Table 2: Randomized clinical trials of acupuncture for fatigue published since the systematic reviews

Source: Karen Pilkington, CAM-Cancer Collaboration. Acupuncture for fatigue [online document]. June 2021.

First author, year	Study design	Participants	Interventions	Main outcome measures	Main results	Comments
Cheung 2020	RCT pilot study	30 advanced cancer patients	Self-administered acupressure versus health education	Chinese version of the Brief Fatigue Inventory (BFI-C)	Between-group difference in BFI global, severity and interference scores at Week 4 and Week 8 did not reach statistical significance	Randomisation and allocation concealment adequate Not blinded Power not calculated as pilot study. 24 (80%) of patients completed the trial. ITT analysis.
Khanghah 2019	RCT (3-arm)	90 cancer patients undergoing chemotherapy	Acupressure at Zusanli (ST-36), Hegu (LI-4), and Sanyingjiao (SP-6) versus sham (pressure at non acupoints) versus no intervention	Visual analogue scale (VAS) (self-report)	No significant difference between acupressure and sham or between sham and no intervention. Significant difference between acupressure and no intervention ($p = 0.028$).	Randomisation and allocation concealment unclear. Blinding for sham but not usual care intervention. Power calculated, no attrition.

Li 2020	RCT (3-arm) pilot study	40 breast cancer patients undergoing taxane chemotherapy	ATAS acupuncture (Acupoints-Time-Space Acupuncture) versus sham versus usual care	VAS-F scale Multiple fatigue index (MFI-20)	VAS-F score significant difference between ATAS acupuncture group and non-acupuncture group (P=0.004). MFI-20 score significant difference between ATAS and non-acupuncture, sham and non-acupuncture (P=0.016, 0.028 respectively).	Randomisation unclear but allocation concealment appears adequate. Blinding for sham but not usual care intervention. Power not calculated as pilot study, low attrition. No direct comparison between acupuncture and sham.
Lin 2019	RCT (3-arm)	100 lung cancer patients undergoing chemotherapy	Auricular acupressure (AA) using Semen Vaccariae (SV) versus AA using magnetic beads versus routine care	Cancer-related fatigue (CRF) score	Claims that 'Compared with routine care, AA could significantly alleviate CRF ($p<0.01$), especially for physical and affective fatigue. SV was more effective than magnetic beads (−1.41 95%CI −2.39 to –0.41*), p=0.01)' **reported as +0.41 in the table*	Randomisation and allocation concealment appear adequate Not blinded Power not reported. ITT analysis.

RCT: Randomized controlled trial
ITT: intention-to-treat