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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!!!
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University of Pennsylvania, USA

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Group Health, USA

Esther Sternberg, MD  
University of Arizona, USA

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University Medical Center Charité Berlin; International Society for Complementary Medicine Research

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Helfgott Research Institute, National College of Natural Medicine

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Organizing Committee, Co-Chair  
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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.

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!
Ushering In a New Era in Integrative Health
Notes from the Leading Edge (continued from previous page)

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.
FEAT URES 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.
Registrants Outside United States

The Congress boasted an extensive international presence with representation from the following 22 international countries.

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of Attendees</th>
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<tr>
<td>UK</td>
<td>8</td>
</tr>
<tr>
<td>Switzerland</td>
<td>3</td>
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<tr>
<td>Sweden</td>
<td>1</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>1</td>
</tr>
<tr>
<td>South Korea</td>
<td>4</td>
</tr>
<tr>
<td>Saudi Arabia</td>
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</tr>
<tr>
<td>Romania</td>
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<tr>
<td>Norway</td>
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<tr>
<td>New Zealand</td>
<td>2</td>
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<tr>
<td>Netherlands</td>
<td>8</td>
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<tr>
<td>Japan</td>
<td>10</td>
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<td>Italy</td>
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<tr>
<td>Israel</td>
<td>4</td>
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<tr>
<td>India</td>
<td>7</td>
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<tr>
<td>Hong Kong</td>
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<tr>
<td>Germany</td>
<td>16</td>
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<tr>
<td>Denmark</td>
<td>2</td>
</tr>
<tr>
<td>China</td>
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<tr>
<td>Brazil</td>
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<tr>
<td>Australia</td>
<td>8</td>
</tr>
<tr>
<td>Argentina</td>
<td>7</td>
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Number of Attendees
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

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

(option to choose more than one)
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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<th>2014 CONGRESS PRESENTATIONS</th>
<th>ORAL</th>
<th>POSTER</th>
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<td>Basic Science</td>
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<tr>
<td>Clinical</td>
<td>39</td>
<td>156</td>
</tr>
<tr>
<td>Education Research</td>
<td>5</td>
<td>27</td>
</tr>
<tr>
<td>Health Services Research</td>
<td>9</td>
<td>53</td>
</tr>
<tr>
<td>Research Methodology</td>
<td>4</td>
<td>28</td>
</tr>
<tr>
<td>Other</td>
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<td>31</td>
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IRCIMH Summary Report 2014
Social and Psychological Influences on Gene Expression

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-review 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 - Mutliphase 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...
The Implementation of Integrative Medicine –
A Chinese Perspective
continued...

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.
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.

Some of the speakers, especially in the plenary sessions elevated the whole atmosphere to spiritual sublimity. The account of Lieutenant General of being big and small at the same time was a beautiful moment of self-realization.
Building an Integrative Medicine Research Environment

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.
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.

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).
I made some wonderful connections with a wide variety of people that I would not have had the opportunity to meet any other way.
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Samueli Institute
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.
SAVE THE DATE
May 13-15, 2015
ICC Jeju, Jeju, Korea

Important Dates
July 1, 2014    Abstract submission and call for sessions open
October 1, 2014 Call for sessions closes
October 15, 2014 Abstract submission closes
November 1, 2014 Registration opens

Exhibition and sponsorship participation are available. Visit the Congress website for more information.

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