Strengthening Research in Integrative Healthcare Around the World

CONGRESS SUMMARY REPORT

PORTLAND, OR
MAY 15-18, 2012
“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.”

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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. Also noteworthy 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 CAHCIM 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 integrative care and to health.

Continued >>
Plenary speakers lived up to this promise. Those choosing to attend had the opportunity to hear about the neurobiology 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.

**Research on Integrative Medicine & Health Crosses a New Threshold**

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**Behind the Change in the Title**

The previous two iterations of the Congress, in Edmonton, 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 findings of an NIH-CDC study that revealed a significant percentage of consumers utilize complementary and alternative agents and practitioners 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 CAHCIM 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. Congress attendees also had the 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.
CONFERENCES STATISTICS

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

427 responded to the survey:
Over 98% rated the Congress
- Excellent or
- Good

Attendees’ Discipline or Field

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

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.
CONFEREN CE STATISTICS

Attendees’ Primary Professional Role

- Academic Faculty: 24%
- Health Administrator: 6%
- Health Practitioner: 11%
- Research Scientist: 8%
- Trainee: Student: 11%
- Trainee: Fellow/Resident: 8%
- Other: 4%
- Other: 36%

Attendees’ Highest Degree

- BS/BA: 46%
- DC: 16%
- LAc: 8%
- MD: 4%
- MS/MPP/MA: 7%
- ND: 15%
- PhD: 2%
- 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 1,000 registrants attended the 2012 Congress, representing 30 different countries.

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

The Congress held educational roundtable lunch sessions.

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

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.

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How Positive Emotions Heal

Barbara Fredrickson, PhD

Kenan Distinguished Professor
Director, Social Psychology Doctoral Program
Department of Psychology, University of North Carolina
Director, Positive Emotions and Psychophysiology Laboratory

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. PEP lab, 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.”
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.
Comparative Effectiveness Research: Implications for Practice and Policy

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

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.
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

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.
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:


“My ‘aha’ moment was Claudia Witt’s presentation on effectiveness. She is so clear. She has shared her slides with me on the efficacy-effectiveness continuum so that I can use it with my students!”
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.
I realized I should throw out all my low fat foods after listening to Dr. Willett.

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 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.
### Program at a Glance

#### Tuesday, May 15

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

“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>Event</th>
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</thead>
<tbody>
<tr>
<td>06:30 - 07:15</td>
<td>**Experiential Sessions: Yoga</td>
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<tr>
<td>07:00 - 08:00</td>
<td><strong>Continental Breakfast</strong></td>
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<tr>
<td>08:00 - 08:15</td>
<td><strong>Opening Remarks</strong></td>
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<tr>
<td>08:15 - 09:00</td>
<td>Plenary Session 01: “How Positive Emotions Heal”</td>
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<td></td>
<td><em>Barbara Fredrickson</em></td>
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<tr>
<td>09:00 - 09:45</td>
<td>Plenary Session 02: “Stress: From Neurobiology to Interventions”</td>
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<td><em>Sonia Lupien</em></td>
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<tr>
<td>09:45 - 10:30</td>
<td><strong>Poster Viewing and Coffee Break</strong></td>
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<tr>
<td>10:30 - 12:00</td>
<td><strong>Concurrent Sessions</strong></td>
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<td></td>
<td>Advances in Integrative Cardiology: State of the Science</td>
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<td>Standardizing Competencies for Integrative Medicine Clinical Fellowships</td>
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<td>Tools for Measuring and Enhancing Contextual Factors in Healing</td>
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<td>A Window to the Brain: Neuroimaging Technologies for Integrative Medicine Research</td>
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<td>Strengthening Integrative Medicine and Health across the US Military with Research, Evidence, and Collaboration</td>
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<td>Conducting Research in Integrative Medicine Clinical Practices: Lessons Learned and Future Directions</td>
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</table>
### PROGRAM AT A GLANCE

**Wednesday, May 16**

#### 12:00 - 13:30
**Lunch Sessions**
- General Seating is available in the exhibit hall.

<table>
<thead>
<tr>
<th>Time</th>
<th>Sessions</th>
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<tbody>
<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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<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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</tbody>
</table>

#### 13:30 - 14:30
(OHSU session)

**Concurrent Oral Abstract Sessions**
- Health Services Research - Cost Effectiveness of CAM/IM
- Clinical - CAM/IM on Biological Outcomes of Clinical Significance
- Clinical - Acupuncture Efficacy and Effectiveness
- Basic Science-Mechanisms of CAM Therapies

#### 14:30 - 14:45
**Break**

#### 14:45 - 15:45
**Concurrent Sessions**
- Creating a Working Definition of “Disciplines Research”
- Using Observational Studies and Secondary Data Analyses for Research on Complementary and Integrative Healthcare (CIH)
- Real World Studies of Complementary and Alternative Medicine: Rigorous Study Designs that Increase Generalizability
- CAM and CANCER: Communicating the Research Status to Healthcare Professionals and Patients
- Teaching Evidence Based Practice in a CAM Environment: The Experience at Western States
- CAMbrella: A Pan-European Research Network for Complementary and Alternative Medicine

#### 15:45 - 16:15
**Break**

#### 16:15 - 17:00
**Plenary Session 03:** “Placebo Therapy as an Ethical Alternative”
- Irving Kirsch

#### 17:00 - 18:30
**Poster Session 01 and Reception**

#### 17:20 - 19:30
**Optional Local Site Visits**
- National College of Natural Medicine: Naturopathic Medicine, Classical Chinese Medicine, Integrative Medicine
- Oregon College of Oriental Medicine: Traditional Chinese Medicine, Integrative Medicine
- Oregon Health & Science University: Centers for Integrative Medicine
- University of Western States: Chiropractic Medicine, Massage Therapy, Integrative Medicine

#### 18:30 - 19:30
**ISCMR Annual General Membership Meeting**

#### 18:30 - 19:30
**Integrative Mental Health—Organizational Meeting**
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tr>
<td>06:30 - 07:15</td>
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<td>07:00 - 08:00</td>
<td>Continental Breakfast</td>
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<tr>
<td>08:00 - 08:45</td>
<td>Plenary Session 04: “Comparative Effectiveness Research: Implications for Practice and Policy”</td>
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<tr>
<td>08:45 - 09:30</td>
<td>Plenary session 05: “Developing a Methodological Framework for Comparative Effectiveness Research in Integrative Medicine”</td>
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<tr>
<td>09:30 - 10:30</td>
<td>Poster Viewing and Coffee Break</td>
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<tr>
<td>10:30 - 12:00</td>
<td>Concurrent Sessions</td>
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<tr>
<td></td>
<td>Integrative Pain Management: Meeting the Research Challenge of Clinical Effectiveness and Cost Efficiency</td>
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<td>Low Back Pain: Standardization Issues in Manual Medicine Research and its Application to Evidence – Based Practice</td>
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<td>What Can Clinical Effectiveness Research (CER) Contribute to Integrative Health? – An International Perspective</td>
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<td>Mechanisms of Stress Reduction &amp; Resilience during Mindfulness – Based Interventions</td>
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<td>Assessing the Safety of Pediatric CAM</td>
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<td>Acupuncture, Research and the Challenge of Heterogeneity: What Can We Learn from Comparing Manual VS Electrical Acupuncture?</td>
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<tr>
<td>12:00 - 13:30</td>
<td>Lunch Sessions</td>
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<td></td>
<td>General Seating is available in the Exhibit Hall, Pearl, and Mt. Hood Rooms</td>
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<td></td>
<td>Integrative Pain Management Interest Group</td>
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<td>Funding Your Research – New Opportunities and Strategic Partnerships</td>
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<td>Meet the Speaker: Sean Tunis</td>
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<td>Pediatrics Interest Group: Rapid Fire Discussion – Priority Research Topics and Methods for Health Services and Policy Research (OHSU session)</td>
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<tr>
<td>13:30 - 14:30</td>
<td>Concurrent Oral Abstract Sessions</td>
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<td></td>
<td>Education Involving CAM/IM</td>
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<td>Clinical – Movement and Manipulation</td>
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<td>Clinical – Naturopathic and Herbal Approaches</td>
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<td>Basic Science Mechanisms</td>
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<td>14:30 - 14:45</td>
<td>Break</td>
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<tr>
<td>14:45 - 15:45</td>
<td>Concurrent Oral Abstract Sessions</td>
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<td>CAM – Touch Therapies</td>
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<td>Clinical – Yoga Research</td>
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<td>IM for Low Back Pain</td>
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<td>Health Services Research – Surveys</td>
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<td>15:45 - 16:15</td>
<td>Poster Viewing and Break</td>
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<tr>
<td>16:30 - 17:15</td>
<td>Plenary Session 06: “International Perspectives on Acupuncture Research – Where Do We Stand, Where Should We Go?”</td>
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<tr>
<td>17:15 - 18:45</td>
<td>Poster Session 02 with Reception</td>
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**Program at a Glance**  
**Friday, May 18**

<table>
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<tr>
<th>Time</th>
<th>Session/Activity</th>
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<tbody>
<tr>
<td>06:30 - 07:15</td>
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<td>Continental Breakfast</td>
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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>
</tr>
<tr>
<td>08:45 - 09:30</td>
<td>Plenary Session 08: “Diet and Health: A Progress Report” Walter Willett</td>
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<tr>
<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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<tr>
<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></td>
<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>
</tr>
<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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</tbody>
</table>

"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 Music 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

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