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Cancer pain: effectiveness of acupuncture

Douleur en oncologie : évaluation de l'acupuncture

Articles connexes: - évaluation de la [pharmacopée chinoise](#) - [évaluation du qigong](#) -

1. Revues systématiques et méta-analyses

☆☆☆	Preuves en faveur d'une efficacité et d'un effet spécifique de l'acupuncture
☆☆	Preuves en faveur d'une efficacité de l'acupuncture
☆	Preuves limitées en faveur d'une efficacité de l'acupuncture
∅	Absence de preuve ou preuves insuffisantes

1.1. Acupuncture générique

1.1.1. Lopes-Júnior 2020 ∅

Lopes-Júnior LC, Rosa GS, Pessanha RM, Schuab SIPC, Nunes KZ, Amorim MHC. Efficacy of the complementary therapies in the management of cancer pain in palliative care: A systematic review. Rev Lat Am Enfermagem. 2020. [212556]. [doi](#)

Objective	to synthesize the knowledge and to critically evaluate the evidences arising from randomized controlled trials on the efficacy of the complementary therapies in the management of cancer pain in adult patients with cancer in palliative care.
Method	a systematic review guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses. The search for articles in the MEDLINE, ISI Web of Knowledge, CENTRAL Cochrane, and PsycINFO databases, as well as the manual search, selection of studies, data extraction, and methodological assessment using the Cochrane Bias Risk tool were performed independently by two reviewers.
Results	eight hundred and fifteen (815) studies were identified, six of them being selected and analyzed, of which three used massage therapy, one study used a combination of progressive muscle relaxation and guided imaging, and another two studies used acupuncture . Most of the studies had an uncertain risk of bias (n=4; 67%).
Conclusion	while the evidence from the studies evaluating the use of massage therapy or the use of progressive muscle relaxation and guided imaging for the management of cancer pain in these patients demonstrated significant benefits, the other two studies that evaluated the use of acupuncture as a complementary therapy showed contradictory results, therefore, needing more research studies to elucidate such findings.

1.1.2. Wang 2020 ☆

Wang Jianfeng. [A Meta-analysis of the Efficacy and Safety of Acupuncture Combined with Three-step Analgesic Ladder on Cancer Pain]. Journal of Emergency in TCM. 2020. [212917].

Objective	To systematically evaluate the efficacy and safety of acupuncture combined with three-step analgesia ladder on cancer pain.
Methods	CNKI, CMB, VIP, Wan Fang Data, PubMed, and The Cochrane library database were searched from January 1986 to October 2019 for randomized controlled trials of acupuncture combined with three-step analgesia ladder on cancer pain. Data extraction and quality evaluation were crosschecked independently by two researchers, and meta-analysis was conducted with RevMan5. 3 software.
Results	14 randomized controlled studies were included, including 1 072 patients . Meta-analysis results showed that compared with the simple three-step analgesic ladder, the acupuncture combined with it can improve the total effective rate of treatment pain [RR=1. 22, 95%CI (1. 15, 1. 28), P < 0. 0001], relieve patients' pain (lowering NRS score)[RR=-0. 68, 95%CI (-0. 92, -0. 45), P < 0. 0001], improve the quality of life in patients (elevating KPS score)[RR=4. 82, 95%CI (1. 73, 7. 91), P = 0. 02]. Nausea [RR=0. 54, 95%CI (0. 39, 0. 75), P = 0. 0003], vomiting [RR=0. 60, 95%CI (0. 38, 0. 93), P = 0. 02], and constipation[RR=0. 48, 95%CI (0. 35, 0. 65), P < 0. 0001]were all statistically significant.
Conclusion	Acupuncture combined three-step analgesic ladder significantly improve the total effective rate of treatment of cancer pain, reduce the pain of patients, improve the quality of life, and reduce the occurrence of nausea, vomiting and constipation. Due to the small sample size and low quality evaluation, the conclusion needs to be further confirmed by large sample and high-quality randomized control study.

1.1.3. He 2019 ☆☆☆

He Y, Guo X, May BH, et al. Clinical Evidence for Association of Acupuncture and Acupressure With Improved Cancer Pain: A Systematic Review and Meta-Analysis. JAMA Oncol. 2019;6(2):271-8. [202656]. [doi](#)

Importance	Research into acupuncture and acupressure and their application for cancer pain has been growing, but the findings have been inconsistent.
Objective	To evaluate the existing randomized clinical trials (RCTs) for evidence of the association of acupuncture and acupressure with reduction in cancer pain.
Methods	Data sources: Three English-language databases (PubMed, Embase, and CINAHL) and 4 Chinese-language biomedical databases (Chinese Biomedical Literature Database, VIP Database for Chinese Technical Periodicals, China National Knowledge Infrastructure, and Wanfang) were searched for RCTs published from database inception through March 31, 2019. Study selection: Randomized clinical trials that compared acupuncture and acupressure with a sham control, analgesic therapy, or usual care for managing cancer pain were included. Data extraction and synthesis: Data were screened and extracted independently using predesigned forms. The quality of RCTs was appraised with the Cochrane Collaboration risk of bias tool. Random-effects modeling was used to calculate the effect sizes of included RCTs. The quality of evidence was evaluated with the Grading of Recommendations Assessment, Development and Evaluation approach. Main outcomes and measures: The primary outcome was pain intensity measured by the Brief Pain Inventory, Numerical Rating Scale, Visual Analog Scale, or Verbal Rating Scale.

<p>Results</p>	<p>A total of 17 RCTs (with 1111 patients) were included in the systematic review, and data from 14 RCTs (with 920 patients) were used in the meta-analysis. Seven sham-controlled RCTs (35%) were notable for their high quality, being judged to have a low risk of bias for all of their domains, and showed that real (compared with sham) acupuncture was associated with reduced pain intensity (mean difference [MD], -1.38 points; 95% CI, -2.13 to -0.64 points; I2 = 81%). A favorable association was also seen when acupuncture and acupressure were combined with analgesic therapy in 6 RCTs for reducing pain intensity (MD, -1.44 points; 95% CI, -1.98 to -0.89; I2 = 92%) and in 2 RCTs for reducing opioid dose (MD, -30.00 mg morphine equivalent daily dose; 95% CI, -37.5 mg to -22.5 mg). The evidence grade was moderate because of the substantial heterogeneity among studies.</p>
<p>Conclusions and relevance</p>	<p>This systematic review and meta-analysis found that acupuncture and/or acupressure was significantly associated with reduced cancer pain and decreased use of analgesics, although the evidence level was moderate. This finding suggests that more rigorous trials are needed to identify the association of acupuncture and acupressure with specific types of cancer pain and to integrate such evidence into clinical care to reduce opioid use.</p>

1.1.4. Chiu 2017 ☆☆

Chiu HY, Hsieh YJ, Tsai PS. Systematic review and meta-analysis of acupuncture to reduce cancer-related pain. Eur J Cancer Care (Engl). 2017;26(2). [182347].

<p>Objective</p>	<p>We conducted a systematic review and meta-analysis to evaluate the effects of acupuncture on malignancy-related, chemotherapy (CT)- or radiation therapy (RT)-induced, surgery-induced, and hormone therapy (HT)-induced pain.</p>
<p>Methods</p>	<p>Randomised controlled trials (RCTs) examining the effects of acupuncture on cancer-related pain were reached from the EMBASE, PubMed, PsycINFO, Cochrane Central Register of Controlled Trials, CINAHL, Airtiti library, Taiwan Electrical Periodical Service, Wanfang Data (a Chinese database) and China Knowledge Resource Integrated Database from inception through June 2014. Heterogeneity, moderator analysis, publication bias and risk of bias associated with the included studies were examined.</p>
<p>Results</p>	<p>A total of 29 RCTs yielding 36 effect sizes were included. The overall effect of acupuncture on cancer-related pain was -0.45 [95% confidence interval (CI) = -0.63 to -0.26]. The subanalysis indicated that acupuncture relieved malignancy-related and surgery-induced pain [effect size (g) = -0.71, and -0.40; 95% CI = -0.94 to -0.48, and -0.69 to -0.10] but not CT- or RT-induced and HT-induced pain (g = -0.05, and -0.64, 95% CI = -0.33 to 0.24, and -1.55 to 0.27).</p>
<p>Conclusions</p>	<p>Acupuncture is effective in relieving cancer-related pain, particularly malignancy-related and surgery-induced pain. Our findings suggest that acupuncture can be adopted as part of a multimodal approach for reducing cancer-related pain.</p>

1.1.5. Hu 2016 ☆

Hu C, Zhang H, Wu W et al. Acupuncture for pain management in cancer: a systematic review and meta-analysis. Evid-Based Complementary Altern Med.2016.1720239. [156969].

<p>Objective</p>	<p>To evaluate the effectiveness and safety of acupuncture for cancer-related pain.</p>
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Methods	A systematic review of literatures published from database inception to February 2015 was conducted in eight databases. RCTs involving acupuncture for treatment of cancer-related pain were identified. Two researchers independently performed article selection, data extraction, and quality assessment of data.
Results	1,639 participants in twenty RCTs were analyzed. All selected RCTs were associated with high risk of bias. Meta-analysis indicated that acupuncture alone did not have superior pain-relieving effects as compared with conventional drug therapy. However, as compared with the drug therapy alone, acupuncture plus drug therapy resulted in increased pain remission rate, shorter onset time of pain relief, longer pain-free duration, and better quality of life without serious adverse effects. However, GRADE analysis revealed that the quality of all outcomes about acupuncture plus drug therapy was very low.
Conclusions	Acupuncture plus drug therapy is more effective than conventional drug therapy alone for cancer-related pain. However, multicenter high-quality RCTs with larger sample sizes are needed to provide stronger evidence for the effectiveness of acupuncture in cancer related pain due to the low data quality of the studies included in the current meta-analysis.

1.1.6. Lau 2016 ☆

Lau CH, Wu X, Chung VC, Liu X, Hui EP, Cramer H, Lauche R, Wong SY, Lau AY, Sit RS, Ziea ET, Ng BF, Wu JC. Acupuncture and related therapies for symptom management in palliative cancer care: systematic review and meta-analysis. *Medicine (Baltimore)*. 2016;95(9):e2901. [160606].

Purpose	The aim of this systematic review and meta-analysis was to summarize current best evidence on acupuncture and related therapies for palliative cancer care.
Methods	Five international and 3 Chinese databases were searched. Randomized controlled trials (RCTs) comparing acupuncture and related therapies with conventional or sham treatments were considered. Primary outcomes included fatigue, paresthesia and dysesthesias, chronic pain, anorexia, insomnia, limb edema, constipation, and health-related quality of life, of which effective conventional interventions are limited.
Results	Thirteen RCTs were included. Compared with conventional interventions, meta-analysis demonstrated that acupuncture and related therapies significantly reduced pain (2 studies, n=175, pooled weighted mean difference: -0.76, 95% confidence interval: -0.14 to -0.39) among patients with liver or gastric cancer. Combined use of acupuncture and related therapies and Chinese herbal medicine improved quality of life in patients with gastrointestinal cancer (2 studies, n¼111, pooled standard mean difference: 0.75, 95% confidence interval: 0.36-1.13). Acupressure showed significant efficacy in reducing fatigue in lung cancer patients when compared with sham acupressure. Adverse events for acupuncture and related therapies were infrequent and mild.
Conclusion	Acupuncture and related therapies are effective in reducing pain, fatigue, and in improving quality of life when compared with conventional intervention alone among cancer patients. Limitations on current evidence body imply that they should be used as a complement, rather than an alternative, to conventional care. Effectiveness of acupuncture and related therapies for managing anorexia, reducing constipation, paresthesia and dysesthesia, insomnia, and limb edema in cancer patients is uncertain, warranting future RCTs in these areas.

1.1.7. Paley 2015 Ø

Paley CA, Johnson MI, Tashani OA, Bagnall AM. Acupuncture for cancer pain in adults. *Cochrane*

Database Syst Rev. 2015. [184147].

Background	Forty per cent of individuals with early or intermediate stage cancer and 90% with advanced cancer have moderate to severe pain and up to 70% of patients with cancer pain do not receive adequate pain relief. It has been claimed that acupuncture has a role in management of cancer pain and guidelines exist for treatment of cancer pain with acupuncture. This is an updated version of a Cochrane Review published in Issue 1, 2011, on acupuncture for cancer pain in adults.
Objectives	To evaluate efficacy of acupuncture for relief of cancer-related pain in adults.
Methods	Search methods: For this update CENTRAL, MEDLINE, EMBASE, PsycINFO, AMED, and SPORTDiscus were searched up to July 2015 including non-English language papers. Selection criteria: Randomised controlled trials (RCTs) that evaluated any type of invasive acupuncture for pain directly related to cancer in adults aged 18 years or over. Data collection and analysis: We planned to pool data to provide an overall measure of effect and to calculate the number needed to treat to benefit, but this was not possible due to heterogeneity. Two review authors (CP, OT) independently extracted data adding it to data extraction sheets. Data sheets were compared and discussed with a third review author (MJ) who acted as arbiter. Data analysis was conducted by CP, OT and MJ.
Main Results	We included five RCTs (285 participants) . Three studies were included in the original review and two more in the update. The authors of the included studies reported benefits of acupuncture in managing pancreatic cancer pain; no difference between real and sham electroacupuncture for pain associated with ovarian cancer; benefits of acupuncture over conventional medication for late stage unspecified cancer; benefits for auricular (ear) acupuncture over placebo for chronic neuropathic pain related to cancer; and no differences between conventional analgesia and acupuncture within the first 10 days of treatment for stomach carcinoma. All studies had a high risk of bias from inadequate sample size and a low risk of bias associated with random sequence generation. Only three studies had low risk of bias associated with incomplete outcome data, while two studies had low risk of bias associated with allocation concealment and one study had low risk of bias associated with inadequate blinding. The heterogeneity of methodologies, cancer populations and techniques used in the included studies precluded pooling of data and therefore meta-analysis was not carried out. A subgroup analysis on acupuncture for cancer-induced bone pain was not conducted because none of the studies made any reference to bone pain. Studies either reported that there were no adverse events as a result of treatment, or did not report adverse events at all.
Authors' conclusions	There is insufficient evidence to judge whether acupuncture is effective in treating cancer pain in adults.

1.1.8. Lian 2014 ☆

Lian WL, Pan MQ, Zhou DH, Zhang ZJ. Effectiveness of acupuncture for palliative care in cancer patients: a systematic review. Chin J Integr Med. 2014.20(2):136-47. [160304].

Objective	To critically evaluate the currently available randomized clinical trials regarding the effectiveness of acupuncture in palliative care for cancer patients, hence, to provide sufficient evidences for the widespread use of acupuncture in cancer treatment.
Methods	Two independent reviewers extracted data from all of the randomized clinical trials (RCTs) that assessed the efficacy of acupuncture in palliative care for cancer patients. Seven databases were searched from their respective inception to December 2010. All eligible trials identified were evaluated by two independent reviewers using the Jadad scale, and data from the articles were validated and extracted.

Results	In total, 33 RCTs met the inclusion criteria. The effects of acupuncture on different cancer-related aspects were shown, including chemotherapy or radiotherapy-induced side effects (13/33, 39.4%), cancer pain (6/33, 18.2%), post-operative urinary retention (4/33, 12.1%), quality of life (2/33, 6.1%), vasomotor syndrome (2/33, 6.1%), post-operative gastrointestinal dysfunction (2/33, 6.1%), prevention of prolonged postoperative ileus (2/33, 6.1%), joint symptoms (1/33, 3.0%), and immunomodulation (1/33, 3.0%).
Conclusions	The result of our systematic review suggested that the effectiveness of acupuncture in palliative care for cancer patients is promising , especially in reducing chemotherapy or radiotherapy-induced side effects and cancer pain . Acupuncture may be an appropriate adjunctive treatment for palliative care.

1.1.9. Choi 2012 Ø

Choi TY, Lee MS, Kim TH, Zaslowski C, Ernst E. Acupuncture for the treatment of cancer pain: a systematic review of randomised clinical trials. Support Care Cancer. 2012. 20(6):1147-58. [159344].

Purpose	Controlling cancer-related pain is an important component in the palliative care of cancer patients. The objective of this review was to assess the effectiveness of acupuncture for treating cancer pain.
Methods	Fourteen databases were searched from their inception through April 2011. Randomised clinical trials (RCTs) were included if acupuncture was used as the sole treatment or as a part of a combination therapy for cancer pain. Studies were included if they were controlled with a placebo or controlled against a drug-therapy or no-treatment group. The Cochrane criteria were used to assess the risk of bias.
Results	A total of 15 RCTs met our inclusion criteria. All of the included RCTs were associated with a high risk of bias. The majority of acupuncture treatments or combination therapies with analgesics exhibited favourable effects compared with conventional treatments in individual studies. However, a meta-analysis suggested that acupuncture did not generate a better effect than drug therapy (n = 886; risk ratio (RR), 1.12; 95% CI 0.98 to 1.28; P = 0.09). The comparison between acupuncture plus drug therapy and drug therapy alone demonstrated a significant difference in favour of the combination therapy (n = 437; RR, 1.36; 95% CI 1.13 to 1.64; P = 0.003). The results of this systematic review provide no strong evidence for the effectiveness of acupuncture in the management of cancer pain.
Conclusion	The total number of RCTs included in the analysis and their methodological quality were too low to draw firm conclusions. Future rigorous RCTs will be necessary to assess the clinical efficacy of acupuncture in this area.

1.1.10. Paley 2011 Ø

Paley CA, Johnson MI, Tashani OA, Bagnall AM. Acupuncture for cancer pain in adults. Cochrane Database Syst Rev. 2011. 19. [156155].

Background	Forty percent of individuals with early or intermediate stage cancer and 90% with advanced cancer have moderate to severe pain and up to 70% of patients with cancer pain do not receive adequate pain relief. It has been claimed that acupuncture has a role in management of cancer pain and guidelines exist for treatment of cancer pain with acupuncture.
Objectives	To evaluate efficacy of acupuncture for relief of cancer-related pain in adults.

Methods	Search strategy: CENTRAL, MEDLINE, EMBASE, PsycINFO, AMED, and SPORTDiscus were searched up to November 2010 including non-English language papers. Selection criteria: Randomised controlled trials (RCTs) evaluating any type of invasive acupuncture for pain directly related to cancer in adults of 18 years or over. Data collection and analysis: It was planned to pool data to provide an overall measure of effect and to calculate the number needed to treat to benefit, but this was not possible due to heterogeneity. Two review authors (CP, OT) independently extracted data adding it to data extraction sheets. Quality scores were given to studies. Data sheets were compared and discussed with a third review author (MJ) who acted as arbiter. Data analysis was conducted by CP, OT and MJ.
Main results	Three RCTs (204 participants) were included. One high quality study investigated the effect of auricular acupuncture compared with auricular acupuncture at 'placebo' points and with non-invasive vaccaria ear seeds attached at 'placebo' points. Participants in two acupuncture groups were blinded but blinding wasn't possible in the ear seeds group because seeds were attached using tape. This may have biased results in favour of acupuncture groups. Participants in the real acupuncture group had lower pain scores at two-month follow-up than either the placebo or ear seeds group. There was high risk of bias in two studies because of low methodological quality. One study comparing acupuncture with medication concluded that both methods were effective in controlling pain, although acupuncture was the most effective. The second study compared acupuncture, point-injection and medication in participants with stomach cancer. Long-term pain relief was reported for both acupuncture and point-injection compared with medication during the last 10 days of treatment. Although both studies have positive results in favour of acupuncture they should be viewed with caution due to methodological limitations, small sample sizes, poor reporting and inadequate analysis.
Authors' conclusions	There is insufficient evidence to judge whether acupuncture is effective in treating cancer pain in adults.

1.1.11. Peng 2010 ☆

Peng H, Peng HD, Xu L, Lao LX.[Efficacy of acupuncture in treatment of cancer pain: a systematic review].Zhong Xi Yi Jie He Xue Bao. 2010 Jun;8(6):501-9. [160706].

Background	Although acupuncture is a well-established treatment for cancer pain and its effects have been widely reported in recent two decades, there is still controversy over whether its efficacy is better than placebo.
Objective	To evaluate the efficacy of acupuncture therapy on cancer pain.
Method	Search strategy: Cochrane Central Register of Controlled Trials (The Cochrane Library, Issue 3, 2008), EMBASE, PubMed, ScienceDirect database, Current Controlled Trials, Chongqin VIP database and CNKI database were searched, and the search date ended in June 2008. The authors also hand-searched six Chinese Journals related to the question. Inclusion criteria: All randomized controlled trials (RCTs) comparing acupuncture therapy with placebo, Western drugs, Chinese herbal medicines, or comparing acupuncture therapy plus drug treatment with drug treatment. data extraction and analysis: Two separate evaluators assessed the quality of the included reports and extracted the useful information. Disagreements were resolved through discussion. Meta-analysis of the included trials was done with RevMan 5.0, and qualitative analysis was employed when meta-analysis was not appropriate.

Results	Seven published RCTs with a total of 634 patients met the inclusion criteria, and the quality of one of the included trials was high. Due to flaws in design and reporting, meta-analysis was precluded, and only qualitative analysis was done on the majority of the reports. The high-quality trial showed that auricular acupuncture therapy was significantly superior to placebo in pain alleviation. The other six low-quality trials with non-placebo showed that acupuncture therapy had some positive effects.
Conclusion	Acupuncture is effective for pain relief. However, the poor quality of the majority of the trials reduces the reliability of the conclusion. More high-quality RCTs are needed to verify the effects.

1.1.12. Hopkins 2010 Ø

Hopkins Hollis AS. Acupuncture AS A Treatment Modality for the Management of Cancer Pain: the State of the Science. *Oncol Nurs Forum*. 2010;37(5):344-8. [159374].

Objectives	To explore the current state of the science regarding acupuncture as a treatment modality for cancer pain.
Methods	PubMed and CINAHL databases were searched, as were Web sites from the National Cancer Institute, the National Institute of Health's Complementary and Alternative Medicine Program, and the American Cancer Society.
Results	This article synthesizes nine years of published research on the use of acupuncture as an adjunct treatment for the management of cancer pain.
Conclusions	Findings suggest a lack of level I evidence regarding the use of acupuncture as a cancer pain treatment modality . The majority of evidence is level III or higher; therefore, causality cannot be inferred. IMPLICATIONS FOR NURSING: Future research should focus on level I and level II evidence, controlling for variables to strengthen validity, and addressing sample size to enhance the generalizability of results. Nurses should be knowledgeable about the state of the science evidence available to assist patients in making educated decisions

1.1.13. Bardia 2006 Ø

Bardia A, Barton DI, Prokop LJ, Bauer BA, Moynihan TJ. Efficacy of complementary and alternative medicine therapies in relieving cancer pain: a systematic review. *J Clin Oncol*. 2006. 24(34):54-57. [141519].

Purpose	Despite widespread popular use of complementary and alternative medicine (CAM) therapies, a rigorous evidence base about their efficacy for cancer-related pain is lacking. This is a systematic review of randomized controlled trials (RCTs) evaluating CAM therapies for cancer-related pain.
Methods	RCTs using CAM interventions for cancer-related pain were abstracted using Medline, EMBASE, CINAHL, AMED, and Cochrane database.

Results	Eighteen trials were identified (eight poor, three intermediate, and seven high quality based on Jadad score), with a total of 1,499 patients. Median sample size was 53 patients, and median intervention duration was 45 days. All studies were from single institutions, four had sample size justification, and none reported any adverse effects. Seven trials reported significant benefit for the following CAM therapies: acupuncture (n = 1), support groups (n = 2), hypnosis (n = 1), relaxation/imagery (n = 2), and herbal supplement/HESA-A (n = 1, but study was of low quality without control data). Seven studies reported immediate postintervention or short-term benefit of the following CAM interventions: acupuncture (n = 2), music (n = 1), herbal supplement/Ai-Tong-Ping (n = 1), massage (n = 1), and healing touch (n = 2). Four studies reported no benefit of CAM interventions (music, n = 2; massage, n = 2) in reducing cancer pain compared with a control arm.
Conclusion	There is paucity of multi-institutional RCTs evaluating CAM interventions for cancer pain with adequate power, duration, and sham control. Hypnosis, imagery, support groups, acupuncture, and healing touch seem promising, particularly in the short term, but none can be recommended because of a paucity of rigorous trials. Future research should focus on methodologically strong RCTs to determine potential efficacy of these CAM interventions.

1.1.14. Lee 2005 Ø

Lee H, Schmidt K, Ernst E. Acupuncture for the relief of cancer-related pain - a systematic review. Eur J Pain. 2005;9(4):437-44. [136591]

Aims	This systematic review summarises the existing evidence on acupuncture for cancer-related pain.
Methods	Literature searches were conducted in seven databases. All clinical studies of acupuncture, electroacupuncture and ear acupuncture in cancer patients with the main outcome measure of pain were included. Data were extracted according to pre-defined criteria by two independent reviewers and methodological quality was assessed using the Jadad scale.
Results	Of the seven studies included, one high quality randomised clinical trial of ear acupuncture showed statistically significant pain relief in comparison with placebo ear acupuncture. All the other studies were either non-blinded (n=2) or uncontrolled clinical trials (n=4). Most investigations suffered from methodological flaws such as inadequate study design, poor reporting of results, small sample size and overestimation of the results.
Conclusions	The notion that acupuncture may be an effective analgesic adjunctive method for cancer patients is not supported by the data currently available from the majority of rigorous clinical trials. Because of its widespread acceptance, appropriately powered RCTs are needed.

1.1.15. Sellick 1998 Ø

Sellick SM et al. Critical review of 5 nonpharmacologic strategies for managing cancer pain. cancer prev control. 1998. 2(1):714. [58755].

Purpose:	Health care professionals at 2 Ontario cancer centres were surveyed to determine their familiarity with, perceptions of and interest in learning more about nonpharmacologic strategies for the management of cancer pain. Evidencebased education sessions were subsequently developed for the 5 strategies in which participants were most interested. This article presents the results of critical literature reviews concerning the effectiveness of the 5 strategies: acupuncture, massage therapy, hypnosis, therapeutic touch and biofeedback.
Methods	The databases MEDLINE (1966 to June 1997), CINAHL (1982 to June 1997) and PsychoINFO Lit (1980 to June 1997) were searched systematically for randomized controlled trials (RCTs) of the 5 nonpharmacologic strategies. The authors' personal files and reference lists of relevant papers and main texts were also searched. The quality of the trials was reviewed according to established criteria.
Results	The search yielded 1 RCT of acupuncture, 1 of massage therapy and 6 of hypnosis. The studies of hypnosis suggested that there is much support for its use in the management of cancer pain. The evidence was either lacking or less clear for the other therapies examined.
Conclusion	Because patients use a wide variety of nonpharmacologic strategies regardless of their effectiveness, clinicians need to be familiar with available research and able to discuss those strategies for which the evidence is strong, weak or nonexistent. More research on the effectiveness of nonpharmacologic strategies for pain management is needed.

1.2. Formes cliniques particulières

1.2.1. Cancer du sein

1.2.1.1. Behzadmehr 2020

Behzadmehr R, Dastyar N, Moghadam MP, Abavisani M, Moradi M. Effect of complementary and alternative medicine interventions on cancer related pain among breast cancer patients: A systematic review. Complement Ther Med. 2020. [205771]. [doi](#)

Objective	This systematic review aimed to evaluate the efficacy of CAM interventions for cancer-related pain in breast cancer patients.
Methods	Databases (PubMed, Scopus, Web of Science, and EMBASE) were searched from January 1, 2000, up to April 31, 2019, using the keywords: Complementary and alternative medicine therapies and cancer related pain. Standard tools were used to evaluate the quality of the studies included.
Results	Of the 3742 articles found, 46 articles comprising 3685 participants entered the final phase. Our results indicate that interventions including acupuncture/acupressure , tai chi/qi gong, hypnosis, meditation, music therapy, yoga, massage, reflexology, and Reiki improve cancer-related pain in breast cancer patients. However, aromatherapy had no effect on the same.
Conclusions	Despite the positive effect of various CAM interventions in reducing cancer-related pain, necessary precautions should be adopted to use them alongside other treatments to control cancer pain in the clinical setting.

1.2.2. Cancer du poumon

1.2.2.1. Bian 2020

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.

1.3. Techniques particulières

1.3.1. Acupuncture auriculaire

1.3.1.1. Yang 2020

Yang Y, Wen J, Hong J. The Effects of Auricular Therapy for Cancer Pain: A Systematic Review and Meta-Analysis. Evid Based Complement Alternat Med. 2020. [210343]. [doi](#)

Objective	This study aims to systematically assess the efficacy and safety of auricular therapy for cancer pain.
Methods	A systematic search was conducted using PubMed, EMBASE, Cochrane library databases, CNKI, VIP, WanFang Data, and CBM for randomized controlled trials (RCTs). Review Manager 5.3 was used for meta-analysis.
Results	Of the 275 screened studies, nine RCTs involving 783 patients with cancer pain were systematically reviewed. Compared with drug therapy, auricular therapy plus drug therapy has significant advantages both in the effective rate for pain relief (RR = 1.40; 95% CI 1.22, 1.60; P < 0.00001) and adverse effects rate (RR = 0.46; 95% CI 0.37, 0.58; P < 0.00001). And the result revealed that auricular acupuncture had superior pain-relieving effects as compared with sham auricular acupuncture (SMD = -1.45; 95% CI -2.80, -0.09; P=0.04). However, the analysis indicated no difference on the effective rate for pain relief between auricular therapy and drug therapy (RR = 1.24; 95% CI 0.71, 2.16; P=0.46).
Conclusion	Our meta-analysis indicated that auricular therapy is effective and safe for the treatment of cancer pain, and auricular therapy plus drug therapy is more effective than drug therapy alone, whether in terms of pain relief or adverse reactions. However, the included RCTs had some methodological limitations; future large, rigor, and high-quality RCTs are still needed to confirm the benefits of auricular therapy on cancer pain.

1.3.1.2. Gong 2018

Gong Wenhua, Zou Yu, Wang Jing, Liu Ruihan, Wang Fang. [Meta-analysis of treating cancer pain using ear acupuncture therapy based on GRADE system]. Chinese Medical Digest Nursing. 2018;1:5-11. [201801].

Objective	To evaluate the clinical efficacy of ear acupuncture therapy in the treatment of cancer pain.
Methods	Related randomized controlled trials(RCTs)were searched in large databases at home and abroad and screened rigorously, followed by meta-analysis using the Revman 5.3 software. The GRADE profiler 3.6 software was also used to rate the quality of the evidence.
Results	Eventually, 11 articles were included, involving a total of 1 243 patients. It had been found that ear acupuncture combined with drugs was superior to simple drugs in lowering the incidence of nausea and vomiting [RR=0.50,95%CI(0.39,0.63)], constipation[RR=0.53,95%CI(0.44,0.65)], pain[SMD=-0.52,95%CI(-0.74,-0.30)], drug dosage[WMD=-12.03,95%CI(-20.64,-3.41)]. However, there were no significant differences in the pain relief rate [RD=0.12,95%CI(0.07,0.17)] and Karnofsky performance status(KPS)score[WMD=0.98,95%CI(-0.46,2.42)].The evidence level was very low for pain relief and 7-day medication rating, and low for the incidence of nausea and vomiting, constipation and KPS rating.
Conclusion	Ear acupuncture therapy combined with drugs is superior to simple drugs in the treatment of cancer pain. The evidence quality level of the conclusion is not high and needs large-sample, high-quality clinical trials to further confirm.

1.3.1.3. Zhou 2014 ☆

Zhou Jie, Liang Yi, Chen Qin, Fang Jianqiao. [Meta-analysis on randomized controlled clinical trials of auricular acupuncture on cancer pain]. Chinese Archives of Traditional Chinese Medicine. 2014;10:2326-233. [186935].

Objectives	To assess the efficacy and security of auricular acupuncture for cancer pain with evidence-based medicine method.
Methods	A retrieval on literatures concerning treatment of cancer pain with auricular acupuncture was carried out in databases of Cochrane Library, EMBASE, Pubmed, CMB, CNKI, VIP and WANFANG. And Meta- analyses were conducted on randomized controlled trials (RCT) which met the enrolling requirements.
Results	A total number of 8 papers involving 853 patients were included. The result indicated that auricular acupuncture plus routine medication treatment showed no effect on curative rate (95% CI 1. 0 ~ 1. 25, P = 0. 05). Pain scores were lower in the auricular acupuncture plus medication group than in routine medicine group (95% CI- 3. 08 ~- 0. 17, P = 0. 03). In the comparison of side effect of opium, statistical significance cannot be found on nausea and vomiting occurrence rate (95% CI 0. 17 ~1. 16, P = 0. 1). And auricular acupuncture plus medication treatment was better than routine medication on constipation occurrence rate (95% CI 0. 12 ~ 0. 93, P = 0. 04).
Conclusions	Auricular acupuncture plus medication is effective to treat cancer pain. It has advantage on alleviate pain level and reduce the occurrence of constipation when compared with routine medication treatment. Auricular acupuncture cannot reduce the occurrence of nausea and vomiting. However, since the number of RCT literatures was less, especially high- quality, large samples and multi- center reports were not enough. Further studies are still necessary for approving the conclusions.

1.3.2. Acupuncture des poignets et chevilles

1.3.2.1. Zheng 2014 Ø

Zheng Yi, Yu Yonghui, Fang Fanfu. [Meta-analysis on wrist-ankle acupuncture of cancerous pain]. Journal of Liaoning College of Traditional Chinese Medicine. 2014;1:152-155. [187005].

Objectives	To assess the effectiveness of the wrist-ankle acupuncture therapy for cancerous pain.
Methods	Through retrieval of authoritative medical journals of full-text database at home and abroad, randomized and quasi-randomized controlled clinical trials on treatment of cancerous pain with control study between wrist-ankle acupuncture therapy and western medicine or between wristankle acupuncture combined with western medicine and western medicine alone were included. The test in quality assessment of each experiment was carried out by two researchers who abstracted data independently and checked over mutually, in accordance with the Cochrane Handbook 5. 1. 0 standard. And RevMan 5. 1. 6 software was adopted for the Meta-analysis.
Results	Five researches were included with a total of 395 patients. Meta-analysis showed that there was no significant difference between the effect of the wrist-ankle acupuncture or the wrist-ankle acupuncture combined with western medicine and western medication treatment alone in cancerous pain.
Conclusions	The effectiveness of the wristankle acupuncture therapy for cancerous pain need more randomized controlled trials with large sample and high quality to confirm.

1.3.3. TENS

1.3.3.1. Hurlow 2012 Ø

Hurlow A, Bennett MI, Robb KA, Johnson MI, Simpson KH, Oxberry SG. Transcutaneous electric nerve stimulation (tens) for cancer pain in adults. Cochrane Database Syst Rev. 2012. CD006276.:. [159383].

Background	Cancer-related pain is complex and multi-dimensional but the mainstay of cancer pain management has predominantly used a biomedical approach. There is a need for non-pharmacological and innovative approaches. Transcutaneous Electric Nerve Stimulation (TENS) may have a role in pain management but the effectiveness of TENS is currently unknown. This is an update of the original review published in Issue 3, 2008.
Objectives	The aim of this systematic review was to determine the effectiveness of TENS for cancer-related pain in adults.

Methods	<p>Search methods: The initial review searched The Cochrane Library, MEDLINE, EMBASE, CINAHL, PsychINFO, AMED and PEDRO databases in April 2008. We performed an updated search of CENTRAL, MEDLINE, EMBASE, CINAHL and PEDRO databases in November 2011. Selection criteria: We included only randomised controlled trials (RCTs) investigating the use of TENS for the management of cancer-related pain in adults. Data collection and analysis: The search strategy identified a further two studies for possible inclusion. One of the review authors screened each abstract using a study eligibility tool. Where eligibility could not be determined, a second author assessed the full paper. One author used a standardised data extraction sheet to collect information on the studies and independently assess the quality of the studies using the validated five-point Oxford Quality Scale. The small sample sizes and differences in patient study populations of the three included studies (two from the original review and a third included in this update) prevented meta-analysis. For the original review the search strategy identified 37 possible published studies; we divided these between two pairs of review authors who decided on study selection; all four review authors discussed and agreed final scores.</p>
Main results	<p>Only one additional RCT met the eligibility criteria (24 participants) for this updated review. Although this was a feasibility study, not designed to investigate intervention effect, it suggested that TENS may improve bone pain on movement in a cancer population. The initial review identified two RCTs (64 participants) therefore this review now includes a total of three RCTs (88 participants). These studies were heterogenous with respect to study population, sample size, study design, methodological quality, mode of TENS, treatment duration, method of administration and outcome measures used. In one RCT, there were no significant differences between TENS and placebo in women with chronic pain secondary to breast cancer treatment. In the other RCT, there were no significant differences between acupuncture-type TENS and sham in palliative care patients; this study was underpowered.</p>
Authors' conclusions	<p>Despite the one additional RCT, the results of this updated systematic review remain inconclusive due to a lack of suitable RCTs. Large multi-centre RCTs are required to assess the value of TENS in the management of cancer-related pain in adults.</p>

1.3.3.2. Robb 2009 Ø

Robb K, Oxberry SG, Bennett MI, Johnson MI, Simpson KH, Searle RD. A cochrane systematic review of transcutaneous electrical nerve stimulation for cancer pain. J Pain Symptom Manage. 2009. 37(4):746-53. [150366].

Background	<p>Cancer-related pain is complex and multi-dimensional; yet, the mainstay of cancer pain management has been the biomedical approach. There is a need for nonpharmacological and innovative pain management strategies. Transcutaneous electrical nerve stimulation (TENS) may have a role.</p>
Objective	<p>The aim of this systematic review was to determine the effectiveness of TENS for cancer-related pain in adults.</p>
Methods	<p>The Cochrane Library, MEDLINE, EMBASE, CINAHL, PsychINFO, AMED, and PEDro databases were searched for randomized controlled trials (RCTs) investigating the use of TENS for the management of cancer-related pain in adults. Once relevant studies were identified, two pairs of reviewers assessed eligibility for inclusion in the review based on a study eligibility form and using the 5-point Oxford Quality Scale. Two RCTs met the study eligibility criteria (these involved 64 patients). These studies were heterogeneous with respect to study population, methodology, and outcome measures. This prevented meta-analysis.</p>

Results	In one RCT, there were no significant differences between TENS and placebo in women with chronic pain secondary to breast cancer treatment. In the other RCT, there were no significant differences between acupuncture-like TENS (AL-TENS) and sham in palliative care patients; this study was significantly underpowered.
Conclusions	There is insufficient available evidence to determine the effectiveness of TENS in treating cancer-related pain . Further research is needed to help guide clinical practice, and large multi-center RCTs are required to assess the value of TENS in the management of cancer-related pain in adults.

1.3.3.3. Robb 2008 Ø

Robb KA, Bennett MI, Johnson MI, Simpson KJ, Oxberry SG.. Transcutaneous electric nerve stimulation (TENS) for cancer pain in adults. Cochrane Database Syst Rev. 2008;CD006276 . [59896].

Objectives	Cancer-related pain is complex and multi-dimensional but the mainstay of cancer pain management has predominately used a biomedical approach. There is a need for non-pharmacological and innovative approaches. Transcutaneous Electric Nerve Stimulation (TENS) may have a role for a significant number of patients but the effectiveness of TENS is currently unknown. OBJECTIVES: The aim of this systematic review was to determine the effectiveness of TENS for cancer-related pain in adults.
Methods	SEARCH STRATEGY: We searched The Cochrane Library, MEDLINE, EMBASE, CINAHL, PsychINFO, AMED and PEDRO databases (11/04/08). SELECTION CRITERIA: Only randomised controlled trials (RCTs) investigating the use of TENS for the management of cancer-related pain in adults were included. DATA COLLECTION AND ANALYSIS: The search strategy identified 37 possible published studies which were divided between two pairs of review authors that decided on study selection. A study eligibility form was used to screen each abstract and where study eligibility could not be determined from the abstract, the full paper was obtained and assessed by one pair of review authors. A standardised data extraction sheet was used to collect information on the studies and the quality of the studies was assessed independently by two review authors using the validated five-point Oxford Quality Scale. Final scores were discussed and agreed between all four review authors. The small sample sizes and differences in patient study populations of the two included studies prevented meta-analysis.
Results	Only two RCTs met the eligibility criteria (64 participants). These studies were heterogenous with respect to study population, sample size, study design, methodological quality, mode of TENS, treatment duration, method of administration and outcome measures used. In one RCT, there were no significant differences between TENS and placebo in women with chronic pain secondary to breast cancer treatment. In the other RCT, there were no significant differences between acupuncture-type TENS and sham in palliative care patients; this study was underpowered.
Conclusions	The results of this systematic review are inconclusive due to a lack of suitable RCTs . Large multi-centre RCTs are required to assess the value of TENS in the management of cancer-related pain in adults

2. Revues de revues systématiques

2.1. Sasaki 2019 (cancer du sein)

Sasaki Y, Cheon C, Motoo Y, Jang S, Park S, Ko SG, Jang BH, Hwang DS. [Complementary and Alternative Medicine for Breast Cancer Patients: An Overview of Systematic Reviews]. Yakugaku

Zasshi. 2019;139(7):1027-1046. [199186].

Objectives	The application of systematic review (SR) has been increased rapidly in the field of cancer treatment. Complementary and alternative medicine (CAM) for cancer is no exception. The aim of this review is to evaluate and summarize systematic reviews on the CAM use in breast cancer patients.
Methods	Search sources were Centre for Reviews and Dissemination (CRD), Cochrane Database of Systematic Reviews (CDSR), and PubMed. In addition, we assessed the quality of SR with the Assessing the Methodological Quality of Systematic Reviews (AMSTAR). This review did not consider control groups and outcomes.
Results	Thirty-four SRs met a set of criteria. According to interventions, there were twenty SRs which included yoga, acupuncture, and herbal medicines. Meta-analysis of 19 out of 34 reviews showed the followings: (1) acupuncture had a beneficial effect on the frequency of hot flushes , (2) yoga had a beneficial effect on depression and health-related QOL, (3) mindfulness-based stress reduction (MBSR) had a beneficial effect on anxiety and depression, (4) combination of herbal medicine and chemotherapy synergistically improved clinical outcomes, (5) acupuncture did not show significant effect on the severity of hot flushes and cancer-related pain , (6) yoga was unable to be confirmed as having an effect on cancer-related pain and physical well-being. Given the results of AMSTAR, 9 out of 34 reviews were of high quality and 3 reviews were deemed to be of low quality. In conclusion, since most SRs were at moderate or high-quality levels, CAM could be helpful for treating specific symptoms related to breast cancer.

2.2. Bao 2014

Yanju Bao, Xiangying Kong, Liping Yang, Rui Liu, Zhan Shi, Weidong Li, Baojin Hua, and Wei Hou. Complementary and Alternative Medicine for Cancer Pain: An Overview of Systematic Reviews. Evid Based Complement Alternat Med. 2014;:17039. [173276].

Background and Objective	Now with more and more published systematic reviews of Complementary and Alternative Medicine (CAM) on adult cancer pain, it is necessary to use the methods of overview of systematic review to summarize available evidence, appraise the evidence level, and give suggestions to future research and practice.
Methods	A comprehensive search (the Cochrane Library, PubMed, Embase, and ISI Web of Knowledge) was conducted to identify all systematic reviews or meta-analyses of CAM on adult cancer pain. And the evidence levels were evaluated using GRADE approach.
Results	27 systematic reviews were included. Based on available evidence, we could find that psychoeducational interventions, music interventions, acupuncture plus drug therapy , Chinese herbal medicine plus cancer therapy, compound kushen injection, reflexology, lycopene, TENS, qigong, cupping, cannabis, Reiki, homeopathy (Traumeel), and creative arts therapies might have beneficial effects on adult cancer pain. No benefits were found for acupuncture (versus drug therapy or sham acupuncture), and the results were inconsistent for massage therapy, transcutaneous electric nerve stimulation (TENS), and Viscum album L plus cancer treatment. However, the evidence levels for these interventions were low or moderate due to high risk of bias and/or small sample size of primary studies.
Conclusion	CAM may be beneficial for alleviating cancer pain, but the evidence levels were found to be low or moderate. Future large and rigor randomized controlled studies are needed to confirm the benefits of CAM on adult cancer pain.

3. Recommendations de bonne pratique

⊕ recommandation positive (quel que soit le niveau de preuve annoncé)
 ∅ recommandation négative (ou absence de preuve)

3.1. Arbeitsgemeinschaft Gynäkologische Onkologie (AGO, Germany) 2018 ⊕

Diagnosis and Treatment of Patients with Primary and Metastatic Breast Cancer. Complementary Therapy Survivorship. Arbeitsgemeinschaft Gynäkologische Onkologie (AGO). 2018;:35P. [182073].

Acupuncture in order to improve *Cancer pain*. Level of evidence 1b (individual RCT), grade of evidence (B), AGO recommendation grade (+) This examination or therapeutic intervention is for the patient of limited benefit and can be performed. *Aromatase-inhibitor— induced athralgia* : Level of evidence 1b (individual RCT), grade of evidence (B), AGO recommendation grade (+) This examination or therapeutic intervention is for the patient of limited benefit and can be performed.

3.2. National Cancer Institute at the National Institutes of Health (NIH, USA) 2018 ⊕

Cancer Pain (PDQ®)—Health Professional Version. 2018. [99964] www.cancer.gov

There were brief positive effects in favor of CAM for acupuncture, support groups, hypnosis, and herbal supplements

3.3. Alberta Health Services (AHS, Canada) 2018 ∅

Cancer pain. Clinical Practice Guideline. Alberta Health Services. 2018. 15P. [176323].

Complementary therapies, including massage, aromatherapy, music therapy, **acupuncture**, reflexology, reiki, hypnotherapy, and transcutaneous electrical nerve stimulation (TENS) are increasing in popularity but lack supporting evidence in reducing long-term cancer pain.

3.4. American Cancer Society / American Society of Clinical Oncology (ASCO, USA) 2017 ⊕

Lyman GH, Greenlee H, Bohlke K, Bao T, DeMichele AM, Deng GE, Fouladbakhsh JM, Gil B, Hershman DL, Mansfield S, Mussallem DM, Mustian KM, Price E, Rafta S, Cohen L. Integrative Therapies During and After Breast Cancer Treatment: ASCO Endorsement of the SIO Clinical Practice Guideline. *J Clin Oncol*. 2018;Jun 11. [155475].

Pain. Recommendations: Acupuncture, healing touch, hypnosis, and music therapy can be considered for the management of pain. (Grade C)

3.5. British Columbia Cancer Agency (BCCA, Canada) 2017 ⊕

Palliative Care for the Patient with Incurable Cancer or Advanced Disease Part 2: Pain and Symptom Management . Clinical Practice Guidelines and Protocols in British Columbia. 2017:47P. [197157].

Cancer pain management: consider non-pharmacological therapies (e.g, massages, relaxation, **acupuncture**, TENS),

3.6. American Society of Clinical Oncology (ASCO, USA) 2016 ⊕

Paice JA, Portenoy R, Lacchetti C, Campbell T, Chevillat A, Citron M, Constine LS, Cooper A, Glare P, Keefe F, Koyyalagunta L, Levy M, Miaskowski C, Otis-Green S, Sloan P, Bruera E. Management of Chronic Pain in Survivors of Adult Cancers: American Society of Clinical Oncology Clinical Practice Guideline. *J Clin Oncol.* 2016;34(27):3325-45. [198220].

Three systematic reviews, 42-44 two with meta-analyses, 43, 44 confirmed that **acupuncture** and massage were effective in improving pain. Massage, **acupuncture**, music Evidence-based; benefits outweigh harms; evidence quality: low; strength of recommendation: weak.

3.7. American Cancer Society/American Society of Clinical Oncology (ACS/ASCO, USA) 2016 ⊕

Runowicz CD, Leach CR, Henry NL, Henry KS, Mackey HT, Cowens-Alvarado RL, Cannady RS, Pratt-Chapman ML, Edge SB, Jacobs LA, Hurria A, Marks LB, LaMonte SJ, Warner E, Lyman GH, Ganz PA. American Cancer Society/American Society of Clinical Oncology Breast Cancer Survivorship Care Guideline. *J Clin Oncol.* 2016;34(6):611-35. [198256].

Musculoskeletal health Recommendation 3.8: It is recommended that primary care clinicians (a) should assess for musculoskeletal symptoms, including pain, by asking patients about their symptoms at each clinical encounter (LOE 5 0); and (b) should offer one or more of the following interventions based on clinical indication: **acupuncture**, physical activity, and referral for physical therapy or rehabilitation (LOE 5 III).

Pain and neuropathy Recommendation 3.9: It is recommended that primary care clinicians : (b) should offer interventions, such as acetaminophen, nonsteroidal anti-inflammatory drugs, physical activity, and/or **acupuncture**, for pain (LOE 5 I).

3.8. Berkshire Healthcare (BH, GB) 2015 ⊕

Adult palliative care guidelines. Berkshire Healthcare. 2015. [175857].

3.1.4 Non-drug approaches (TENS, acupuncture). Non-drug approaches are useful options in those intolerant of, or averse to taking, oral medication. Physiotherapists will usually show patients or carers how to use TENS, and some are trained acupuncturists.

3.9. Society for Integrative Oncology (SIO, USA) 2014 ⊕

Greenlee H, Balneaves LG, Carlson LE, Cohen M, Deng G, Hershman D, Mumber M, Perlmutter J, Seely D, Sen A, Zick SM, Tripathy D; Society for Integrative Oncology. Clinical practice guidelines on the use of integrative therapies as supportive care in patients treated for breast cancer. *J Natl Cancer Inst Monogr.* 2014;50:346-58. [167074].

Pain. Recommendations: Acupuncture can be considered as a nonpharmacologic approach to the short-term treatment of AIMSS (aromatase inhibitor-associated musculoskeletal symptoms). Electroacupuncture can be considered as a nonpharmacologic approach to the short-term treatment of AIMSS (aromatase inhibitor-associated musculoskeletal symptoms). Strength of evidence: C

3.10. British Columbia Cancer (BCA, Canada) 2014 ⊕

Symptom Management Guidelines: pain. BC Cancer Agency. 2014. 7P. [176727].

Grade 1, non-urgent, *Non-pharmacological Management*, **Acupuncture**, therapeutic touch, reiki, massage, Transcutaneous electrical nerve stimulation (TENS), ultrasound. *Possible Referrals*: Patient Support Centre, Telephone Care for follow-up, Massage therapist, **Acupuncturist**, Physiotherapist.

3.11. Société Française d'Oto-Rhino-Laryngologie et de Chirurgie de la Face et du Cou (SFORL, France) 2014 ⊕

Prise en charge des douleurs somatiques induites par les traitements des cancers des VADS. Société Française d'Oto-Rhino-Laryngologie et de Chirurgie de la Face et du Cou. 2014. 57P. [165228].

Recommandation 12, Le groupe de travail recommande d'envisager l'acupuncture par un praticien expérimenté dans la prise en charge des douleurs cervicales séquellaires d'un curage ganglionnaire et dans la xérostomie après radiothérapie (Grade B).
Recommandation 18. Douleurs séquellaires de la chirurgie ganglionnaire. Il est recommandé de préserver les structures nerveuses et musculaires, lorsque les règles carcinologiques le permettent, pour limiter les séquelles douloureuses des curages ganglionnaires (Grade B). L'utilisation de la physiothérapie est controversée (Accord professionnel). L'utilisation de l'acupuncture et de la toxine botulique sont en cours d'évaluation (Grade C).

3.12. European Partnership for Action Against Cancer (EPAA, Europe) 2014 ⊕

Complementary and alternative medicine (CAM) in cancer care. Development and opportunities of Integrative Oncology. European Partnership for Action Against Cancer (EPAAC). 2014;;339P. [186081].

As to the use of acupuncture and TCM in the treatment of symptoms correlated to anti-cancer therapy, the literature has demonstrated a good level of evidence in the following cases: nausea and vomiting, **pain**, hotflashes and xerostomia, taking also in account the absence of relevant adverse effects and interactions.

3.13. 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 2.5.3.2. 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).

3.14. Guidelines and Audit Implantation Network (GAIN, UK) 2011 ⊕

General Palliative Care Guidelines for the Management of Pain at the End of Life in Adult Patients. Guidelines and Audit Implantation Network (GAIN). 2011. [197429].

There is inconclusive evidence that acupuncture is more effective than placebo for chronic pain. though there may be some benefit in cancer related pain.

3.15. 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 11. In patients with lung cancer with symptoms such as dyspnea, fatigue, chemotherapy-induced neuropathy, or postthoracotomy pain, a trial of acupuncture is recommended. Grade of recommendation, 2C

3.16. National Institute for Health and Clinical Excellence (NICE, UK) 2004 ⊕

Guidance on Cancer Services Improving Supportive and Palliative Care for Adults with Cancer. National Institute for Health and Clinical Excellence - Clinical Guidelines. 2004:209P. [197445].

There is some indication that therapies [acupuncture] might have the ability to improve patients' general sense of well-being and quality of life through, for instance, reductions in distress, anxiety, **pain** and nausea [B].

4. Essais contrôlés randomisés

4.1. Sources

1. **He 2019:** He Y, Guo X, May BH, et al. Clinical Evidence for Association of Acupuncture and Acupressure With Improved Cancer Pain: A Systematic Review and Meta-Analysis. JAMA Oncol. 2019;6(2):271-8. [202656]. (n=17).
2. **Chiu 2017:** Chiu HY, Hsieh YJ, Tsai PS. Systematic review and meta-analysis of acupuncture to reduce cancer-related pain. Eur J Cancer Care (Engl). 2017;26(2). [182347]. (n=29).
3. **Hu 2016:** Dan Yu, Liang Yabing, Tao Ye. [Clinical study of acupuncture on cancer pain and analgesia]. Chinese Acupuncture and Moxibustion. 1998;18(1):17. [67258]. (n=20)
4. **Paley 2015:** Paley CA, Johnson MI, Tashani OA, Bagnall AM. Acupuncture for cancer pain in adults. Cochrane Database Syst Rev. 2015. [184147]. (n=5)

4.2. Liste

2018	Hershman DL, Unger JM, Greenlee H, Capodice JL, Lew DL, Darke AK, Kengla AT, Melnik MK, Jorgensen CW, Kreisle WH, Minasian LM, Fisch MJ, Henry NL, Crew KD. Effect of Acupuncture vs Sham Acupuncture or Waitlist Control on Joint Pain Related to Aromatase Inhibitors Among Women With Early-Stage Breast Cancer: A Randomized Clinical Trial. JAMA. 2018;320(2):167-176. [168690].	He 2019
	Kim K, Lee S. Intradermal Acupuncture Along with Analgesics for Pain Control in Advanced Cancer Cases: A Pilot, Randomized, Patient-Assessor-Blinded, Controlled Trial. Integr Cancer Ther. 2018;17(4):1137-1143. [197280]	He 2019

	Ruela LO, Lunes DH, Nogueira DA, Stefanello J, Gradim CVC. Effectiveness of auricular acupuncture in the treatment of cancer pain: randomized clinical trial. <i>Rev Esc Enferm USP</i> . 2018;52:e03402. [189826].	He 2019
2017	Wang Ying, Wang Xiaoyan, Wang Hui, Zhang Yaping, Fang Hongming. [Clinical study of electro-acupuncture combined with hydroxycodone sustained-release tablets for cancer pain in advanced non-small cell lung cancer], <i>Zhejiang Journal of TCM</i> . 2017;9:684-5. [111934].	He 2019
2016	Shen LF, Chen WY, Luv XD, et al. [Effects of electro-acupuncture on improving sleep quality for patients with lung cancer pain], <i>Journal of Medical Research</i> . 2016;6:87-90. [113481].	He 2019
	Guo Zongbing, Guo Guanghong, Yang Jiping, Shao Ying. [Effects of acupuncture on pain and quality of life for patients with advanced gastric cancer]. <i>International Journal of TCM</i> . 2015;37(4):371-3. [114066].	He 2019
2015	Wang Jing, Lu Rong temple, Bi Ran, Shu Xiaoning. [Clinical Observation on 30 Cases of Intermediate and Severe Cancer Pain due to Bone Metastasis], <i>Yunnan Journal of TCM and Materia Medica</i> . 2015;2:43-5. [114544].	He 2019
2014	Mao JJ, Xie SX, Farrar JT, Stricker CT, Bowman MA, Bruner D, Demichele A.. A randomised trial of electro-acupuncture for arthralgia related to aromatase inhibitor use. <i>Eur J Cancer</i> . 2014;50(2):267-76. [160399].	He 2019, Chiu 2017
	Wang Yanchun, Chen Xinwang, Wei Zheng, Wang Xuemei. [Treatment of 38 Cases of Cancer Pain with Low Frequency Electroacupuncture and Three-step Analgesic Drugs]. <i>Traditional Chinese Medicinal Research</i> . 2014;5:55-7. [196001].	Hu 2016
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