

Table 1: Systematic reviews of hypnotherapy for cancer

Source: Lorenc A, CAM-Cancer Collaboration. [Hypnotherapy](#) [online document], October 2024.

Study year	Design and methods	Included studies and participants	Included interventions and outcomes	Main results/Conclusions	Comments
Chen 2017	<p>Type of review: Systematic review. Search strategy: May 2015 Scopus, Medline Ovidsp, PubMed, PsycInfo–Ovid, Academic Search Premier, CINAHL Plus with FT-EBSCO, and SDO. English only. Quality assessment: Cochrane RoB. Measure of treatment effect: Effect size (Hedges’ g). Data synthesis: Meta-analysis.</p>	<p>Studies: 20 studies (13 RCTs, 7 single group pre-post design). Participants: Any cancer (n=878).</p>	<p>Intervention: Hypnosis Control: Any Concurrent treatment: Not specified. Outcome measures: Anxiety</p>	<p>Results for outcome measures: The 20 studies had a weighted mean immediate-effect size (Hedges’ g) of 1.05 (p < .01; range = 0.70–1.41), favouring hypnosis for anxiety. The weighted sustained-effect size (Hedges’ g) was 1.69 (p < .01; range = 0.61–2.77). Results quality/risk of bias assessment: The average quality scores for the RCTs and non-RCTs studies were 4.32 and 6.29 (out of 8 based on Cochrane Collaboration Guidelines). Conclusions: hypnosis had a immediate effect on anxiety in cancer patients and the effect was sustained.</p>	<p>Review limitations: Unable to group by control intervention. Any other comments: No</p>
Franch 2023	<p>Type of review: Systematic review. Search strategy: 2000 - February 2021 Scopus, PubMed, EMBASE, and Web of Science. Quality assessment: EPHPP tool. Measure of treatment effect: None Data synthesis: No meta-analysis, narrative.</p>	<p>Studies: 22 studies (design not reported but they only included randomised studies) Participants: Any cancer* (n not reported) *(undergoing chemotherapy or radiotherapy or cancer survivors with ongoing symptoms)</p>	<p>Intervention: Hypnosis Control: Any Concurrent treatment: Any evidence-based treatment (or none) Outcome measures: Pain (12 studies), anxiety (12), emotional distress (7), fatigue (7), depression (4), insomnia (2), quality of life (2), wellbeing (1), hot flashes (2), confusion (1), nausea (1), hospital and recovery time (3), and medication (2).</p>	<p>Results for outcome measures: Studies found that hypnosis as an adjuvant contributes to significantly reducing anxiety (12 studies) and pain (12 studies), depressive symptoms (4 studies), nausea (1 study), fatigue (7 studies), muscle weakness (2 studies) and hot flushes (2 studies), insomnia (1 study), wellbeing (1 study), quality of life (1 study), recovery time (1), less medication (1) Hypnosis has very few side effects. Results quality/risk of bias assessment: 13 studies rated ‘strong’ quality, 6 ‘moderate’ and 3 ‘weak’. Conclusions: Hypnosis is a procedure with a proven value as an adjuvant.</p>	<p>Review limitations: No meta-analysis (not mentioned). Didn’t separate results by type of control. Only searched from 2000. Only 5 databases searched. Any other comments: Reporting of results is very limited and means the review cannot be used as evidence.</p>

Richardson 2007	<p>Type of review: Systematic review. Search strategy: March 2005 Quality assessment: Centre for Reviews and Dissemination criteria. Measure of treatment effect: mean effect size. Data synthesis: Meta-analysis.</p>	<p>Studies: 6 RCTs Participants: Cancer patients undergoing chemotherapy (n not reported). Five RCTs were with children.</p>	<p>Intervention: Hypnosis Control: Any Concurrent treatment: Not specified. Outcome measures: Frequency and severity of nausea and vomiting</p>	<p>Results for outcome measures: Meta-analysis revealed a large effect size of hypnotic treatment on nausea and vomiting when compared with treatment as usual, and the effect was at least as large as that of cognitive-behavioural therapy. Results quality/risk of bias assessment: Not summarised. Conclusions: Hypnosis could be a clinically valuable intervention for anticipatory and chemotherapy induced N&V in children with cancer.</p>	<p>Review limitations: No information on who did the searches/selection and whether it was duplicated. No flowchart. Quality of studies was not summarised or taken into account in conclusions. Any other comments: Attempted to identify unpublished research.</p>
Sine 2022	<p>Type of review: Systematic review. Search strategy: 2015-2018 Scopus, PubMed, Google Scholar, and Cochrane Library French and English only. Quality assessment: Cochrane RoB/ROBINS and JADAD. Measure of treatment effect: None Data synthesis: No meta-analysis due to heterogeneity of outcomes.</p>	<p>Studies: 11 studies (10 RCTs, 1 CCT). Participants: Any cancer (n=1182).</p>	<p>Intervention: Hypnosis Control: Comparative therapy or standard care. Concurrent treatment: Not mentioned. Outcome measures: Pain (9 studies), anxiety (8 studies).</p>	<p>Results for outcome measures: Five out of 7 studies measuring intensity of anxiety reported significant differences. Six of the 9 studies measuring pain reported significant reduction. Results quality/risk of bias assessment: Most studies had low risk of bias. Conclusions: Promising results of hypnosis on the management of pain and anxiety levels in the vast majority of cancer patients.</p>	<p>Review limitations: No meta-analysis and limited presentation of results. Any other comments: No</p>
Stefanopoulou 2017	<p>Type of review: Systematic review Search strategy: Jan 1980–Dec 2015 Pubmed, Medline, PsycInfo, Cochrane Database of Systematic Reviews, Cochrane Central Register of Controlled Trials, Web of Science and Embase. RCTs, English, Humans. Quality assessment: Cochrane RoB, 14 criteria tool. Measure of treatment effect: Effect sizes (Cohen’s d) Data synthesis: No meta-analysis due to heterogeneity of studies.</p>	<p>Studies: 2 RCTs Participants: Breast cancer survivors or post-peri menopausal women (n not reported).</p>	<p>Intervention: Clinical hypnosis. Control: Not specified. Concurrent treatment: Not specified. Outcome measures: Vasomotor symptoms (frequency, severity or problem rating of hot flushes/night sweats).</p>	<p>Results for outcome measures: One RCT found fewer hot flushes and night sweats compared to waitlist control; the other found a 80% reduction in hot flushes (control not specified). Results quality/risk of bias assessment: Quality of hypnosis studies was not reported separately. Conclusions: Insufficient research to consider hypnosis as an evidence-based treatments.</p>	<p>Review limitations: Very little information on how searches/study selection/data extraction were done, so subject to bias. No synthesis at all. Any other comments: Searched a range of mind-body treatments, hypnosis was only one.</p>

<p>Zeng 2022</p>	<p>Type of review: Systematic review Search strategy: To Jan 2022 PubMed, Web of Science, Wiley online library, Elsevier, and Clinicaltrials.gov. RCTs only. Quality assessment: Cochrane RoB Measure of treatment effect: Mean difference or odds ratio. Data synthesis: meta-analysis.</p>	<p>Studies: 8 RCTs. Participants: Breast cancer (having minor surgery) (n=1242).</p>	<p>Intervention: Hypnosis. Control: Any Concurrent treatment: No Outcome measures: Primary: Preoperative anxiety, postoperative pain, operation time, postoperative nausea/vomiting. Secondary: degree of postoperative fatigue (not reported in results), anaesthesiologist stay (not reported in results), hospital stay, anaesthetic dosage (not reported in results), and satisfaction.</p>	<p>Results for outcome measures: Hypnosis before general anaesthesia reduced the degree of preoperative anxiety (MD =- 2.79, 95% CI: -3.93, -1.65, P<0.00001) and postoperative pain (MD =-1.25, 95% CI: - 1.64, -0.86, P<0.00001), but no effect on operation time (MD =-6.30, 95% CI: - 15.38, 2.78, P=0.17) or incidence of postoperative nausea and vomiting (OR =0.68, 95% CI: 0.22, 2.07, P=0.49). Results quality/risk of bias assessment: GRADE quality analysis was moderate. Not summarised, but they report large selection bias, lack of allocation concealment reporting but no other likely biases. Conclusions: The application of hypnosis before general anaesthesia for breast cancer surgery can reduce the degree of anxiety of patients, also reducing postoperative pain.</p>	<p>Review limitations: None. Any other comments: Well conducted. GRADE was used.</p>
<p>CCT: controlled clinical trial MD: mean difference N&V: nausea and vomiting RCT: randomised controlled trial RoB: risk of bias</p>					