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Liver Cancer

Cancer du foie

Articles connexes : - évaluation de la pharmacopée chinoise -

1. Systematic Reviews and Meta-Analysis

1.1. Li 2026 (Combined with the Three-Step Analgesic Protocol)

Li T, Hu J, Chen J, Zeng L. Efficacy of Acupuncture Combined with the Three-Step Analgesic Protocol in Treating Pain in Liver Cancer Pain: A Bayesian Network Meta-Analysis. J Pain Res. 2026;19:562271. https://doi.org/10.2147/JPR.S562271

Background	Approximately 60-80% of patients with advanced liver cancer experience pain, significantly impairing quality of life. While the three-step analgesic regimen has limitations, acupuncture has gained attention for cancer pain management, though evidence for its combined use remains inconsistent.
Methods	Randomized controlled trials on acupuncture combined with three-step analgesia for liver cancer pain were searched in Chinese and English databases up to August 2025. Bayesian network meta-analysis was performed using R software.
Results	**Twenty-seven studies involving 2220 patients** were included, covering six acupuncture modalities: Chinese herbal acupoint application, acupoint injection, acupuncture and moxibustion, acupuncture alone, heat-sensitive moxibustion, and floating acupuncture. For pain relief efficacy, SUCRA rankings were: acupuncture plus moxibustion combined with three-step therapy (0.96) > acupuncture plus herbal application combined with three-step therapy (0.65) > floating acupuncture plus herbal application combined with three-step therapy (0.64). For pain intensity (NRS), rankings were: herbal acupoint application combined with three-step therapy (0.72) > floating acupuncture plus herbal application combined with three-step therapy (0.70) > acupuncture combined with three-step therapy (0.63). For adverse events, rankings were: herbal acupoint application combined with three-step therapy (0.80) > acupuncture combined with three-step therapy (0.74) > heat-sensitive moxibustion combined with three-step therapy (0.72). CINeMA assessment indicated generally low evidence quality.
Conclusion	Current evidence suggests that herbal acupoint application and acupuncture combined with moxibustion may enhance the three-step analgesic regimen for liver cancer pain, but conclusions are limited by low evidence quality and require further high-quality trials for validation.

1.2. Generic acupuncture

1.2.1. Wang 2026 (pain management in patients after transcatheter arterial chemoembolization)

Wang WY, Quan X, He Z, Chen H, Li X, Yang G, An C. Acupoint stimulation for pain management in patients after transcatheter arterial chemoembolization: A systematic review and meta-analysis.

World J Acupunct Moxibustion. 2026;36(1):29-43. https://doi.org/10.1016/j.wjam.2025.12.002

Objective	To systematically evaluate the clinical efficacy of acupoint stimulation for managing post-transcatheter arterial chemoembolization (TACE) pain and to provide a reliable evidence-based foundation for its clinical application in post-TACE pain management.
Methods	Clinical randomized controlled trials evaluating acupoint stimulation for post-TACE pain were retrieved from the Chinese National Knowledge Infrastructure, Wanfang Data Knowledge Service Platform, VIP Chinese Science and Technology Journal Database, China Biology Medicine disc, PubMed, Embase, Web of Science, the Cochrane Library, and ClinicalTrials.gov, covering all records from database inception to July 28, 2025. Articles were screened and data were extracted according to predefined inclusion and exclusion criteria. The methodological quality of the included studies was assessed using the Cochrane Risk of Bias Assessment Tool. Statistical analyses were conducted using Review Manager 5.4.1 and Stata 15.0. The certainty of evidence for each outcome was evaluated using the Grading of Recommendations Assessment, Development, and Evaluation approach. This study was registered on PROSPERO (CRD420251108966).
Results	A total of **17 studies involving 1525 patients** with liver cancer who experienced acute postoperative pain following TACE were included. Meta-analysis results demonstrated that acupoint stimulation significantly reduced pain intensity scores (Numerical rating scale: mean difference [MD] = −0.83, 95 % confidence interval [CI] [−0.96, −0.71], P < 0.00001; Visual analog scale: MD = −1.15, 95 % CI [−1.67, −0.63], P < 0.0001), increased the complete pain remission rate (Risk ratio [RR] = 1.74, 95 % CI [1.35, 2.23], P < 0.0001), shortened the onset time of analgesia (MD = −25.39 min, 95 % CI [−27.53, −23.26], P < 0.00001), prolonged the duration of analgesia (MD = 3.03 h, 95 % CI [0.40, 5.66], P = 0.02), and reduced the need for rescue analgesics (RR = 0.43, 95 % CI [0.28, 0.64], P < 0.0001). Furthermore, acupoint stimulation improved liver function indicators (Alanine aminotransferase: MD = −5.27 U/L, 95 % CI [−6.90, −3.63], P < 0.00001; Aspartate aminotransferase: MD = −6.76 U/L, 95 % CI [−8.39, −5.12], P < 0.00001), lowered plasma substance P levels (MD = −18.28 ng/L, 95 % CI [−30.97, −5.60], P = 0.005), and enhanced patient satisfaction (RR = 1.33, 95 % CI [1.05, 1.69], P = 0.02). Regarding safety, acupoint stimulation significantly reduced the risk of adverse events compared with blank controls (RR = 0.24, 95 % CI [0.10, 0.56], P = 0.001). However, no statistically significant differences in the risk of adverse events were observed when acupoint stimulation was combined with analgesics (RR = 0.91, 95 % CI [0.39, 2.13], P = 0.82) or compared directly to analgesics alone (RR = 0.79, 95 % CI [0.04, 14.95], P = 0.87).
Conclusion	Acupoint stimulation demonstrates favorable effects in alleviating pain following TACE. However, the relatively low methodological quality of the included studies limits the strength of the conclusions. Additional high-quality studies are needed to provide more robust evidence to guide clinical practice.

1.2.2. He 2024

He Y, Xiang S, Zhang D, Chen M. Acupuncture treatment for liver cancer pain: A meta-analysis. J Surg Oncol. 2024 Jul;130(1):83-92. https://doi.org/10.1002/jso.27691

Acupuncture treatment is a common intervention for the clinical relief of primary liver cancer (PLC) pain, but there is variability in its efficacy. This review systematically assessed the efficacy and safety of acupuncture treatment for PLC pain by meta-analysis. A total of 17 randomized controlled trial studies involving 1162 patients met the inclusion criteria. This study identified the acupuncture method, treatment duration, and patient age were the main factors affecting the efficacy of acupuncture treatment.

1.2.3. Zhang 2022 (pain)

Zhang, Xiao-Wen. and Gu, Yun-Jia. and Wu, Huan-Gan. and Li, Kun-Shan. and Zhong, Rui. and Qi, Qin. and Wu, Pin. and Ji, Jun. and Liu, Hui-Rong. and Huang, Yan. and Son, Chang-Gue. and Wu, Lu-Yi. Systematic review and meta-analysis of acupuncture for pain caused by liver cancer. World Journal of Traditional Chinese Medicine. 2002;8(3):402-12.
https://www.wjtcm.net/tocd.asp?2022/8/3/402/351510/1

Objective	The objective of this study is to systematically review and analyze the efficacy of acupuncture for pain caused by primary liver cancer (PLC).
Materials and Methods	We searched databases, including PubMed, Medline, Embase, Cochrane Library, Web of Science, China National Knowledge Infrastructure, Chinese Science and Technology Periodicals Database (VIP), Wanfang, and SinoMed/Chinese Biomedical Database (CBM), and retrieved randomized controlled trials (RCTs) that used acupuncture as the primary intervention to treat pain caused by PLC. Two investigators then screened the articles, extracted and pooled data, and evaluated the risk of bias of the included articles according to the Cochrane Handbook. RevMan5.3 was used for the meta-analysis of eligible RCTs.
Results	A total of 145 articles were retrieved; after screening, **8 RCTs involving 496 patients** were eventually included in this meta-analysis. The results showed that acupuncture effectively improved cancer pain and was superior to Western medicine. Moreover, acupuncture was fast-acting for pain relief, prolonged the relief, and prevented relapse. Its adverse reaction rate was also significantly lower than that of Western medicine. No significant difference was observed in Visual Analog Scale score between acupuncture and Western medicine.
Conclusion	Acupuncture relieves pain caused by liver cancer and can be used as an adjunct and alternative therapy for drug treatment. The existing research evidence is not yet objective or comprehensive, and more rigorous clinical trials are needed to validate the results.

2. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
Ø negative recommendation (or lack of evidence)

2.1. Oncology Branch of the Chinese Medical Association (CMA, China) 2024 ⊕

Zhou J, Sun H, Wang Z, et al. China Liver Cancer Guidelines for the Diagnosis and Treatment of Hepatocellular Carcinoma (2024 Edition). Liver Cancer. 2025 Jul 10.
https://doi.org/10.1159/000546574

In addition to acupuncture treatment, appropriate Chinese herbal medicine, patent Chinese medicine, external application treatment, Chinese herbal bath, and Chinese herbal steaming treatment can be used according to the condition.

2.2. Shanghai Association of Chinese Integrative Medicine (Chine) 2018 ⊕

Ling CQ, Fan J, Lin HS, Shen F, Xu ZY, Lin LZ, Qin SK, Zhou WP, Zhai XF, Li B, Zhou QH; Chinese Integrative Therapy of Primary Liver Cancer Working Group.. Clinical practice guidelines for the treatment of primary liver cancer with integrative traditional Chinese and Western medicine. J Integr Med. 2018;16(4):236-48. [175875].

2.7.1. *Recommendation I* : **For cancer pain** in patients with PLC, acupuncture therapy (including wrist-ankle acupuncture and electroacupuncture) can be used to relieve pain. Attention should be given to subcutaneous hemorrhage. Wrist-ankle acupuncture plus analgesics is another option, but adverse drug reactions require attention. Acupuncture therapy may be effective for gastrointestinal reactions such as vomiting caused by TACE or other treatments (¤2C).
2.7.2. *Recommendation II* : As a **conventional symptomatic supportive therapy**, moxibustion treatment may be beneficial for relieving clinical symptoms such as fatigue and acupuncture therapy can relieve cancer pain to some extent in postoperative PLC patients or in patients with advanced PLC (¤2C).

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