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hot flashes in Prostate Cancer

Bouffées de chaleur du cancer de la prostate : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Schaldemose 2026

Schaldemose EL, Poulsen MH, Nørby B, Madsen CV. Treatment of Hot Flashes in Men With Prostate Cancer Undergoing Androgen Deprivation Therapy. Prostate. 2026;86(14):1391-1403. https://doi.org/10.1002/pros.70229

Background	Hot flashes are common and often debilitating side effects of castration therapy; a cornerstone in the treatment of metastatic prostate cancer (PCa) as well as in localized or locally advanced PCa when combined with radiotherapy. The evidence for relieving vasomotor symptoms is limited. This systematic review presents both pharmacological and non-pharmacological interventions for treating hot flashes in men with PCa undergoing castration therapy, primarily androgen deprivation therapy (ADT).
Methods	A systematic literature search was conducted in PubMed using (“hot flash*” OR “hot flush*” OR “vasomotor*”) AND (“prostate”) as keywords. Studies with intervention for hot flashes due to castration therapy, estimation of treatment response (e.g., reduction in frequency or impact on quality of life) and patients with PCa (any stage) were eligible.
Results	Of 469 papers, 35 were included in the review. The included studies evaluated cyproterone acetate, estrogen or estrogen derivatives, progesterone derivatives, selective serotonin reuptake inhibitors (SSRIs), gabapentin, oxybutynin, and clonidine, as well as non-pharmacological interventions such as **acupuncture**, cognitive behavioral therapy (CBT), and dietary supplements (e.g., Dong Quai/Angelica Sinensis, Serelys Homme, soy protein, and Salvia officinalis). Across all blinded pharmacological interventions, the relative reduction in hot flash frequency ranged from -21% to -84%, and the placebo effect was between -19% and -30%.
Conclusion	Hormonal agents such as cyproterone acetate and estrogen appear to be the most effective treatments, although they are associated with side effects. Non-pharmacological options like **acupuncture** and CBT may offer some benefit, while dietary supplements seem to be ineffective. Future studies are needed also to evaluate newer treatments, such as fezolinetant, in this patient population.

1.1.2. Frisk 2010 Ø

Frisk J. Managing hot flushes in men after prostate cancer, a systematic review. Maturitas. 2010;65(1):15-22. 155233.

Objective	The aim of this study was to describe hot flushes in men with prostate cancer, and their treatment methods.
Method	A systematic review was conducted of the literature indexed between 1966 and 2009 on the MEDLINE, the ISI Web of Knowledge, Cinahl and PsycINFO. Of 252 articles identified, 32 were selected for consideration of their complete texts, of which five were subject to detailed analysis.
Results	Diethylstilbestrol, megestrol acetate and cyproterone acetate have the strongest effect, giving a 75% or larger decrease of the number of hot flushes, but they may have severe or bothersome side-effects. Gabapentin has an uncertain effect. Clonidine is not proven effective for hot flushes. Long-term effects were not evaluated in any of the studies. **SSRI/SNRI and acupuncture may have a moderate effect on hot flushes but are not proven in any RCTs**.
Conclusion	Hot flushes are common and bothersome symptoms in men with prostate cancer and those taking anti-androgen treatment, and reduce quality of life. Few treatments are available and some are avoided for these patients. Additional prospective treatment studies are needed, with long-term follow-up, in order to evaluate the effects and risks of treatments. Treatments with few or no severe side-effects should be prioritised in future investigations. Experimental studies are also needed to elucidate the mechanism behind hot flushes in men and to suggest routes for the development of new treatments.

1.1.3. Lee 2009 Ø

Lee MS, Kim KH, Shin BC, Choi SM, Ernst E.. Acupuncture for treating hot flushes in men with prostate cancer: a systematic review. Support Care Cancer. 2009;17(7):763-70. 152530 .

Objective	The goal of the study was to assess the effects of acupuncture as a treatment for hot flushes in prostate cancer (PC) patients.
Methods	The literature was searched using 14 databases with dates ranging from their inceptions to December 2008 and without language restrictions. All clinical studies of any type of acupuncture in PC patients were included. Their main outcome measures had to be vasomotor symptoms. Their methodological quality was assessed using the modified Jadad score.
Results	Six studies met all the inclusion criteria. One randomised clinical trial compared the effects of manual acupuncture with acupuncture plus electro-acupuncture. The other five studies were uncontrolled observational studies and therefore had limitations.
Conclusion	The evidence is **not convincing to suggest acupuncture is an effective treatment for hot flush in patients with PC**. Further research is required to investigate whether acupuncture has hot-flush-specific effects.

1.2. Special outcome

1.2.1. Frisk 2014 (duration of effect) ☆

Frisk JW, Hammar ML, Ingvar M, Spetz Holm AC. How Long Do the Effects of Acupuncture on Hot Flashes Persist in Cancer Patients? Support Care Cancer. 2014;22(5):1409-15. [160509].

Objectives	Acupuncture has been suggested as therapy for hot flashes in women with breast cancer and men with prostate cancer. In this systematic review, we sought to evaluate the long-term effects on vasomotor symptoms after the end of a defined treatment period of acupuncture in women with breast cancer and men with prostate cancer.

Methods	A literature search revealed 222 articles within the field. With defined exclusion criteria, we identified 17 studies. We also used the Jadad quality score and identified seven studies with a score of at least 3.
Results	Six of seven identified studies qualified for inclusion in an analysis that measured frequency of hot flashes weighted in relation to number of patients (n = 172). The average reduction from baseline to end of acupuncture (ranging between 5 and 12 weeks of treatment) showed 43.2 % reduction of hot flashes. At the last follow-up (mean 5.8 months, range 3-9 months) after the end of therapy, the weighted reduction from baseline was sustained at 45.6 % in the 153 of 172 patients (89 %) who were followed up.
Conclusions	Data from six prospective analyzed studies indicate at least **3-month effects after the end of acupuncture treatment for flashes in women with breast cancer and men with prostate cancer**. However, larger randomized trials with long-term follow-up will be needed to confirm these preliminary findings.

2. Clinical Practice Guidelines

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

2.1. European Association of Urology (EAU) 2026 ⊕

Cornford P, Tilki D, van den Bergh RCN, Eberli D, Fonteyne V, Gandaglia G, Gillessen S, Henry AM, van Leenders GJLH, Oldenburg J, van Oort I, et al. EAU–EANM–ESTRO–ESUR–ISUP–SIOG Guidelines on Prostate Cancer. Arnhem (The Netherlands): European Association of Urology; 2026. https://d56bochluxqnz.cloudfront.net/documents/full-guideline/EAU-EANM-ESTRO-ESUR-ISUP-SIOG-Guidelines-on-Prostate-Cancer-2026_2026-03-14-104356_ixav.pdf

Considering placebo response rates in up to 30% of patients [1538], prospective RCTs are required to document the efficacy of clonidine, veralipride, gabapentin [1539] and **acupuncture** [1540]

Supporting reference:

- 1540- Frisk J, Spetz AC, Hjertberg H, Petersson B, Hammar M. Two modes of acupuncture as a treatment for hot flushes in men with prostate cancer–a prospective multicenter study with long-term follow-up. Eur Urol. 2009 Jan;55(1):156-63. https://doi.org/10.1016/j.eururo.2008.02.002

2.2. Oncology Nursing Society (ONS, USA) 2020 Ø

Kaplan M, Ginex PK, Michaud LB, Fernández-Ortega P, Leibelt J, Mahon S, Rapoport BL, Robinson V, Maloney C, Moriarty KA, Vrabel M, Morgan RL. ONS Guidelines™ for Cancer Treatment-Related Hot Flashes in Women With Breast Cancer and Men With Prostate Cancer. Oncol Nurs Forum. 2020;47(4):374-399. [222109]. doi

Recommendation 14: Among patients with cancer experiencing drug- or surgery-induced hot flashes, the panel recommends acupuncture and electroacupuncture only in the context of a clinical trial. Strength of Recommendation : No recommendation knowledge gap.

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