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Lung Cancer

Cancer du poumon : évaluation de l'acupuncture

Articles connexes : - évaluation du taiji-qigong - évaluation de la pharmacopée chinoise -

1. Systematic Reviews and Meta-Analysis

1.1. Cao 2026 (Cough)

Cao M, Cheng X, Lee VHF, Lin CC, Cheung DST. Non-Pharmacological Interventions for Cough in Patients With Lung Cancer: A Systematic Review and Meta-Analysis. J Clin Nurs. 2026 Mar 15. https://doi.org/10.1111/jocn.70289

Background	Cough, a prevalent and debilitating symptom of lung cancer, remains poorly managed. Accumulating evidence on non-pharmacological interventions for lung cancer cough necessitates systematic evaluation to assess their efficacy.
Aim	To synthesise evidence on non-pharmacological interventions for managing cough in lung cancer patients.
Design	A systematic review and meta-analysis following the Preferred Reporting Items for Systematic reviews and Meta-Analyses reporting guideline.
Methods	Nine databases were searched from inception to December 2024 to identify randomised controlled trials. Study quality was appraised using the Revised Cochrane Risk-of-Bias Tool for Randomised Trials. Meta-analyses were performed for quantitative synthesis, with sources of heterogeneity examined using meta-regression and subgroup analyses.
Results	Thirty-eight studies representing 2995 lung cancer patients were identified. These studies investigated **acupuncture therapy, moxibustion**, pulmonary rehabilitation, self-management intervention, physical exercises, psychoeducation support, mindfulness, and multicomponent interventions. Non-pharmacological interventions showed positive effects on cough severity and cough-related quality of life. Additional benefits were observed for expectoration, dyspnea, and general quality of life. Pulmonary rehabilitation showed a greater effect on cough severity than other non-pharmacological interventions.
Conclusion	Non-pharmacological interventions are promising in improving cough, expectoration, dyspnea, and general quality of life among lung cancer patients. Pulmonary rehabilitation showed the most promising effect. Future research should adopt objective cough measures in addition to self-reported measures.
Implications	Non-pharmacological interventions demonstrated potential effects in relieving cough and additional benefits in improving expectoration, dyspnea, and general quality of life among lung cancer patients. Healthcare professionals may adopt pulmonary rehabilitation for cough and related symptoms in lung cancer patients.
Impact	As the first meta-analysis addressing non-pharmacological interventions for lung cancer cough, this study provides evidence supporting their clinical efficacy for improving cough and associated symptoms among patients with lung cancer.

1.2. Kim 2026

Kim D-H, Park M-S, Lee K-J, Kwon J-H, Jin Y-J, Park S-J. Effectiveness of Acupuncture and Moxibustion for Non-Small Cell Lung Cancer (NSCLC) Patients Undergoing Standard Treatment: A Systematic Review and Meta-Analysis. Integr Cancer Ther. 2026;25:15347354261419716. https://doi.org/10.1177/15347354261419716

Background	Lung cancer is the leading cause of cancer-related mortality, with non-small cell lung cancer (NSCLC) accounting for 80% to 85% of cases. While surgery and chemotherapy are primary treatments, their side effects-such as nausea, vomiting, and immunosuppression-significantly impact quality of life (QoL). Acupuncture and moxibustion, commonly used in Traditional Asian Medicine (TAM), are proposed to alleviate these effects, though their efficacy in NSCLC remains uncertain. This systematic review and meta-analysis evaluated their impact on QoL, chemotherapy-induced nausea and vomiting (CINV), and immune function in NSCLC patients.
Methods	Nine databases (PubMed, Embase, Cochrane Library, CNKI, OASIS, ScienceON, KISS, KMBASE, and RISS) were searched for randomized controlled trials (RCTs) published until April 2025. RCTs comparing acupuncture or moxibustion with standard care in NSCLC patients were included. Primary outcomes were QoL (QLQ-C30, KPS); secondary outcomes included CINV and immune markers (CD3, CD4, CD8, CD4/CD8 ratio, TNF-α). Data were analyzed using Review Manager 5.4, and risk of bias was assessed using the Cochrane RoB tool.
Results	**Thirty-nine RCTs (N = 3610)** were included. Acupuncture and moxibustion significantly improved QoL (QLQ-C30 MD = 12.39; KPS MD = 8.22; both $P < .00001$), reduced CINV incidence (RR = 0.32, $P < .00001$), and enhanced symptom relief (RR = 1.16, $P < .00001$). Immune function markers, including CD3 (MD = 7.20, $P = .0002$), CD4 (MD = 4.89, $P = .0003$), and the CD4/CD8 ratio (MD = 0.22, $P < .00001$), were significantly increased, while TNF-α levels decreased (MD = -11.05, $P = .04$).
Conclusion	Acupuncture and moxibustion improve QoL, reduce CINV, and modulate immune function in NSCLC, supporting their complementary role.

1.3. Almassi 2025 (Fatigue)

Almassi AA, Tang CY, Smith S. Comparison of Single Versus Multiple Nonpharmacological Interventions for the Management of Lung Cancer-Related Fatigue: A Systematic Review. Clin Respir J. 2025 Oct;19(10):e70132. https://doi.org/10.1111/crj.70132 .

Background	Lung cancer is one of the common cancers globally. One of the adverse symptoms of lung cancer and its treatment is fatigue. Pharmacological interventions have not shown efficacy on cancer-related fatigue, and investigations on nonpharmacological interventions may be useful. This systematic review aims to evaluate the efficacy of nonpharmacological interventions on managing fatigue and quality of life outcomes among people undergoing treatment for lung cancer and evaluate if treatment efficacy differed between single and multimodal interventions.
Methods	Relevant literature published in MEDLINE, Scopus, Cochrane Library, CINAHL, and ProQuest from January 2003 to January 2023 was included. Included studies must have: participants over 16 years of age receiving treatment such as chemotherapy, radiotherapy, and/or surgery, cancer-related fatigue (CRF) as an outcome, and must be randomized controlled trials. Two reviewers independently extracted data from eligible articles, and data analysis was performed using R 4.1.0 software.

Results	Total of 14 randomized controlled trials were included and categorized into four groups: physical activities, traditional Chinese medicine (TCM), education, and dietary counselling. Our extensive search did not find any multimodal studies related to CRF in patients with lung cancer. Pooled results of this systematic review found that TCM and education interventions have a significant positive impact on fatigue in patients with lung cancer. Physical activity and dietary counselling were not effective in managing fatigue. None of the reported nonpharmacological interventions in this review significantly impact QoL.
Conclusions	This review identified that TCM and educational programs improved CRF in patients with lung cancer. However, physical activities and dietary counselling did not show any improvements in fatigue for patients undergoing lung cancer treatment.

1.4. Jia 2024 (lung cancer-related pain)

Jia L, Wang K, Chen S. Acupuncture combined with opioid for treatment of lung cancer-related pain: A systematic review and meta-analysis. Medicine (Baltimore). 2024 Oct 18;103(42):e40158. https://doi.org/10.1097/MD.0000000000040158.

Backgound	Many individuals diagnosed with lung cancer suffer from tremendous pain, and it is crucial to implement more effective measures to assist these patients in alleviating their pain. The present study utilizes a meta-analysis to evaluate the safety and efficacy of acupuncture combined with opioids for treating lung cancer-related pain in patients.
Methods	We have searched 8 electronic databases: The Cochrane Library, PubMed, Embase, Web of Science, China National Knowledge Infrastructure, China Science and Technology Journal Database, Wanfang Database, and SinoMed. We included all randomized controlled trials of acupuncture combined with opioids for lung cancer-related pain in adults. We observed the main outcome indicators, including pain relief rates, numeric rating scale scores, and adverse events. Two researchers independently conducted literature screening, literature data extraction, and assessment of bias risk in the literature quality. Any disagreements were resolved through discussions between the 2 researchers or consultations with a third researcher. The risk of bias in the included studies was assessed using the revised risk of bias assessment tool. The overall quality of evidence for each outcome was evaluated using Grading of Recommendations, Assessment, Development and Evaluations.
Results	We retrieved **812 lung cancer patients from 11 trials**. The study showed that compared to opioids alone, the combination of acupuncture and opioids significantly reduced numeric rating scale scores, increased pain relief rates, and decreased the occurrence of side effects.
Conclusion	The current evidence indicates that combining acupuncture with opioid analgesics is superior to using opioid analgesics alone for managing lung cancer-related pain. Additionally, this combination therapy has fewer adverse reactions.

1.5. Wang 2023

Wang S, Mu C, Zhang F, Tang H, Ning W. Acupuncture or moxibustion adjuvant chemotherapy for advanced non-small cell lung cancer: Systematic review and network meta-analysis. Medicine (Baltimore). 2023 Oct 20;102(42):e35000. https://doi.org/10.1097/MD.0000000000035000

Background	To compare the advantages and disadvantages of different acupuncture and moxibustion methods by network meta-analysis, in order to find out the best acupuncture and moxibustion adjuvant chemotherapy scheme of non-small cell lung cancer (NSCLC).

Methods	Randomized controlled trials of acupuncture and moxibustion adjuvant chemotherapy in the treatment of NSCLC were searched in PubMed, Cochrane Library, Web of science, EMbase, China National Knowledge Infrastructure, Wanfang, VIP database and SinoMed. The retrieval time was up to December 03, 2022. ROB2 was used to evaluate publication bias, and Stata16 was used for network meta-analysis.
Results	A total of **14 studies involving 921 patients** were included. The results of network Meta-analysis showed that the effect of acupuncture combined with chemotherapy was better than that of chemotherapy (RR = 1.28, 95%CI (1.04,1.58), P < .0001). The effect of acupuncture combined with chemotherapy was better than that of chemotherapy in improving KPS score (MD = 9.01, 95%CI (3.35,14.67), P < .0001). The safety of acupuncture combined with chemotherapy (RR = 0.35, 95%CI (0.15,0.83), P < .0001) was better than that of chemotherapy.
Conclusion	Acupuncture combined with chemotherapy has the best comprehensive effect.

1.6. Xi 2022 ☆

Xi Z, Wei X, Ye Z, Wang K, Zhou J. Acupuncture for adult lung cancer of patient-reported outcomes: A systematic review and meta-analysis. Front Oncol. 2022 Sep 2;12:921151. https://doi.org/10.3389/fonc.2022.921151

Purpose	This systematic review and meta-analysis aims to assess the effects of acupuncture on patient-reported outcomes (PROs) in adults with lung cancer.
Methods	Electronic databases including PubMed, Embase, Cochrane Library, Web of Science, China National Knowledge Infrastructure (CNKI), China Science and Technology Journal Database (CQVIP), Wanfang Data, SinoMed, and gray literatures were retrieved from inception to 1 July 2022 for randomized controlled trials (RCTs). Acupuncture was defined as an experimental intervention, and the patients of the control groups included either treatment including conventional therapy (usual care, sham/placebo acupuncture, pharmacotherapy including Western medicine and Chinese traditional medicine). PROs for this study were measured by seven scales of primary outcomes including the Karnofsky Performance Status (KPS), European Organization for Research and Treatment of Cancer Quality of Life Questionnaire, Functional Assessment of Cancer Therapy-Lung, Functional Assessment of Cancer Therapy Lung Cancer Subscale, Leicester Cough Questionnaire (LCQ score), the Medical Outcomes Study (MOS) item short form health survey (SF-36), and the St George's Respiratory Questionnaire, and 12 scales of secondary outcomes. Cochrane Collaboration's tool was used to assess the risks of bias. Data were combined and analyzed with RevMan 5.4 and Stata/SE 16.0.
Results	We retrieved **3,002 lung cancer patients from 33 trials**. KPS included with 1,000 patients showed that acupuncture could significantly improve the quality of life (QOL) compared with the control group regardless of different tumor-node-metastasis stages or the different stages of disease. The study showed that acupuncture significantly improved lung cancer-related symptoms in the QOL, pain, nausea and vomiting, insomnia, anxiety and depression, fatigue, and constipation compared with the control group. Eight RCTs reported the occurrence of adverse events, whereas four reported none and four RCTs reported that the events in the observation group were significantly less than those in the control group.
Conclusion	Acupuncture proved to be a promising intervention, both postoperatively and after chemotherapy, and should be recommended as a beneficial alternative strategy to promote PROs in lung cancer patients at all stages of application. Considering the low quality, we suggest more rigorous clinical trials of acupuncture for lung cancer in the future and more emphasis on the effect of acupuncture in patients with lung cancer on their PROs, mainly in the aspect of the QOL.

1.7. Bian 2020 (Lung Cancer Pain) ☆

Bian Shuanglin. [Meta-analysis of Acupuncture Combined with Three-step Analgesic in The Treatment of Lung Cancer Pain]. Chinese Journal of Basic Medicine in TCM. 2020. [212902].

Objective	To systematically evaluate the clinical efficacy and safety of acupuncture combined with three-step analgesics in the treatment of lung cancer pain.
Method	The clinical randomized controlled study of acupuncture combined with three-step analgesics in the treatment of lung cancer pain was retrieved by computer from China Journal Full-text Database (CNKI), VIP Journal Database (VIP), Wanfang Data Resources, PubMed, and Cochrane Library Database (since beginning to May 2018), and the meta-analysis was performed with Revman 5. 3 software.
Results	**9 articles including 531 patients** were included. Meta-analysis showed that acupuncture combined with three-step analgesics was more effective in analgesia than single-step analgesics alone, the degree of pain improvement was greater. It can also reduce the incidence of nausea and vomiting, reduce the occurrence of constipation reaction.
Conclusion	Acupuncture combined with three-step analgesic is effective and safe in the treatment of lung cancer pain, but it still needs more and higher quality literature to verificate and support.

1.8. Chen 2013 ~

Chen HY, Li SG, Cho WC, Zhang ZJ. the role of acupoint stimulation as an adjunct therapy for lung cancer: a systematic review and meta-analysis. BMC Complement Altern Med. 2013. [170203].

Background	Lung cancer is the leading cause of death in cancer patients. Clinical studies showed that a variety of acupoint stimulations have been extensively used for lung cancer patients, including needle insertion, injection with herbal extraction, plaster application, and moxibustion. However, the role of acupoint stimulation in lung cancer treatment was not fully reviewed.
Methods	In the present study, we conducted a systematic review and meta-analysis on the role of acupoint stimulation in lung cancer treatment by electronic and manual searching in seven databases, including Ovid (Ovid MEDLINE, AMED, CAB Abstracts, EMBASE), EBSCOhost research databases (Academic Search premier, MEDLINE, CIHAHL Plus), PreQuest (British Nursing Index, ProQuest Medical Library, ProQuest Dissertations & Theses A&I, PsycINFO), and ISI web of knowledge (Web of Science, BIOSIS Citation Index, Biological Abstracts, Chinese Science Citation Database), CNKI, Wanfang Data, and CQVIP.
Results	Our study showed that acupoint stimulation has strong immunomodulatory effect for lung cancer patients as demonstrated by the significant increase of IL-2, T cell subtypes (CD3+ and CD4+, but not CD8+ cells), and natural killer cells. Further analysis revealed that acupoint stimulation remarkably alleviates the conventional therapy-induced bone marrow suppression (hemoglobin, platelet, and WBC reduction) in lung cancer patients, as well as decreases nausea and vomiting. The pooled studies also showed that acupoint stimulation can improve Karnofsky performance status, immediate tumor response, quality of life (EORCT-QLQ-C30), and pain control of cancer patients.
Conclusions	Acupoint stimulation is found to be effective in lung cancer treatment, further confirmatory evaluation via large scale randomized trials is warranted.

1.9. Kelley 2003 Ø

Kelley MJ, McCrory DC. Prevention of lung cancer: summary of published evidence. Chest. 2003;123(1 Suppl): 50S-59S. [146321].

Study objectives	To describe empiric research related to lung cancer prevention strategies, including chemoprevention aimed at reducing lung cancer incidence and various smoking avoidance and cessation interventions aimed at reducing smoking rates.
Design, setting, and participants	Systematic searches of MEDLINE, HealthStar, and Cochrane Library databases to July 2001 and print bibliographies. For chemoprevention studies, we considered only randomized controlled trials (RCTs) with lung cancer incidence as an end point. For studies of smoking avoidance or cessation, we selected systematic reviews and meta-analyses, and searched for individual RCTs only where high-quality and current reviews and meta-analyses were not available.
Measurement and results	Chemoprevention of lung cancer has been studied in five RCTs of primary prevention, no RCTs of secondary prevention, and five RCTs of tertiary prevention. None of these trials has shown evidence for efficacy of any agents tested, including retinol (vitamin A), beta-carotene, N-acetylcysteine, and selenium. There is a great deal of evidence about a wide variety of clinician-based and community-based efforts at smoking avoidance or cessation. Certain approaches have been shown to be effective (eg, mass media public education campaigns, direct restrictions on smoking, clinician-based approaches ranging from brief clinician advice to more in-depth sessions, and "life-skills training" in schools). Some approaches have intermediate or short-term effectiveness (ie, youth access restrictions and school-based interventions), and **others have been shown to be ineffective (ie, acupuncture** and provider education) or have been insufficiently studied (ie, provider feedback).
Conclusions	There are no agents that have been proven to be effective for preventing lung cancer. Several clinician-based and community-based interventions show promise for reducing lung cancer incidence through smoking avoidance and prevention.

2. Clinical Practice Guidelines

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

2.1. American College of Chest Physicians (ACCP, USA) 2013 ⊕

Deng GE, Rausch SM, JoneS LW, Gulati A, Kumar NB, GreenleE H, Pietanza MC, Cassileth BR. Complementary therapies and integrative medicine in lung cancer: diagnosis and management of lung cancer, 3rd ed: American College Of Chest Physicians Evidence-Based Clinical Practice Guidelines. Chest. 2013;143(5 Suppl):420-36. [159371].

Recommendation 2.5.3.1. In patients having nausea and vomiting from either chemotherapy or radiation therapy, acupuncture or related techniques is suggested as an adjunct treatment option (Grade 2B).
Recommendation 2.5.3.2. In patients with cancer related pain and peripheral neuropathy, acupuncture is suggested as an adjunct treatment in patients with inadequate control of symptoms (Grade 2C).

2.2. American College of Chest Physicians (ACCP, USA) 2007 ⊕

Cassileth BR, Deng GE, Gomez JE, Johnstone PA, Kumar N, Vickers AJ; American College of Chest Physicians. Complementary therapies and integrative oncology in lung cancer: Accp Evidence-Based Clinical Practice Guidelines (2nd Edition). Chest. 2007;132(3sup:340s-54s. [146961]

Recommendation 7. Acupuncture is recommended as a complementary therapy when pain is poorly controlled or when side effects such as neuropathy or xerostomia from other modalities are clinically significant. Grade of recommendation, 1A
Recommendation 8. Acupuncture is recommended as a complementary therapy when nausea and vomiting associated with chemotherapy are poorly controlled. Grade of recommendation, 1B
Recommendation 9. Electrostimulation wristbands are not recommended for managing chemotherapy-induced nausea and vomiting. Grade of recommendation, 1B
Recommendation 10. When the patient with lung cancer does not stop smoking despite use of other options, a trial of acupuncture is recommended to assist in smoking cessation. Grade of recommendation, 2C
Recommendation 11. In patients with lung cancer with symptoms such as dyspnea, fatigue, chemotherapyinduced neuropathy, or postthoracotomy pain, a trial of acupuncture is recommended. Grade of recommendation, 2C
Recommendation 12. In patients with a bleeding tendency, it is recommended that acupuncture be performed by qualified practitioners and used cautiously. Grade of recommendation, 1C