

Table 1: Systematic reviews of acupuncture for fatigue

Source: Karen Pilkington, Edzard Ernst, CAM-Cancer Consortium. [Acupuncture for fatigue \[online document\]](#), July 2019.

First author, year (ref)	Main outcomes/focus	Number of studies Type of studies Number of patients	Main results/ Conclusions	Comments
Duong et al. 2017 (19)	Mind and body practices for fatigue reduction in patients with cancer and hematopoietic stem cell transplant recipients (<i>acupuncture included and results presented separately</i>)	12 RCTs of acupuncture or acupressure (6 trials of acupuncture)	Acupuncture or acupressure (7 RCTs, 462 patients) against all controls: SMD -0.40 (95% CI -0.86, 0.05). Not significant if compared against sham or if acupuncture alone compared against all controls.	5 English databases searched to May 2017 Assessment using Cochrane Risk of Bias but does not appear to be reported
Grant et al. 2015 (16)	Acupuncture (manual, electric, or auricular acupuncture) for cancer-related fatigue – defining the quality	7 RCTs 690 participants	‘The 7 trials reviewed meet some criteria for a quality acupuncture intervention. However, frequently elements of the intervention were not addressed, and it is possible that the dosage trialed was suboptimal.’	11 databases (English and Chinese), trial registries and other sources searched to December 2013 Acupuncture intervention assessed using NICMAN framework
He et al. 2013 (14)	Acupuncture and moxibustion for cancer-related fatigue	7 RCTs 804 participants (4 trials of acupuncture)	‘With real acupuncture versus sham acupuncture, subjects receiving true acupuncture benefited more in the reduction of fatigue’	8 databases (English and Chinese) searched to December 2012 Assessment using Cochrane Risk of Bias; described as relatively high quality but all were unclear bias Methods for meta-analysis unclear; (based on 2 RCTs) effects on mild and severe but not moderate fatigue.
Ling et al. 2014 (18)	Acupuncture and acupressure for cancer-related fatigue	11 RCTs 731 participants	‘Although results are inconclusive , acupuncture and acupressure tend to be effective in relieving CRF, with the former producing a greater improvement.’	18 databases (English and Chinese) searched to April 2014 Assessment using a checklist from the Scottish Intercollegiate Guidelines Network (SIGN) No meta-analysis carried out

Posadzki et al. 2013 (17)	Acupuncture for cancer-related fatigue	7 RCTs 548 participants	'Overall, the quantity and quality of RCTs included in the analysis were too low to draw meaningful conclusions. '	14 databases (English, Chinese, Japanese and Korean) searched to November 2012 Assessed using Cochrane Risk of Bias; all had unclear or high risk of bias No meta-analysis carried out
Zeng et al. 2013 (15)	Acupuncture for cancer-related fatigue	7 RCTs 689 participants	Overall favourable result for acupuncture but 3 of the 4 comparisons were non-significant and the 4 th involved a combination of acupuncture plus educational interventions versus usual care.	5 English databases searched to May 2013 Assessed using Cochrane Risk of Bias; 3 judged high/4 low risk but table indicates 5 high risk (Note: same trials as above except for one recent RCT in place of an unpublished RCT)
Zhang et al. 2018 (20)	Acupuncture for cancer-related fatigue	11 RCTs 10 RCTs, including 1327 patients in meta-analysis	'Acupuncture is effective for CRF management and should be recommended as a beneficial alternative therapy for CRF patients'	7 databases (English and Chinese) were searched to November 2016 Used Cochrane Risk of Bias assessment 5 studies (4 according to authors; 5 in table) had a high risk of bias 5 studies judged high risk of bias in main meta-analysis; 6 comparisons included for a 3-arm trial in same meta-analysis