

Table 2: Randomized clinical trials of acupuncture for chemotherapy-associated nausea and vomiting published since the systematic reviews

Source: Karen Pilkington, Vinjar Fønnebø, CAM-Cancer Consortium. [Acupuncture for chemotherapy-associated nausea and vomiting \[online document\]](#), 27th April 2016.

Trials using the P6 acupuncture point

First author, year, ref	Study design	Participants (number, diagnosis)	Interventions (experimental treatments, control)	Main outcome measures	Main results	Comments
Genc et al. 2012 (17)	Single-blinded randomized trial	120 breast, gynecological, and lung cancer	Nausea wristband (Sea-Band) (acupressure at P6) versus 'placebo nausea band' (no further details).	Patient description form, Rhodes Index of Nausea, Vomiting, and Retching (INVR), and Functional Assessment of Cancer Therapy-General	No difference was found between groups. Concluded that acupressure wristband was not an effective approach in preventing CINV	No details of randomization Reported as single-blinded Attrition not reported. Study was adequately powered assuming there was no attrition.
Molassiotis et al. 2013 (18) (also reported as Molassiotis et al. 2014 [19])	Randomised three-arm sham-controlled trial	500 chemotherapy-naïve cancer patients	Wristband versus sham wristband versus standard care only	Rhodes Index for Nausea/Vomiting, the Multinational Association of Supportive Care in Cancer (MASCC) Antiemesis Tool and the Functional Assessment of Cancer Therapy - General (FACT-G).	No statistically significant differences between the three arms in terms of nausea, vomiting and quality of life (FACT-G scale) Some transient local adverse effects were reported	Randomisation was adequate and accounted for gender, age and three levels of emetogenic chemotherapy Some unblinding of patient took place Power based on initial data and adequate
Suh 2012 (20)	RCT four-arm	120 breast cancer patients	P6 acupressure plus nurse-provided counselling; counselling only; P6 acupressure only, and control (placebo on SI3)	Nausea, retching, vomiting	'Synergic effects of P6 acupressure with nurse-provided counseling appeared to be effective in reducing CINV in patients with breast cancer.'	Randomisation and allocation concealment adequate. Not blinded and outcomes self-reported Adequate sample size based on power calculation and attrition not significantly different across the groups.

Liu et al. 2015 (21)	RCT	60 patients with gynaecological tumours	Wrist-ankle acupuncture and ginger moxibustion, versus tropisetron hydrochloride and dexamethasone	Frequency of nausea Anti-emetic effect Adverse events	Frequency of nausea significantly less ($p < 0.01$); anti-emetic effects significantly better with acupuncture than control ($P < 0.01$). Incidence of constipation lower in treatment group	Randomisation and allocation adequate Not blinded except to statisticians No power calculation as designed as pilot study. All patients completed study. 1 patient suffered a post-acupuncture side effect (subcutaneous blood stasis)
Rithirangsiroj et al. 2015 (22)	RCT (cross-over)	70 cancer patients	Acupuncture at P6 point before chemotherapy infusion versus ondansetron intravenously	Emetic episode, severity of nausea score of 0-10 and adverse events	Acupuncture is effective in preventing delayed CINV and in promoting better QOL. Significantly higher rate of prevention of delayed CINV ($P = 0.02$), lower delayed nausea ($P = 0.004$), nausea score ($P < 0.001$), less medication ($P = 0.002$) in acupuncture group, less frequent constipation ($P = 0.02$) and insomnia ($P = 0.01$).	Random sequence generated by random number generator, no information on allocation No mention of blinding of assessors Adequate sample size based on power calculation and no loss to follow-up reported

Trials using other acupuncture points

Shen et al. 2015 (24)	RCT	103 patients diagnosed with primary or metastatic liver cancer	Acustimulation at the K1 acupoint compared with electrostimulation at a placebo point on the heel. (both groups also received tropisetron)	Rate, intensity, and duration of nausea and vomiting, quality of life	No differences were found between groups with regard to the incidence and degree of nausea or vomiting	Randomisation and allocation concealment adequate Patients were blinded and nurses not practitioners delivered treatment and conducted assessments Adequately powered
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