor of the journal Value in Health and senior associate editor of Pharmacoeconomics Italian Research Articles. His research interests focus on the application and development of statistical methods for the analysis of cost effectiveness and health outcomes data for decision making. In the past few years, Andrea has developed an active interest and research portfolio relating to the economics of person-centred health care.

He has evaluated drugs, medical devices and other technologies in several clinical areas, including heart disease, oncology, diabetes, chronic pain, gynaecology and obstetrics, COPD, and osteoporosis. He has more than sixty peer-reviewed publications, and regularly teaches in a series of HTA and health economic evaluation short courses aimed at post-graduates and healthcare professionals in the academia and the medical industry.

Andrea holds a MSc in Health Economics (1998) and a PhD in Economics (2005), both awarded by the University of York. He received a number of national and international awards in his career, including the Welcome Trust Fellowship in Health Services Research (2004), the BackCare Research Award (2005), the Research Excellence Award for Methodology (2008) by the International Society for Pharmacoeconomics and Outcomes Research (ISPOR), and a Career Development Fellowship by the UK National Institute for Health Research (2010).

He is currently a member of the NICE Technology Appraisal Committee, the National Institute of Health Research Doctoral Research Fellowships funding panel, and the National Awareness and Early Diagnosis Research Workstream scientific committee of the Cancer Research-UK.
The ACCAHC Lectureship in honor of Rick Marinelli, ND, LAc

The Imperative for Integrative Medicine in the Military: A Personal and System Perspective

Presentation Synopsis
Engaged in continuous armed conflict for over a decade, the Soldiers, Sailors, Airmen, Marines and Coastguardsmen of the U.S. Military and their families have faced unprecedented physical and psychological challenges. Great strides have been made in battlefield care as well as in evacuation, recovery and rehabilitation, all resulting in survival from grievous wounds and injuries unparalleled in our history. But the burden of pain and associated conditions such as depression and PTSD remains a major hurdle, not unlike similar problems suffered by patients in civilian medicine. The widespread use of prescription narcotics and psychotropic drugs as well as complications from conventional management of chronic pain syndromes led the presenter to examine carefully the use of complementary & integrative health and medical modalities for the management of these complex problems. This personal journey of discovery by a senior leader charged with protecting Soldiers and returning them and their families to optimal health was shared with conference attendees.

Biography
Prior to his retirement in 2012 after 32 years of active service, Lieutenant General (Retired) Dr. Eric Schoomaker served as the 42nd U.S. Army Surgeon General and Commanding General of the U.S. Army Medical Command.

He currently serves as a Scholar In Residence at the nation’s only Federal health university, the Uniformed Services University of the Health Sciences (USU) in Bethesda, MD. His principal interests are in Complementary and Integrative Health & Medicine [CIHM] in the shift from a disease management focused healthcare system to one more centered on the improvement and sustainment of health & wellbeing leading to optimal human performance and in leadership education. He is examining the incorporation of CIHM education and training into the education of physicians and other health & healthcare professionals.

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Doctor Schoomaker is also exploring the central importance of leadership education and training for health professionals, so as to realize USU’s vision as the nation’s “health leadership academy”. Doctor Schoomaker committed his career to meeting the health needs of soldiers, their families and veterans through initiatives that Army Medicine implemented throughout its facilities in the U.S., Europe and the Pacific, focusing on improving soldier medical readiness, enhancing battlefield care, establishing a comprehensive behavioral health system of care, fostering a culture of trust, advancing comprehensive pain management, and promoting health by preventing combat wounds, injury and illness. Doctor Schoomaker is an internal medicine physician with a PhD in Human Genetics. While in uniform, he held many assignments including command of the Walter Reed Army Medical Center in Washington, DC, the Army’s Medical Research & Materiel Command and Fort Detrick, MD, an Army academic medical center, a community hospital, deployable medical brigade and two Army regional medical commands.

Doctor Schoomaker is the recipient of numerous military awards, including those from France and Germany, the 2012 Dr. Nathan Davis Awards from the American Medical Association for outstanding government service and an Honorary Doctor of Science from Wake Forest University. He is married to Audrey, a former Army Nurse Corps Officer and therapeutic yoga instructor; they have a high school aged son and two daughters, one currently in college and a recent college graduate.
Building an Integrative Medicine Research Environment

Alan Bensoussan, PhD
Director, National Institute of Complementary Medicine (NICM), Australia

Presentation Synopsis
All nations try to address the growing interest in complementary medicine (CM) and the demand for evidence to guide use. Approaches used reflect the local political and social context. Australia has a particular environment, which acknowledges its Asian context and, for example, is the first western nation to regulate Chinese medicine practitioners. Our University also delivers practitioner qualifications in both medicine and traditional Chinese medicine. However, there has been no strong or consistent Australian government investment in CM research and development, including through our principal national funding agency, the National Health and Medical Research Council, and Australia has a relatively poor history of philanthropy in contrast to the US and EU. Inevitably, Australian CM research has relied greater on partnerships with industry.

Overall, NICM has been built on a combination of smaller elements: seed funding from government, nationally competitive grants (competing against all health and medical research), philanthropy, direct University support, industry funded research and consultancy income. Diversification of research income has been critical to our survival and growth. Equally, NICM has adopted a comprehensive view of CM research engagement with industry and the community, including alignment of the broad research effort from bench to bedside. NICM has had to remain flexible in how we collaborate to attract the funding to address key issues.

NICM has established infrastructure to deliver:

1. Preclinical research - pharmacology and analytical chemistry, including certificates of analysis and stability testing as part of Good Manufacturing Practice.
2. Clinical trials – using our Standard Operating Procedures for CM.
3. Research translation and public policy – working closely with government, disease foundations, health insurers, industry and others.

Dr. Bensoussan’s talk provided an excellent perspective on the struggles to establish CAM research.
Building an Integrative Medicine Research Environment continued...

Biography
Dr. Alan Bensoussan is Director of the Australian National Institute of Complementary Medicine at the University of Western Sydney. He is a clinical researcher with a clinical practice background of over 25 years in Chinese medicine. Professor Bensoussan is Chair of the Advisory Committee for Complementary Medicines of the Australian Therapeutic Goods Administration and served on the National Medicines Policy Committee (2008-11). He also serves with the Singapore Health Sciences Authority Expert Panel for Herbal Medicines and has served frequently as a consultant in traditional medicine to the World Health Organisation. He has published two books including a review of acupuncture research (1990) and a major government report on the practice of traditional Chinese medicine in Australia (1996), which led to national regulation of Chinese medicine practitioners in Australia in 2012. Professor Bensoussan has forged a broad network of links with national and international organisations within government and industry, including major collaborative research projects with key institutions in China. Professor Bensoussan received the prestigious International Award for Contribution to Chinese Medicine in 2013, the only recipient based outside the People’s Republic of China.

I would encourage all of my CAM colleagues that haven`t considered attending a research conference to attend this one to really expand their minds and help put their work and medicine in a larger and global context.
Mind, Body, and Cellular Aging

Elissa Epel, PhD
Associate Professor of Psychiatry
University of California San Francisco

Presentation Synopsis
Ancient wisdom describes how living in the present can promote healthy aging. A measure quantifying the rate of biological aging beyond the absence of disease could offer insights into meditation-aging relationships, but such a measure has been elusive. The telomere/telomerase maintenance system provides a measure of cell proliferative potential, and predicts early diseases of aging and mortality. There is now an emerging body of research that examines how indices of biological age may differ in long term meditators vs. controls, and how they can be influenced by mind-body interventions, both acute and intensive. This presentation will review the evidence to date, describe new findings from our clinical trials of meditation, discuss possible mechanisms, and explore paths for further inquiry.

Biography
Dr. Elissa Epel is an Associate Professor at University of California, San Francisco, in the Department of Psychiatry, Director of the Aging, Metabolism, & Emotions lab, Director of the Center for Obesity Assessment, Study, and Treatment and Assistant Director of the Center for Health & Community, and faculty affiliate of the UCSF Osher Center for Integrative Medicine.

Dr. Epel received her BA in Psychology from Stanford University and PhD in Clinical and Health Psychology from Yale University. Her research investigates the intricacies of the mind-body connection, both in states of suffering and after wellness interventions. In particular, she has been studying psychological, social, and behavioral processes related to chronic psychological stress that accelerate biological aging, and how meditation or mindfulness-based interventions might slow cellular aging.

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“
I really liked Elissa Epel`s presentation because it was not only current information, but her presentation style was excellent and I retain the information days later. She gave the best presentation by far.”
Mind, Body, and Cellular Aging continued...

She also studies the interconnections between emotional life, eating, and metabolism. With her collaborators, including Rick Hecht, Steve, Cole, Robert Lustig, Nancy Adler, Barbara Laraia, Cassi Vieten, Jennifer Daubenmier, and Jean Kristeller, she is conducting clinical trials to examine how mindful eating programs affect weight loss, pregnancy health, and baby outcomes.

She is currently studying how a specialized mindfulness training targeting parenting stress affects aging biology as well as child well-being, especially for children with autism, with Cliff Saron and Will & Teresa Kabat Zinn. New methods include how mobile technology can promote changes in daily experience. She is involved in National Institute of Aging initiatives on measurement and role of ‘stress’ in aging, and on ‘reversibility’ of early life adversity. Her research on stress and aging is covered in “Stress Less” (by Thea Singer).

Attending Tai Chi lessons every morning taught by Professor Peter Wayne himself was an experience that will have me bragging to my friends and colleagues for the rest of my life.
I made some wonderful connections with a wide variety of people that I would not of had the opportunity to meet any other way.
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The Institute for Integrative Health
The Royster Group
The Center for Spirituality & Healing, University of Minnesota
This conference better presents the evidence to support integrative medicine than any other!

This is a true blending of the art and science of integrative medicine & health. The amount of heart and intention that goes into producing this conference is felt in every aspect of its expression, from the keynotes to the food service. I have never encountered a more dedicated group of people to the concept of true holistic health and wellbeing. To say that this is just a "research" conference does not do it justice.
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