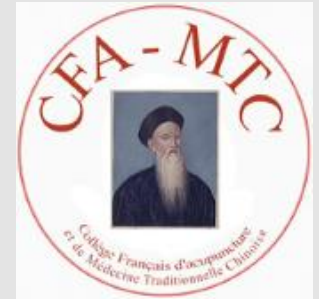


Acupuncture

Données probantes en oncologie

Dr Henri Yves Truong Tan Trung,
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Code de déontologie médicale

(article R.4127-39
du code de la
santé publique)

- **Article 32 - Qualité des soins**

*Dès lors qu'il a accepté de répondre à une demande, le médecin s'engage à assurer personnellement au patient des soins consciencieux, dévoués **et fondés sur les données acquises de la science**, en faisant appel, s'il y a lieu, à l'aide de tiers compétents.*

- **Article 39 - Charlatanisme**

*Les médecins ne peuvent proposer aux malades ou à leur entourage comme salutaire ou sans danger un remède ou un **procédé illusoire ou insuffisamment éprouvé**.
Toute pratique de charlatanisme est interdite.*

EBM

Evidence-Based Medicine

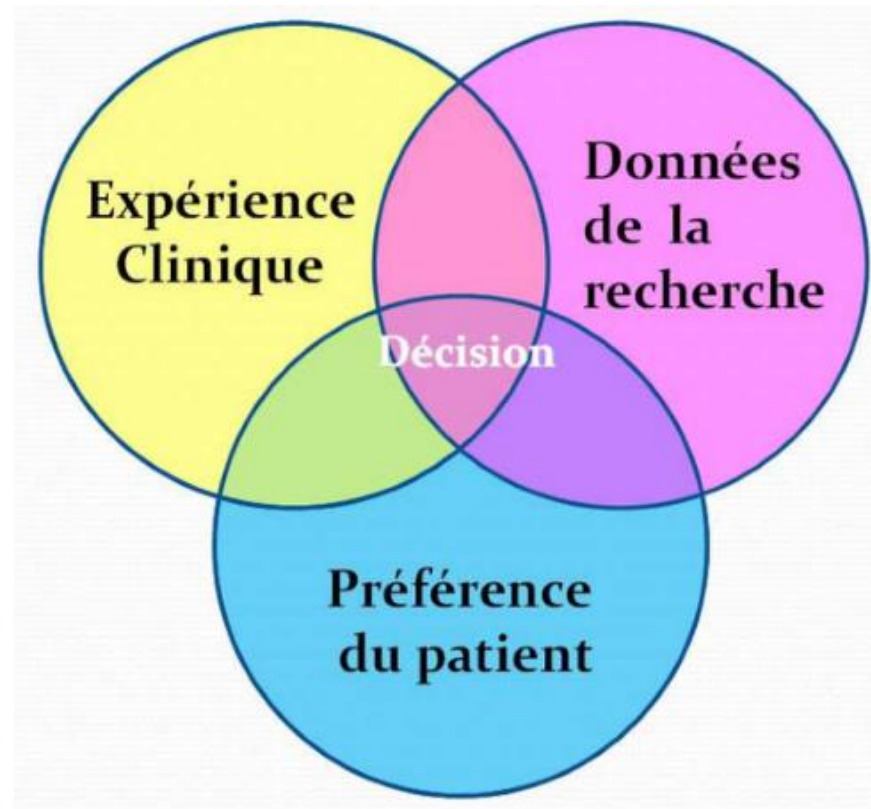
EBP

Evidence-Based Practice

EBA

Evidence-Based Acupuncture

- La démarche Evidence-Based Medicine (EBM)
- La médecine fondée sur les preuves est une démarche qui consiste à intégrer lors de la prise de décision médicale :



Niveaux de
preuve

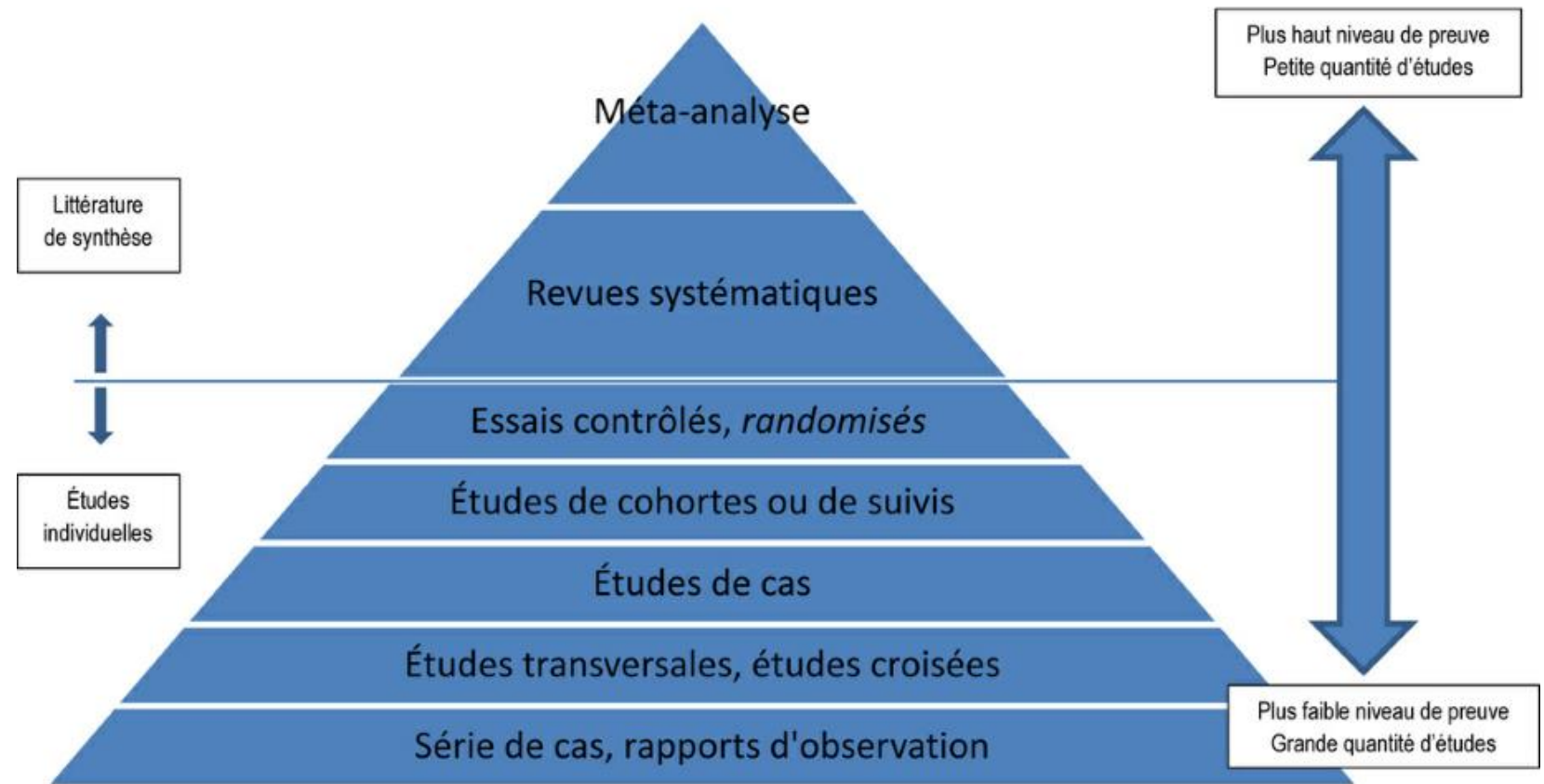
Données
probantes

Tableau 2. Grade des recommandations

Grade des recommandations	Niveau de preuve scientifique fourni par la littérature
A Preuve scientifique établie	Niveau 1 - essais comparatifs randomisés de forte puissance ; - méta-analyse d'essais comparatifs randomisés ; - analyse de décision fondée sur des études bien menées.
B Présomption scientifique	Niveau 2 - essais comparatifs randomisés de faible puissance ; - études comparatives non randomisées bien menées ; - études de cohortes.
C Faible niveau de preuve scientifique	Niveau 3 - études cas-témoins.
	Niveau 4 - études comparatives comportant des biais importants ; - études rétrospectives ; - séries de cas ; - études épidémiologiques descriptives (transversale, longitudinale).

Niveaux de
preuve

Données
probantes



Adapté de : McGoven DPB et al. (2001). Key topic in evidence-based medicine. Oxford (UK) : BIOS, p. 15.

Niveaux de
preuve

Données
probantes

- **Niveau de preuve d'une étude**
- Le niveau de preuve d'une étude caractérise **la capacité de l'étude à répondre à la question posée.**
- La capacité d'une étude à répondre à la question posée est jugée sur la correspondance de l'étude au cadre du travail (question, population, critères de jugement) et sur les caractéristiques suivantes
 - · l'adéquation du protocole d'étude à la question posée (annexe 3) ;
 - · l'existence ou non de biais importants dans la réalisation ;
 - · l'adaptation de l'analyse statistique aux objectifs de l'étude ;
 - · la puissance de l'étude et en particulier la taille de l'échantillon.

Niveaux de
preuve

Données
probantes

Tableau 3. Les niveaux de preuves

Niveau de preuve	Description
Niveau A	Il existe une (des) méta-analyse(s) de bonne qualité ou plusieurs essais randomisés de bonne qualité dont les résultats sont cohérents. De nouvelles données ne changeront très probablement pas la confiance en l'effet estimé.
Niveau B	Il existe des preuves de qualité correcte (essais randomisés [B1] ou études prospectives ou rétrospectives [B2]) avec des résultats dans l'ensemble cohérents. De nouvelles données peuvent avoir un impact sur la confiance dans l'estimation de l'effet, et peuvent changer l'estimation.
Niveau C	Les études disponibles sont critiquables d'un point de vue méthodologique et/ou les résultats des essais ne sont pas toujours cohérents entre eux. De nouvelles données auront très probablement un impact important sur la confiance dans l'estimation de l'effet et changeront probablement l'estimation.

Evidence scientifique / Données probantes

- **L'évidence scientifique** est appréciée lors de la synthèse des résultats de l'ensemble des études sélectionnées. Elle constitue la conclusion des tableaux de synthèse de la littérature.
- La gradation de l'évidence scientifique s'appuie sur :
 - l'existence de données de la littérature pour répondre aux questions posées ;
 - le niveau de preuve des études disponibles ;
 - la cohérence de leurs résultats.
- Pour une question donnée, il est possible de classer les études en fonction de leur niveau de preuve.

Recommandations

Recommandations :

Grade des recommandations	Niveau de preuve scientifique fourni par la littérature
A Preuve scientifique établie	Niveau 1 - essais comparatifs randomisés de forte puissance ; - méta-analyse d'essais comparatifs randomisés ; - analyse de décision fondée sur des études bien menées.
B Présomption scientifique	Niveau 2 - essais comparatifs randomisés de faible puissance ; - études comparatives non randomisées bien menées ; - études de cohortes.
C Faible niveau de preuve scientifique	Niveau 3 - études cas-témoins.
	Niveau 4 - études comparatives comportant des biais importants ; - études rétrospectives ; - séries de cas ; - études épidémiologiques descriptives (transversale, longitudinale).

7 indications le plus souvent évaluées

- Nausées et vomissements(CINV)
- Douleur :
 - - Douleur du cancer
 - - Neuropathies périphériques secondaires (CIPN)
 - - Arthralgies dues au traitement anti-aromatase
- Xérostomie radio-induite
- Bouffées de chaleur dues au traitement hormonal
- Fatigue liée au cancer (CRF)
- Anxiété / Dépression
- Qualité de vie(QoL)

NVCI

e.g. AFSOS Guideline

- Ezzo J, Richardson MA, Vickers A, Allen C, Dibble S, Issell BF, Lao L, Pearl M, Ramirez G, Roscoe JA, Shen J, Shivnan JC, Streitberger K, Treish I, Zhang G . Acupuncture-point stimulation for chemotherapy-induced nausea or vomiting. *Cochrane Database Syst Rev.* 2006 Apr 19;(2)
- Lee J, Dodd M, Dibble S, Abrams D. Review of acupressure studies for chemotherapy-induced nausea and vomiting control. *J Pain Symptom Manage.* 2008 Nov;36(5):529-44
- McKeon C, Smith CA, Hardy J, Chang E. Acupuncture and Acupressure for Chemotherapy-Induced Nausea and Vomiting: A Systematic Review. *Australian journal of acupuncture and chinese medicine,* 2013 vol 8 issue 1 (2-27)
- Cohen AJ¹, Menter A, Hale L. Acupuncture: role in comprehensive cancer care--a primer for the oncologist and review of the literature. *Integr Cancer Ther.* 2005 Jun;4(2):131-43.
- Garcia MK, McQuade J, Haddad R, Patel S, Lee R, Yang P, Palmer JL, Cohen L. Systematic Review of Acupuncture in Cancer Care: A Synthesis of the Evidence. *J Clin Oncol.* 2013 Mar 1;31
- Garcia MK, McQuade J, Lee R, Haddad R et al. Acupuncture for symptom management in cancer care: an update. *Curr Oncol Rep.* 2014. Dec;16(12):418.
- Rithirangsrroj K, Manchana T, Akkayagorn L. Efficacy of acupuncture in prevention of delayed chemotherapy induced nausea and vomiting in gynecologic cancer patients. *Gynecol Oncol* 2015;136:82–6.
- Emblom A, Johnsson A, Hammar M et al. Acupuncture compared with placebo acupuncture in radiotherapy-induced nausea-A randomized controlled study. *Annals of oncology : official journal of the European Society for Medical Oncology / ESMO* 2012. 23. 1353-61.
- McDonald J, Janz S. The Acupuncture Evidence Project. A Comparative Literature Review. *Australian Acupuncture and Chinese Medicine Association.* 2017;:83P.
- Hesketh PJ, Kris MG, Basch E et al. Antiemetics: American Society of Clinical Oncology Clinical Practice Guideline Update. *J Clin Oncol.* 2017;35(28):3240-3261.
- Lyman GH, Greenlee H, Bohlke K, Bao T et al. Integrative Therapies During and After Breast Cancer Treatment: ASCO Endorsement of the SIO Clinical Practice Guideline. *J Clin Oncol.* 2018 Jun 11;JCO2018792721

- **Garcia 2014; literature review :33 RCTs**
 - Acupuncture for symptom management in cancer care: an update. Curr Oncol Rep. 2014. Dec;16(12):418.
- **Lian 2014; SR**
 - .Effectiveness of acupuncture for palliative care in cancer patients: a systematic review. Chin J Integr Med. 2014.20(2):136-47
- **McDonald 2017**
 - The Acupuncture Evidence Project : a literature review, AACMA2017:83p . -> **EVIDENCE OF POSITIVE EFFECT**

The Acupuncture Evidence Project

A Comparative Literature Review

John McDonald
Stephen Janz

January 2017
(Revised Edition)

The Acupuncture Evidence Project (Mar 2013 - Sept 2016)

Evidence of positive effect

- Allergic rhinitis (perennial & seasonal)
- Chemotherapy-induced nausea and vomiting (CINV) (with anti-emetics)
- Chronic low back pain
- Headache (tension-type and chronic)
- Knee osteoarthritis
- Migraine prophylaxis
- Postoperative nausea & vomiting
- Postoperative pain

NVCI Guidelines

- **National Comprehensive Cancer Network (NCCN) 2018**
- **American Society of Clinical Oncology (ASCO) 2018**
- **American Society of Clinical Oncology (ASCO) 2017**
- **Society for Integrative Oncology (SIO) 2017**
- **Association Francophone des Soins Oncologiques de Support (AFSOS) 2017**
- **SIO 2014**
- **American College of Chest Physicians (ACCP) 2013.**

Douleur

- **Hu 2016; MA-SR : 20 RCTs, 1639 patients**
 - Acupuncture for pain management in cancer: a systematic review and meta-analysis. Evid-Based Complementary Altern Med. 2016.1720239.
- **Chiu 2017; MA-SR : 29 RCTs**
 - Systematic review and meta-analysis of acupuncture to reduce cancer-related pain. Eur J Cancer Care. 2017;26(2) .
- **McDonald 2017**
 - The Acupuncture Evidence Project : a literature review, AACMA2017:83p .

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Evidence of potential positive effect

- Acute low back pain
- Acute stroke
- Ambulatory anaesthesia
- Anxiety
- Aromatase-inhibitor-induced arthralgia
- Asthma in adults
- Back or pelvic pain during pregnancy
- Cancer pain
- Cancer-related fatigue
- Constipation
- Craniotomy anaesthesia
- Depression (with antidepressants)
- Dry eye
- Hypertension (with medication)
- Insomnia
- Irritable bowel syndrome
- Labour pain
- Lateral elbow pain
- Menopausal hot flashes
- Modulating sensory perception thresholds
- Neck pain (NAD, not WAD)
- Obesity
- Perimenopausal & postmenopausal insomnia
- Plantar heel pain
- Post-stroke insomnia
- Post-stroke shoulder pain
- Post-stroke spasticity
- Post-traumatic stress disorder
- Prostatitis pain/chronic pelvic pain syndrome
- Recovery after colorectal cancer resection
- Restless leg syndrome
- Schizophrenia (with antipsychotics)
- Sciatica
- Shoulder impingement syndrome (early stage) (with exercise)
- Shoulder pain
- Smoking cessation (up to 3 months)
- Stroke rehabilitation
- Temporomandibular pain

Douleur Guidelines

- **ASCO 2018**

- *Pain*: Acupuncture, healing touch, hypnosis, and music therapy can be considered for the management of pain. (Grade C).

- **NCCN 2016**

- *Pain*: likely to be relieved or function improved with... acupuncture or acupressure

CIPN

- **Alimi 2003; RCT**
 - Analgesic effect of auricular acupuncture for cancer pain: a randomized, blinded, controlled trial. J Clin Oncol. 2003;21(22):4120-26.
- **Franconi 2013; SR**
 - A systematic review of experimental and clinical acupuncture in chemotherapy-induced peripheral neuropathy. Evid Based Complement Alternat Med. 2013;2013:516916.
- **Brami 2016 ; SR**
 - Natural products and complementary therapies for chemotherapy-induced peripheral neuropathy: A systematic review. Crit Rev Oncol Hematol . 2016; 98:325-34.
- **Oh 2018; MA : 22 RCTs, 954 patients**
 - Effectiveness of Non-Pharmacologic Interventions in Chemotherapy Induced Peripheral Neuropathy: A Systematic Review and Meta-Analysis. J Korean Acad Nurs. 2018 ;48 (2):123-42.

CIPN Guidelines

- **AFSOS 2014**

- *Douleur* : neuropathies périphériques chimio-induites (niveau de preuve HAS C)
- *Pain*: chemotherapy induced peripheral neuropathies (Grade C)

- **ACCP 2013**

- *Recommandation 2.5.3.2*. In patients with cancer related pain and peripheral neuropathy, acupuncture is suggested as an adjunct treatment in patients with inadequate control of symptoms (Grade 2C).

- **Alberta Health Service (AHS) 2013**

- *Peripheral Neuropathy*. Other alternative treatment modalities, such as acupuncture, capsaicin cream, alpha-lipoic acid, and biofeedback have been used to manage the symptoms of peripheral neuropathy; however, these methods have not been tested rigorously.

Aromatase Inhibitor Induced Arthralgia

- **Crew 2010; RCT**
 - Randomized, blinded, sham-controlled trial of acupuncture for the management of aromatase inhibitor-associated joint symptoms in women with early-stage breast cancer. *J Clin Oncol.* 2010;28(7):1154–1160 .
- **Bao 2013; RCT**
 - A dual-center randomized controlled double blind trial assessing the effect of acupuncture in reducing musculoskeletal symptoms in breast cancer patients taking aromatase inhibitors. *Breast Cancer Res Treat.*
- **Chen 2017; MA : 5 RCTs, 181 patients**
 - Effect of acupuncture on aromatase inhibitor-induced arthralgia in patients with breast cancer: A meta-analysis of randomized controlled trials. *Breast.* 2017;33 :132-8.
- **Yang 2017;MA-SR**
 - Interventions for the Treatment of Aromatase Inhibitor-Associated Arthralgia in Breast Cancer Survivors: A Systematic Review and Meta-analysis. *Cancer Nurs.* 2017;40(4):e26-e41.
- **Herschman 2018; RCT: 226 patients, VA>SA>WL**
 - Effect of Acupuncture vs Sham Acupuncture or Waitlist Control on Joint Pain Related to Aromatase Inhibitors Among Women With Early-Stage Breast Cancer: A Randomized Clinical Trial. *JAMA.* . July 10, 2018 320:167-76. VA>SA>WL
- **McDonald 2017 :**

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- Acute low back pain
- Acute stroke
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- Neck pain (NAD, not WAD)
- Obesity
- Perimenopausal & postmenopausal insomnia
- Plantar heel pain
- Post-stroke insomnia
- Post-stroke shoulder pain
- Post-stroke spasticity
- Post-traumatic stress disorder
- Prostatitis pain/chronic pelvic pain syndrome
- Recovery after colorectal cancer resection
- Restless leg syndrome
- Schizophrenia (with antipsychotics)
- Sciatica
- Shoulder impingement syndrome (early stage) (with exercise)
- Shoulder pain
- Smoking cessation (up to 3 months)
- Stroke rehabilitation
- Temporomandibular pain

AIA Guidelines

- **AFSOS 2014**

- *Douleur*: Arthralgies sous anti-aromatases (niveau de preuve HAS B).
- *Pain*: Aromatase inhibitor–induced arthralgia (Grade B).

- **SIO 2017**

- Acupuncture for pain associated with aromatase inhibitor associated musculoskeletal symptoms were examined and received a C grade indicating .

Xérostomie

- **Garcia 2015; literature review**
 - Acupuncture for Xerostomia in Patients with Cancer: An Update. Medical Acupuncture.
- **Mercadante 2017; MA-SR**
 - Interventions for the management of radiotherapy-induced xerostomia and hyposalivation: A systematic review and meta-analysis. Oral Oncol.
- **Assy 2018; SR**
 - A systematic review of the effects of acupuncture on xerostomia and hyposalivation. BMC Complement Altern Med.
- **Zia 2017**
 - The **National Cancer Institute's Conference on Acupuncture** for Symptom Management in Oncology: State of the Science, Evidence, and Research Gaps. [J Natl Cancer Inst Monogr.](#)

Xérostomie

- **AFSOS 2014**

- *Xérostomie post-radique* (niveau de preuve HAS B).
- *Radiation-induced xerostomia* (Grade B).

- **Société Française d'Oto-Rhino-Laryngologie et de Chirurgie de la Face et du Cou (SFORL) 2017**

- Recommandation 12: Le groupe de travail recommande d'envisager l'acupuncture par un praticien expérimenté dans la prise en charge des douleurs cervicales séquellaires d'un curage ganglionnaire et dans la xérostomie après radiothérapie (Grade B).

- **ACCP 2007**

- Recommendation 7. Acupuncture is recommended as a complementary therapy when pain is poorly controlled or when side effects such as neuropathy or xerostomia from other modalities are clinically significant. Grade of recommendation, 1A.

Bouffées de chaleur

- **Chiu 2016; MA**
 - Effects of Acupuncture on Menopause-Related Symptoms in Breast Cancer Survivors: A Meta-analysis of Randomized Controlled Trials. Cancer Nurs. 2016 May-Jun;39(3):228-37
- **Lesi 2016; RCT : 190 patients**
 - Acupuncture as an integrative approach for the treatment of hot flashes in women with breast cancer: A prospective multicenter randomized controlled trial (AcCliMaT). J Clin Oncol. 2016.34(15):1795-1802
- **Tao 2017; MA : 16 RCTs**
 - Effects of non-pharmacological supportive care for hot flashes in breast cancer: a meta-analysis. Support Care Cancer. 2017 ;25 (7) :2335-2347
- **Chien 2017; MA-RS : 13 RCTs, 844 patients, ±**
 - Effect of acupuncture on hot flush and menopause symptoms in breast cancer- A systematic review and meta-analysis. PLoS One. 2017;12(8)

Bouffées de chaleur

- ASCO 2018

- *Vasomotor/hot flashes* : Acupuncture can be considered for improving hot flashes (Grade C).

- SIO 2017

- *Hot flashes*: Acupuncture can be considered as a therapy for hot flashes based upon nine trials assessing acupuncture for hot flashes (Grade C).

- AFSOS 2014

- *Bouffées de chaleurs pour les femmes sous hormonothérapie* (niveau de preuve HAS B).
- *Hot flashes for women on hormone therapy* (Grade B).

Fatigue

- **Zhang 2018; MA : 10 RCTs, 1327 patients**
 - Effects of acupuncture on cancer-related fatigue: a meta-analysis. Support Care Cancer. 2018. 26(2):415-425
- **Zia 2017**
 - The National Cancer Institute's Conference on Acupuncture for Symptom Management in Oncology: State of the Science, Evidence and Research Gaps. J Natl Cancer Inst Monogr. 2017 Nov 1;2017 (52)
- **Duong 2017; MA-RS : 55 trials, 4975 patients**
 - Mind and body practices for fatigue reduction in patients with cancer and hematopoietic stem cell transplant recipients: A systematic review and meta-analysis. Crit Rev Oncol Hematol. 2017;120:210-216

Fatigue

- **ASCO 2018**

- *Fatigue.* Acupuncture and yoga can be considered for improving post-treatment fatigue. (Grade C).

- **SIO 2017**

- *Fatigue.* Recommendations: Acupuncture and yoga can be considered for improving post-treatment fatigue. (Strength of Evidence Grade: C).

- **NCCN 2017**

- *Fatigue.* Four systematic reviews suggest that acupuncture and acupressure may have beneficial properties, though the studies acknowledge that a paucity of data makes it difficult to definitively evaluate the benefits. Positive effects of acupuncture on fatigue have been reported in small samples but need to be confirmed in larger RCTs. These small trials were conducted during active non-palliative radiation therapy and both during and after chemotherapy treatment.

- **AHS 2017**

- *Fatigue.* There is insufficient evidence on the use of acupuncture for the patients with cancer-related fatigue in active treatment; acupuncture can be considered for treatment of fatigue after completion of cancer treatment.

- **AFSOS 2014**

- *Fatigue :* Acupuncture (Niveau de preuve HAS : B).

Anxiété / Dépression

- **Smith 2018; Cochrane**
 - Acupuncture for depression. Cochrane Database Syst Rev. 2018.[160424]
- **Tao 2016; 11 RCTS**
 - Acupoints stimulation for anxiety and depression in cancer patients: a quantitative synthesis of randomized controlled trials. Evid.-Based Complementary Altern. Med . 2016.1-15. [5645632].
- **Lee 2012; pilot study**
 - The Effects of Acupuncture on the Insomnia, Anxiety and Depression of Liver Cancer patients: Pilot study. J Kor Orient Med 33:34-46
- **Kim 2015; RCT**
 - The Effects of Acupuncture on Insomnia, Anxiety, and Depression in Women with Chronic Liver Disease: A Randomized Controlled Trial. Altern Integr Med 4:194.

Anxiété / Dépression

- **ASCO 2018**

- *Anxiety.* Acupuncture, massage, and relaxation can be considered for reducing anxiety. (Grade C).
- *Depression and mood disturbance.* symptoms. Acupuncture, healing touch, and stress management can be considered for improving mood disturbance and depressive (Grade C).

- **SIO 2018**

- *Anxiety, Stress reduction.* Acupuncture, massage and relaxation can be considered for reducing anxiety. Strength of Evidence Grade: C.

- **AFSOS 2014**

- *Anxiété- Dépression.* Acupuncture (Niveau de preuve HAS : B).

Qualité de vie

- **Lau 2016; SR-MA : 13 ECRs**
 - Acupuncture and Related Therapies for Symptom Management in Palliative Cancer Care: Systematic Review and Meta-Analysis. *Medicine (Baltimore)*. 2016 Mar; 95(9):e2901
- **Tao 2016; MA : 67 RCTs, 5465 patients**
 - Effects of Acupuncture, Tuina, Fai Chi, Qigong, and Traditional Chinese Medicine Five-Element Music Therapy on Symptom Management and Quality of Life for Cancer Patients: A Meta-Analysis. *J Pain Symptom Manage*. 2016 :728-47
- **Mao 2018; ECR**
 - The effect of acupuncture versus cognitive behavior therapy on insomnia in cancer survivors: A randomized clinical trial. Clinical trial information: NCT02356575

Qualité de vie

- SIO 2017

- *Quality of life.* Acupuncture, mistletoe, qigong, reflexology and stress management can be considered for improving quality of life. Strength of Evidence Grade: C.

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Unclear/insufficient evidence

Acupuncture in Emergency Department	- Dysmenorrhoea
Acute ankle sprain in adults	- Dyspepsia in diabetic gastroparesis (DGP)
Alzheimer's disease	- Erectile dysfunction
Angina pectoris	- Exercise performance & post-exercise recovery
Assisted conception in ART (includes SR and MA from Dec 2016 and Jan 2017)	- Fatigue in systemic lupus erythematosus
Asthma in children	- Fibromyalgia
Atopic dermatitis	- Functional dyspepsia
Attention Deficit Hyperactivity Disorder (ADHD)	- Gag reflex in dentistry
Autism spectrum disorder (ASD)	- Glaucoma
Bell's palsy	- Heart failure
Bladder pain syndrome	- Hot flushes in breast cancer
Cancer-related insomnia	- Hyperemesis gravidarum
Cancer-related psychological symptoms	- Hypoxic ischemic encephalopathy in neonates
Carpal tunnel syndrome	- Induction of labour
Chemotherapy-induced peripheral neuropathy	- Inflammatory bowel disease
Chronic fatigue syndrome	- Itch
Chronic kidney disease	- Lumbar spinal stenosis
Chronic obstructive pulmonary disease (COPD)	- Melasma
Chronic urinary retention due to spinal cord injury	- Meniere's disease/syndrome
Chronic urticaria	- Menopausal syndrome
	- Multiple sclerosis
	- Mumps in children
	- Myelosuppression after chemotherapy
	- Oocyte retrieval pain relief

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Unclear/insufficient evidence

- Opiate addiction
- Opioid detoxification
- Parkinson's disease
- Polycystic ovarian syndrome
- Poor sperm quality
- Postnatal depression
- Postoperative gastroparesis syndrome (PGS)
- Postoperative ileus
- Post-stroke hiccoughs
- Premenstrual syndrome
- Primary ovarian insufficiency
- Primary Sjogren's syndrome
- Psoriasis vulgaris
- Rheumatoid arthritis
- Slowing progression of myopia
- Spinal cord injury
- Stress urinary incontinence in adults
- Sudden sensorineural hearing loss
- Surgery analgesia
- Tinnitus
- Traumatic brain injury
- Urinary incontinence
- Uterine fibroids
- Vascular cognitive impairment without dementia
- Vascular dementia
- Whiplash associated disorder (WAD)
- Xerostomia in cancer

Recommandations de pratique clinique en oncologie

Conditions	Guidelines
Nausées Vomissements CNIV	NCCN 2018, ASCO 2018 (B), SIO 2017 (B), AFSOS 2017 (B), ACCP 2013
Douleurs	ASCO 2018 (C), NCCN 2016
Neuropahies	AFSOS (C), ACCP 2013 (2C), AHS 2013
Arthralgie IAA	SIO 2017 (C), AFSOS 2014 (B)
Xérostomie radio-induite	AFSOS 2014 (B), SFORLCFC (B), ACCP 2007
Bouffées de chaleur	ASCO 2018(c), SIO 2017(c), AFSOS 2014 (B)
Fatigue liée au cancer	ASCO 2018 (c), SIO 2017 (c), NCCN 2017, AHS 2017, AFSOS 2014 (B)
Anxiété/Depression	ASCO 2018 (c), SIO 2017(c), AFSOS 2014 (B)
Qualité de vie	SIO 2017 (C)

Merci de votre attention

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