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LETTER TO THE EDITOR

Acupuncture for reduction of symptom burden in multiple myeloma patients undergoing autologous hematopoietic stem cell transplantation: a randomized sham-controlled trial. Respond to author

Kai Zhang[1] · Chao Gao[2] · Qilin Tang[3]

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Dr. Deng and colleagues [1] presented a well-conducted study on the effectiveness of acupuncture treatment for reduction of symptom burden in multiple myeloma patients undergoing autologous hematopoietic stem cell transplantation. We have three issues which we would like to bring to light regarding this paper.

The Standards for Reporting Interventions in Clinical Trials of Acupuncture ("STRICTA") were designed to improve the quality of reports on clinical trials of acupuncture [2]. In the paper by Deng and colleagues [1], no details were provided about the depth of insertion, the technique of acupuncture, the choice of acupoints whether it was unilateral or bilateral, how many acupuncture sessions in a week, and whether the patient had subjective deqi sensation. Deqi has been proven to be of great significance in the difference of the neurophysiological analgesic mechanism between acupuncture responders and non-responders [3]. These details are very important.

In addition, the sham acupuncture group used adhesive tape to fix the needle on the surface of the skin. Patients with real and sham acupuncture may experience different sensations, which may lead to the failure of the blinding method.

Finally, the problem relates to the interpretation of the test results. If the control group was a positive drug, as long as the results would show that the acupuncture group was significantly better than the control group or had the same curative effect as the control group, it had clinical significance. However, if the control group is a placebo treatment, it should be pre-set the clinically meaningful mean difference between the two groups. A recent randomized controlled clinical trial of pain control interventions has reported the clinically significant mean differences between the two groups ranging from 0.68 to 0.98 points [4]. That is to say this study did not make an expected estimate of the therapeutic effect. Therefore, it is difficult to guide clinicians to make qualitative judgments on the therapeutic effect.

Author's contributions Zhang K and Gao C wrote the first draft of the manuscript. Tang QL supervised the work. Zhang K, Tang QL, and Gao C revised the final manuscript. All authors read and approved the final manuscript.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflicts of interest.

Ethical approval For this type of study, formal consent is not required.

Kai Zhang and Chao Gao contributed equally to this work and are co-first authors.

✉ Kai Zhang
coolzhangkai@163.com

[1] Department of Acupuncture and Moxibustion, Tianjin Gong An Hospital, Tianjin, China

[2] Tianjin Institute of General Surgery, Tianjin Medical University General Hospital, Tianjin, China

[3] Graduate College, Tianjin University of Traditional Chinese Medicine, Tianjin, China

References

1. Deng G, Giralt S, Chung DJ, Landau H, Siman J, Search B, Coleton M, Vertosick E, Shapiro N, Chien C, Wang XS, Cassileth B, Mao JJ (2018) Acupuncture for reduction of symptom burden in multiple myeloma patients undergoing autologous hematopoietic stem cell transplantation: a randomized sham-controlled trial. Support Care Cancer 26(2):657–665. https://doi.org/10.1007/s00520-017-3881-7
2. Kim KH, Kang JW, Lee MS, Lee JD (2014) Assessment of the quality of reporting in randomised controlled trials of acupuncture

in the Korean literature using the CONSORT statement and STRICTA guidelines. BMJ Open 4(7):e005068. https://doi.org/10.1136/bmjopen-2014-005068

3. Asghar AU, Green G, Lythgoe MF, Lewith G, MacPherson H (2010) Acupuncture needling sensation: the neural correlates of deqi using fMRI. Brain Res 1315:111–118. https://doi.org/10.1016/j.brainres.2009.12.019
4. Smith EM, Pang H, Cirrincione C, Fleishman S, Paskett ED, Ahles T, Bressler LR, Fadul CE, Knox C, Le-Lindqwister N, Gilman PB, Shapiro CL (2013) Alliance for Clinical Trials in Oncology. Effect of duloxetine on pain, function, and quality of life among patients with chemotherapy-induced painful peripheral neuropathy: a randomized clinical trial. JAMA 309(13):1359–1367. https://doi.org/10.1001/jama.2013.2813