



Complementary medicines: principles of practice

Workshop Report

December 2008

Complementary medicines: principles of practice

Clinical Oncological Society of Australia (COSA)

Sydney Convention Centre, Darling Harbour, November 2008
Summary report

Workshop report prepared by Alison Evans Consulting on behalf of COSA
December 2008

BACKGROUND

In 2007, the Clinical Oncological Society of Australia (COSA) held a workshop to explore opportunities and barriers to research in complementary care in cancer and to consider priority areas of research for the future. The workshop identified a broad range of issues associated with use of complementary and alternative medicines in Australia, including the need for information, guidelines for practice, specific issues for cancer and how to manage less orthodox treatments.¹

Since the inaugural workshop, COSA has established a Complementary and Alternative Medicines (CAMs) Interest Group with expertise from a range of different areas, as well as a Working Group to help oversee COSA initiatives in this area. The Working Group has identified the need for a forum to identify principles of practice for cancer care professionals in relation to complementary medicines.

WORKSHOP OVERVIEW

COSA convened a half-day workshop in November 2008 with the aim of defining principles of practice for the use of complementary therapies within cancer care. The workshop program is provided as Appendix I.

The workshop was attended by around 50 participants from a range of backgrounds including nursing, allied health, research and oncology pharmacy as well as representatives from cancer and consumer organisations (see Appendix II).

WORKSHOP INTRODUCTION

Dr Bogda Koczwara, Chair of the COSA CAM Working Group, welcomed participants and highlighted the broad range of questions that already exist about use of complementary medicines in cancer care.

The workshop facilitator, Professor Ian Olver, CEO of Cancer Council Australia, encouraged open discussion of issues and asked participants to focus particularly on the role that COSA could take in the field of complementary medicines in cancer care. He emphasised the importance of clarifying COSA's role before engaging with other practitioners and groups outside COSA.

During the workshop introduction, Professor Olver launched a new consumer guide – *Understanding Complementary Therapies* – developed by Cancer Council NSW. The guide has been developed for patients and their families with the aim of providing a basic introduction to complementary therapies and encouraging discussion between patients and their health professionals.

PLENARY DISCUSSION

The workshop opened with a plenary discussion about the role COSA could play in the field of complementary therapies in cancer care. During the discussion the need for clarification of terminology was identified, with distinctions made between:

- complementary therapies (which may be integrated with conventional medicine) and alternative therapies (which are used instead of conventional medicine)
- complementary medicines (products that are ingested such as herbal medicines) and complementary therapies (non-medicinal therapies, such as massage and meditation)
- approaches that are delivered as part of mainstream cancer care (such as dietary advice and exercise) and complementary approaches (such as naturopathy and herbal medicine).

In this report, the focus is on complementary rather than alternative treatments and the terms 'complementary health' and 'complementary therapies' are used to encompass both medicines and non-ingested therapies.

The discussion highlighted a broad range of issues relating to the need for information and education about complementary therapies within the field of cancer care, including the need to:

- promote evidence-based information about complementary therapies to patients and health professionals
- encourage oncology health professionals to engage in discussion with patients about complementary therapies
- educate complementary health practitioners about the potential harms of certain complementary therapies for patients with cancer
- develop and promote guidelines and minimum standards for delivery of complementary therapies, including minimum qualifications for practitioners and standards for manufacturing of therapeutic products
- understand and recognise what drives consumers to use complementary therapies
- engage with consumer advocacy groups to promote the need for better information
- utilise and build on existing resources and avoid duplication
- foster links between conventional and complementary health and between research groups to encourage networking and information sharing and to consolidate efforts.

Key issues and potential roles for COSA identified during the plenary discussion are summarised on the following pages.

Complementary therapies and cancer care: potential roles for COSA

What's needed?	What could COSA do?	Possible links
Clarification of terminology	<ul style="list-style-type: none"> • Promote clear definitions of terms used in complementary health, including the distinction between: <ul style="list-style-type: none"> ○ complementary and alternative therapies ○ therapeutic products and therapies 	<ul style="list-style-type: none"> • Cancer Council NSW guide <i>Understanding Complementary Therapies</i> http://www.nswcc.org.au/editorial.asp?pageid=1801
Evidence-based information about different complementary therapies including: <ul style="list-style-type: none"> • what has been shown to be effective? • what has been shown to be harmful? • where is the evidence base weak/contradictory? • what questions are still unknown? • in which stages of the treatment pathway are the benefits/risks greatest? 	<ul style="list-style-type: none"> • Provide a central web-based hub linking to existing national and international sources of evidence-based information about complementary therapies • Source, develop and promote information about local therapies used in Australia • Specify the aims of information resources to assist individuals in determining the value and purpose of specific resources • Promote areas in which there is strong evidence of benefit or harms for complementary therapies and areas in which the evidence base is weak 	<ul style="list-style-type: none"> • Cancer Council NSW guide <i>Understanding Complementary Therapies</i> http://www.nswcc.org.au/editorial.asp?pageid=1801 • The National Institute of Complementary Medicine http://www.nicm.edu.au/ • Australian Centre for Complementary Medicine Education and Research http://www.uq.edu.au/accmer/index.html • Memorial Sloan Kettering website <i>About Herbs, Botanicals and Other Products</i> (US site) http://www.mskcc.org/mskcc/html/11570.cfm • Listing of other sites and resources (provided through Southern Cross University) http://www.scu.edu.au/library/finding_info/subject_guides/comp_medicine_pharmacy.html • Other sources of information used in universities to teach about complementary therapies
Information about current research in complementary therapies	<ul style="list-style-type: none"> • Foster links with the National Institute of Complementary Medicine (NICM) to encourage inclusion on their website of information about current research in complementary therapies used in cancer management 	<ul style="list-style-type: none"> • The National Institute of Complementary Medicine http://www.nicm.edu.au/

What's needed?	What could COSA do?	Possible links
<p>Guidelines for discussing complementary therapies with patients including:</p> <ul style="list-style-type: none"> eliciting information about what therapies a patient is using how explicit to be when making recommendations about use of complementary therapies how to explain what is known/not known about complementary therapies 	<ul style="list-style-type: none"> Promote and link to existing information available about communication with patients about complementary therapies 	<ul style="list-style-type: none"> Peter MacCallum Cancer Centre and National Breast and Ovarian Cancer Centre communication skills module on <i>Effectively Discussing Complementary Therapies</i>
<p>Guidelines for practice of complementary therapies, including appropriate qualifications for complementary health practitioners</p>	<ul style="list-style-type: none"> Explore existing guidelines for complementary therapy practice and endorse relevant guidelines Promote minimum qualifications for complementary health practitioners to assist health professionals and patients in identifying appropriately qualified practitioners Educate consumers about questions to ask when seeking a complementary health practitioner 	<ul style="list-style-type: none"> Explore models used by other organisations such as American Council on Exercise http://www.acefitness.org/ and the Heart Foundation http://www.heartfoundation.org.au/index.htm to accredit appropriately qualified practitioners
<p>Information about manufacturing processes for complementary medicines</p>	<ul style="list-style-type: none"> Provide links to the Therapeutic Goods Administration's register of complementary medicine 	<ul style="list-style-type: none"> Therapeutic Goods Administration http://www.tga.gov.au/cm/cm.htm
<p>Guidelines for research into complementary therapies</p>	<ul style="list-style-type: none"> Act as a hub for tools and resources that have been validated for use in complementary therapies research 	<ul style="list-style-type: none"> Australian Centre for Complementary Medicine Education and Research http://www.uq.edu.au/accmer/index.html The National Institute of Complementary Medicine http://www.nicm.edu.au/

What's needed?	What could COSA do?	Possible links
<p>An understanding of what drives patient decisions about complementary therapies</p>	<ul style="list-style-type: none"> • Encourage and promote the outcomes of research into patient decision making about complementary therapies including: <ul style="list-style-type: none"> ○ priorities for decision making ○ language preferences ○ influence of spouse/carer 	<ul style="list-style-type: none"> • National Prescribing Service project about information preferences of consumers and health professionals http://www.nps.org.au/research_and_evaluation/research/current_research/complementary_medicines
<p>Models of service provision for complementary therapies:</p> <ul style="list-style-type: none"> • staffing cancer clinics with complementary health practitioners • linking from the cancer clinic to external complementary health practitioners 	<ul style="list-style-type: none"> • Explore patient preferences for in-house vs external provision of complementary therapies and patient expectations of complementary vs conventional health practitioners • Explore lessons learned from existing models in which complementary and conventional therapies are integrated 	<ul style="list-style-type: none"> • Solaris Care in WA http://www.solariscare.com.au/

DISCUSSION GROUP OUTCOMES

Participants were asked to consider five questions in relation to complementary therapies in cancer care:

1. what is the clinician's duty to inform patients about complementary therapy options for their cancer?
2. how to identify sources of reliable information about complementary therapies for cancer health professionals and patients?
3. to what extent do health professionals have a duty to administer a complementary therapy when requested by a patient?
4. how should interactions between conventional health professionals and complementary health practitioners or for referrals to complementary health practitioners be managed?
5. what could be included in a toolkit about complementary therapies in cancer?*

Issues and recommendations were identified through discussion by five pre-allocated multidisciplinary groups. Time limitations precluded a full consensus approach and the outcomes reported below summarise key outcomes reported back to the plenary group.

All groups recognised the importance of avoiding duplication and building on existing national and international initiatives.

*Question identified during the plenary discussion

CLINICIAN'S DUTY TO INFORM PATIENTS

It was noted that a health professional's duty to inform patients about complementary therapies should be guided by the phrase 'first do no harm' with due consideration given to:

- limiting the risk of exposing patients to potentially harmful therapies
- encouraging open discussion about complementary therapies
- responding to questions from patients and carers about complementary therapies.

Suggested responsibilities of health professionals in a range of scenarios were described and are summarised below.

Scenario	Suggested clinician responsibility
If a patient doesn't ask about complementary therapies	<ul style="list-style-type: none">• Take a complete patient history, including non-prescription medications and therapies• Inform the patient of the potential for interactions if relevant
If the patient asks for information about complementary therapies	<ul style="list-style-type: none">• Refer to the existing communication skills module developed by the Peter MacCallum Cancer Centre and NBOCC: <i>Effectively Discussing Complementary Therapies</i>• Direct the patient to evidence-based information sources
If the patient's carer/spouse asks for information about complementary therapies	<ul style="list-style-type: none">• Response should be dependent on the level of questioning and the likely outcome if information is not provided

Scenario	Suggested clinician responsibility
If the health professional identifies a potential risk of harm/interaction associated with a complementary therapy a patient has identified	<ul style="list-style-type: none"> • Recommendation to be guided by the level of risk • Consideration to be given to financial risks as well as health risks associated with the complementary therapy • Discussion to be managed in an open manner that will not affect the ongoing relationship and trust between the conventional health practitioner and patient

It was highlighted that patients may provide different levels of information to different team members and that different health professionals may have different perspectives on the complementary therapies identified. The need for agreed guidelines for use by all team members about how to provide information about complementary therapies to patients was discussed, as was as the option of identifying a team member with expertise in complementary health.

In considering approaches to discussing use of complementary therapies with patients, it was suggested that discussions should be supportive, evidence-based, inclusive/accepting and that patient understanding should be checked at the end of the discussion.

IDENTIFYING SOURCES OF RELIABLE INFORMATION

Potential sources of information about complementary therapies identified by the group are outlined below. A potential role was identified for COSA in endorsing information sources based on their rigour and reliability. It was also suggested that health professionals and patients be surveyed regularly about which therapies are commonly used to ensure that information sources are meeting identified needs.

Information topic/area	Potential sources of information
Evidence-based information about complementary therapies	<ul style="list-style-type: none"> • Society for Integrative Oncology Guidelines http://www.integrativeonc.org/documents/Integrat%20Oncol%20guidelines.pdf • Manufacturers' websites (would need to be screened by COSA) • Therapeutic Goods Administration website (with warnings highlighted) http://www.tga.gov.au/cm/cm.htm • Natural Medicines Database (currently subscription only; option to consider providing access to COSA members) http://www.naturaldatabase.com/(S(uxyessaj3brguk45dvd3qa45))/home.aspx?cs=&s=ND • Society for Integrative Oncology http://www.integrativeonc.org/ • Moderated web-based blogs/bulletin boards/discussion forums (would require moderation by a suitably qualified individual)

Information topic/area	Potential sources of information
Australian-specific information about locally relevant therapies (eg Chinese herbs)	<ul style="list-style-type: none"> • Australian Centre for Complementary Medicine Education and Research http://www.uq.edu.au/accmer/index.html • The National Institute of Complementary Medicine http://www.nicm.edu.au/ • Access to local experts, eg Dr Lesley Braun http://www.tga.gov.au/docs/html/cmec/cmecclb.htm • Industry associations
Models of integrative oncology	<ul style="list-style-type: none"> • Solaris Care http://www.solariscare.com.au/ • Memorial Sloan Kettering Cancer Center (US) http://www.mskcc.org/mskcc/html/1979.cfm • MD Anderson Cancer Centre (US) http://www.mdanderson.org//departments/CIMER/index.cfm
Patient information	<ul style="list-style-type: none"> • Cancer Council NSW guide <i>Understanding Complementary Therapies</i> http://www.nswcc.org.au/editorial.asp?pageid=1801 • Cancer Council Helplines to direct patients to relevant information • Links to relevant professional bodies
Information about drug interactions	<ul style="list-style-type: none"> • No good sources of information identified • Options to be explored include: <ul style="list-style-type: none"> ○ hospital drug interaction services ○ National Prescribing Service information line ○ Micromedex database

In the discussion that followed the discussion group reports, a number of additional sources of information were identified including:

- the availability on the Clinical Information Access Program (CIAP) website (<http://www.ciap.health.nsw.gov.au/>) of the National Medicines Comprehensive Database identifying information about known drug interactions
- plans by National Breast and Ovarian Cancer Centre to explore approaches for a national roll-out of the communication skills module *Effectively discussing complementary therapies* developed by Peter MacCallum Cancer Centre.

It was recommended that patients should be able to access information about:

- supporting evidence for different therapies
- how to identify an appropriately qualified complementary health practitioner
- the distinction between ‘mainstream’ health practitioners (such as dietitians, psychologists and physiologists) and ‘complementary’ health practitioners (such as naturopaths, acupuncturists and massage therapists)
- what therapies are covered by Medicare and health fund rebates.

It was recommended that health professionals should be made aware of:

- the importance of eliciting information from patients about what complementary therapies they are using
- cultural differences in attitudes towards complementary therapies.

DUTY OF HEALTH PROFESSIONALS TO ADMINISTER COMPLEMENTARY THERAPIES WHEN ASKED

A 'traffic light' analogy was used to describe the role of health professionals in administering complementary therapies for cancer patients. The health professional was described as the 'traffic warden', guiding the patient through the available options and indicating when it is:

- safe to continue (green light)
- appropriate to pause and review options (orange light)
- dangerous to continue (red light).

The multidisciplinary team was identified as a good starting point for establishing patient intent in relation to complementary therapies and opening dialogue with patients. It was suggested that team members have a duty to:

- administer complementary therapies within their scope of expertise
- maintain an open dialogue with patients and their families about use of complementary therapies
- support the use of complementary therapies that have been shown to be effective
- discourage the use of complementary therapies that are known to be harmful
- continue an open dialogue in relation to areas of uncertainty.

Parallels were drawn between complementary therapies and high-cost drugs, with health professionals facing similar issues in terms of whether to recommend therapies that a patient may not be able to afford.

A potential role for COSA in raising awareness of issues in relation to complementary therapies and engaging with relevant stakeholder groups, including oncology pharmacists and complementary health practitioners was identified.

GUIDELINES FOR INTERACTIONS WITH COMPLEMENTARY HEALTH PRACTITIONERS

A central issue identified in relation to guidelines for interactions with complementary health practitioners was the need to educate health professionals and patients about how to identify an appropriately qualified complementary health practitioner. This included clarifying minimum qualifications and credentialing requirements for complementary health practitioners.

It was suggested that interactions between conventional and complementary health practitioners could be facilitated by:

- engaging with relevant professional bodies to determine the level of credentialing required for different complementary health practitioners
- encouraging relevant professional bodies to facilitate open viewing of their membership to help health professionals and consumers identify appropriately trained individuals

- educating complementary health practitioners about cancer care to help them identify potential issues for patients
- seeking opportunities and incentives for joint educational initiatives involving conventional and complementary health practitioners
- encouraging conventional and complementary health practitioners to ask patients during their initial assessment about other treatments being received
- facilitating collaborative approaches to research that consider both conventional and complementary approaches to care
- evaluating interactions between conventional and complementary health practitioners to identify areas for improvement
- providing opportunities for patients and health professionals to report negative experiences with particular complementary therapies or complementary health practitioners to relevant professional bodies.

It was suggested that a formal referral process be implemented to facilitate communication between conventional and complementary health practitioners, involving:

- two-way referral letters indicating potential risks and interactions between complementary and conventional therapies (with a potential role for COSA in developing appropriate templates)
- approaches to inform the patient's general practitioner about complementary therapy referrals.

Communication with the patient was seen as central to the referral process, with a suggestion that patients should be asked what they have heard about therapies they are considering, and about the drivers for use of specific therapies. It was also suggested that consumers should be surveyed about their preferences for models of delivery of complementary therapies (within or external to the cancer centre).

CONTENTS FOR A COMPLEMENTARY THERAPIES TOOLKIT

Suggested options for a web-based complementary therapies toolkit relevant for cancer care were provided. In describing the contents, it was suggested that consideration should be given to:

- toolkit users (health professional vs consumer)
- definition of terms (complementary vs alternative therapies; therapies vs medicines)
- scope of toolkit contents
- options for access to the toolkit by non-COSA members.

Possible topic areas and contents for the toolkit are listed below.

Topic area	Possible contents
Communication guidelines	<ul style="list-style-type: none"> • COSA-endorsed communication guidelines • Adaptable framework for communication for use by a range of health professionals • Links to organisations offering communication skills training

Topic area	Possible contents
Resources	<ul style="list-style-type: none"> • Links to reputable sources of information for health professionals and consumers • Options for printable information
Guidelines for finding a qualified practitioner	<ul style="list-style-type: none"> • Details about appropriate training and accreditation for complementary health practitioners • Links to relevant professional bodies and accreditation details • Information about Medicare/health fund rebates
Research	<ul style="list-style-type: none"> • Links to information about current Australian trials/research into complementary therapies • Information about validated tools for use in complementary therapy research • Identification of areas in which evidence is limited as areas requiring further research • Voluntary consumer research register (listing of consumers interested in participating in research about complementary therapies)

NEXT STEPS

Professor Olver provided a brief summary of the issues discussed and the recommended actions to be considered by COSA. Options included:

- identification and consolidation of current sources of information and research in complementary therapies to facilitate access by health professionals and consumers and to avoid duplication
- development of functional links with relevant professional bodies to encourage communication and engagement and to promote an understanding by the complementary health field of issues relating to cancer care
- promotion of consistent definitions
- identification and evaluation of different models of delivery of complementary therapies
- education of conventional health professionals and consumers about how to access appropriately qualified complementary health practitioners and how to maintain an open dialogue about complementary therapy usage
- consolidation of information about current research in complementary therapies relevant for cancer care and facilitation of information sharing about appropriate research methodology
- development of a complementary therapies toolkit as a central source of information for health professionals and consumers
- encouragement of consumer feedback about experiences with using complementary therapies.

In closing the workshop, Dr Koczwarra thanked participants for their enthusiasm and valuable contribution. She indicated that COSA and the CAMs Working Group would need to consider and prioritise the recommendations in order to determine where best to focus future activities. Dr Koczwarra encouraged ongoing commitment by participants to facilitate progress in this important area.

ACKNOWLEDGEMENTS

COSA gratefully acknowledges the input and support of the workshop facilitator, Professor Ian Olver, and the members of the COSA CAMs Working Group:

- Dr Bogda Koczwara (Chair)
- Professor Ian Olver
- Dr Monica Robotin
- Prof Alan Bensoussan
- Professor Stephen Clarke
- Professor Ray Lowenthal.

Thanks also to Margaret McJannett and Kathy Ansell for their work in coordinating the workshop. The workshop report was developed by Dr Alison Evans from Alison Evans Consulting.

FURTHER READING

1. Clinical Oncological Society of Australia. Complementary and alternative medicine (CAM): setting an Australian Research Agenda, November 2007.
2. Deng G, Cassileth B, Cohen L et al. Integrative Oncology Practice Guidelines. *Journal of the Society for Integrative Oncology* 2007;5(2):65–84.
3. Cancer Council NSW. Understanding Complementary Therapies. 2008.
4. Braun L, Cohen L. Herbs and natural substances: an evidence-based guide. Elsevier, 2005.

USEFUL WEBSITES

Therapeutic Goods Administration <http://www.tga.gov.au/cm/cm.htm>

Australian Centre for Complementary Medicine Education and Research
<http://www.uq.edu.au/accmer/index.html>

The National Institute of Complementary Medicine <http://www.nicm.edu.au/>

Memorial Sloan Kettering website *About Herbs, Botanicals and Other Products* (US site)
<http://www.mskcc.org/mskcc/html/11570.cfm>

Listing of other sites and resources (provided through Southern Cross University)
http://www.scu.edu.au/library/finding_info/subject_guides/comp_medicine_pharmacy.html

National Prescribing Service project about information preferences of consumers and health professionals
http://www.nps.org.au/research_and_evaluation/research/current_research/complementary_medicines

Solaris Care <http://www.solariscare.com.au/>

Memorial Sloan Kettering Cancer Center (US) <http://www.mskcc.org/mskcc/html/1979.cfm>

MD Anderson Cancer Centre (US)
<http://www.mdanderson.org/departments/CIMER/index.cfm>

APPENDIX I: WORKSHOP AGENDA

**Complementary medicines:
Principles and practice
Friday 21 November 2008
Sydney Convention Centre, Darling Harbour
Facilitator: Professor Ian Olver, CEO, Cancer Council Australia**

Time	Session title
08:30am	Registration
09:00am	Welcome <i>Dr Bogda Koczwara</i>
09:10am	Plenary discussion: what should COSA's role be <i>Professor Ian Olver</i>
10:00am	Morning tea
10.20am	Discussion groups x 5 Each group to discuss one question: <ol style="list-style-type: none">1. The clinician's duty to inform patients about CAM options for their cancer2. Identifying sources of reliable information about CAM for cancer health professionals and identifying reliable sources of information for their patients, eg how to they best obtain information about interactions with conventional drugs?3. The extent to which health professionals have a duty to administer a CAM when requested by a patient?4. Define guidelines for interactions with CAM practitioners or for referrals to CAM practitioners?5. What should be in a toolkit about complementary therapies in cancer care?
11:10am	Report back: each group 10 mins
12:00pm	Final discussion and next steps
12:30pm	Meeting close

APPENDIX II: LIST OF ATTENDEES

Name	Discipline
Kathy Ansell	Project Officer, COSA
Ms Kim Kerin Ayres	Breast Cancer CNC, Concord Hospital, NSW
Dr Megan Brennan	Breast Physician, University of Sydney.
Dr Karen Briscoe	Medical Oncologist, North Coast Area Health Region
Dr Jane Beith	Medical Oncologist, Sydney Cancer Centre, Royal Prince Alfred Hospital, NSW
Ms Mary Bongiorno	Radiotherapy Nurse, Peter MacCallum Cancer Centre, Vic
Professor Phyllis Butow	School of Psychology and NHMRC Principal Research Fellow, University of Sydney, NSW
Ms Carol Cameron	Cancer Nurse Coordinator GI, WA Cancer & Palliative Care Network, WA
Ms Vicki Campbell	CNC Cancer Services, Princess Alexandra Hospital Brisbane, QLD
Ms Julie Claessens	Nutritionist, NSW
Dr Megan Brennan	Breast Physician and Researcher, Breast Cancer Institute, Westmead Hospital NSW
Ms Louise Davis	Nursing, East Bentleigh, Vic
Ms Lesley Dawson	Pharmacist, Clinical Educator, Mater Pharmacy Services
Ms Haryana Dhillon	Behavioural Scientist, University of Sydney, NSW
Dr Jaklin Elliott	Social Scientist CCA, Adelaide, SA
Dr Alison Evans	Alison Evans Consulting, report writer
Ms Merran Findlay	Senior Dietician, Royal Prince Alfred Hospital, NSW
Ms Jane Fletcher	Psychologist, Senior Program Evaluator, Centre for Behavioural. Research, Cancer Council Victoria
Ms Clare Francis	Senior Pharmacist, Education & Palliative Care Peter MacCallum Cancer Centre, Vic
Ms Sandy Grierson	Clinical Trials Nurse, Melanoma Unit, Cancer Institute NSW
Ms Ellen Heywood	Nursing Unit Manager, East Bentleigh, Vic
Ms Marg Hodgetts	Support services Coordinator, Cancer Council NT
Ms Jeralyn Jacquet	Clinical Nurse Consultant, Sydney Cancer Centre, Royal Prince Alfred Hospital, NSW
Dr Erica James	Senior Research Academic, Centre for Health Research and Psycho-oncology (CHeRP), The Cancer Council NSW/University of Newcastle

Name	Discipline
Ms Nicole Kinnane	Cancer Support Nurse, Peter MacCallum Cancer Centre Victoria
Mr Paul Katris	Psychologist, Western Australian Clinical Oncology Group, Cancer Council WA
Ms Laura Kirsten	Psychologist, Sydney Cancer Centre, Royal Prince Alfred Hospital, NSW
Dr Bogda Koczwara	Medical Oncologist, Flinders Cancer Centre, Adelaide, SA
Ms Donna Long	Research Nurse, Border Cancer Care Centre, NSW
Professor Ray Lowenthal	Medical Oncologist, Royal Hobart Hospital, Tas
Ms Marietta Murdita MacLurcan	Yoga Teacher, Therapist and Researcher, NSW
Ms Jillian McDonnell	Pharmacy Department, The Wesley Hospital, Uniting Care Health, QLD
Mr Chris McKeon	RN Oncology, Acupuncturist, Carina Heights, Qld
Ms Caroline Nehill	Program Manager National Breast & Ovarian Cancer Centre
Dr Byeonsong Oh	Integrative Medicine (CAM researcher) Sydney University, NSW
Ms Vivienne O'Callaghan	Publications Editor, Cancer Information & Support Services, Cancer Council NSW
Professor Ian Olver	CEO, Cancer Council Australia, Workshop facilitator
Ms Jenny Philip-Harbutt	Public Health, Cancer Council South Australia
Ms Sue Perrott	RN Oncology & Acupuncturist, Townsville Cancer Centre, QLD
Dr Anna Petterson	Post-doctoral Research Fellow & Medical Art Psychotherapist, Solaris Care Foundation, WA
Ms Alayne Reid	Nurse Educator, Division of Cancer Services, Education, Mater Adult Hospital, South Brisbane, QLD
Ms Geraldine Robertson	Consumer representative (BCNA)
Dr Monica Robotin	Medical Advisor, Cancer Council NSW
Ms Helen Smith	CEO Cancer Council NT
Mr Peter Smith	Cancer Care Pharmacist, Sunshine Coast Cancer Centre, Qld
Mr John Stubbs	Executive Officer, Cancer Voices Australia
Ms Vicky Wilmott	Oncology Pharmacist, South East Sydney Area Health Service, NSW
Ms Rachel Zordan	PhD student, University of Sydney, NSW