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# Providing acupuncture in a breast cancer and fatigue trial: The therapists' experience

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ABSTRACT

*Objective:* To explore the experiences of therapists providing acupuncture in a trial context, to women with fatigue, following breast cancer treatment.
*Methods:* The focus groups were nested within a multi-site randomised control trial. Therapists (n = 15) involved in the trial were invited to participate in one of the focus groups, which took place in the north and south of England. The treatment protocol imposed constraints on dialogue to essential procedural conversation and stipulated needling times of 20 min.
*Results:* All 15 therapists (100%) participated. Whilst they reported learning more about fatigue and cancer, adhering to the trial protocol limited the holistic nature of their practice. Seeing improvements, despite the protocol, made some therapists question their practice, in terms of needling times and limiting dialogue.
*Conclusions:* The study provided information about the therapists' perspective of working within a trial. This could have implications for providing acupuncture treatments more cost effectively and timely within clinical practice.



## 1. Backgound

The purpose of this study was to gather therapists' views of providing acupuncture and adhering to a trial protocol. As a 'nested' study the therapists had taken part in a multi-site randomised controlled trial investigating the effectiveness of acupuncture and self-needling (SN) for alleviating cancer related fatigue (CRF) in women following breast cancer treatment. Reported here are the analysis of qualitative focus groups and one-to-one interviews. The patients' experience of participating in a trial receiving acupuncture and being taught to self-needle has already been reported [1,2]. Our team also explored the experience of living with fatigue with 40 women who took part in the larger trial (n = 302) [3]; they expressed fears that the fatigue could be a sign of the cancer recurrence, or a sign of senility [1]. In addition, our respondents described how CRF compromised their sexuality, social and family life and ability to return to and function normally at work [4]. CRF has been described as the most common and distressing concern during and beyond treatment; which is not relieved by sleep and can contribute towards low mood, feelings of helplessness and even despair [5].

## 2. Aim

To explore the experiences of therapists providing acupuncture in a trial context, to women with fatigue, following breast cancer treatment.

## 3. Methods

Focus groups were chosen as an appropriate method for developing a group dynamic and create interaction between the therapists by producing a 'synergistic factor' [6]. Trigger questions were prepared and circulated to the therapists ahead of time, along with consent forms, to allow for preparedness and to steer the discussion. Focus group numbers comprised of six participants in the north and five in the south of England, each of these were

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facilitated by two of the authors. All focus groups and interviews were audio recorded and transcribed verbatim for analysis. Transcripts were anonymised to protect the identities of therapists and any patients discussed.

### 3.1. Procedures

The study received ethical approval from a research ethics committee and all hospitals and centres involved. Therapists provided both written and verbal consent, which was confirmed on audiotape at the start of the interviews.

### 3.2. Participants

All therapists (n = 15) were invited to participate in focus groups that were based in both geographical areas where the trial was conducted (North and South England), or for those who were unavailable for these, telephone interviews were organised instead (a number had been attributed to each one-to-one interview). The therapists delivered acupuncture to women participating in a randomised controlled trial. Acupuncturists were already known to the study team or worked at the study centres and included both Traditional Chinese Medicine (TCM) and medically trained therapists.

### 3.3. Acupuncture protocol

The trial protocol required therapists to keep dialogue to a minimum and limited retention of needles to 20 min per session timed after the insertion of the last needle in. The acupuncture formulation developed from the fatigue and acupuncture literature included ST36, SP6 and LI4, with some flexibility in case of points that could not be punctured (e.g. lymphoedema of a limb); these points could include GB34 and SP9 [7,8]. Sham-placebo acupuncture was not included as part of the study design, as the objective of the study was to evaluate the outcomes of a simplified acupuncture provision delivered by experienced therapist. Sham acupuncture remains a poorly understood and controversial aspect of the evidence base for acupuncture [9]. As part of our protocol, no flicking or rotation of needles was permitted, this was to ensure consistency in the delivery of the acupuncture treatment between the Therapists [3]. Needling was performed perpendicular to a depth of 0.5–1 inch. No other complementary therapy was to be provided and patients attended for six sessions on a weekly basis, followed by re-randomisation to either four weeks of self-needling or four weeks of therapist delivered acupuncture or standard care [3,10]. Patients in all arms of the trial received the Macmillan 'Fatigue' booklet which suggests strategies for managing CRF [3,4,11]. Therapists were provided with the treatment protocol and invited to meetings to discuss procedures and documentation held, with at least one review meeting during the trial to check adherence and any practical concerns arising [4].

### 3.4. Analysis

Framework analysis was used to classify and organise the data, as this was considered the best approach for indentifying the themes, and examining the dataset for connections and patterns [12]. The process of identifying themes and sub-themes was done by JFJ. A conceptual framework developed and sent to PM for negotiation. After agreement had been reached, charting and interpretation of the data was done by JFJ.

## 4. Findings

Two focus groups were arranged within each region of where the trial was taking place (Southern and Northern England). Focus groups were well populated, with six therapists in the North, and five in the South. Four therapists, unable to attend the focus group, opted for one-to-one telephone interviews. The demographic information for the participants is shown in Table 1.

In the dialogue that follows each participant is identified by a personal code (P1) that also denotes the centre, South (S), North (N) and method, being either Focus Groups (FG) or individual interview (Ind).

### 4.1. Why do the trial?

For the therapists involved in the trial, their motivations were led by the belief that acupuncture could benefit fatigued patients after chemotherapy;*"… the fatigue has been going on for so long … anything that can help patients get relief"* (FGNP1).

Witnessing the impact of fatigue on women post treatment was another factor for participating in the trial; *"… fatigue is not taken terribly seriously by medics because you can't give a tablet for it … over many years I have seen people who have lost their lives effectively to fatigue and although they have survived the cancer they are just not living"* (FGNP1).

There was also a sense of wanting confirmation of their observations of the anecdotal efficacy of acupuncture on patients*; "[we want] the data to support what we are already observing"* (FGNP6).

All therapists expressed a hope that the trial would contribute to a better understanding of acupuncture, one stated; *"once it's published, [acupuncture] will be taken seriously [and] help take it forward"* (FGNP3).

Others mentioned that they were motivated by their 'natural curiosity' in acupuncture and that the opportunity to provide acupuncture as part of a research trial protocol might add to their professional experience and perhaps enhance their practice. For many, the trial offered opportunities for some career development and professional networking.

### 4.2. Sticking to the protocol

Expectations of participating in the trail varied amongst therapists. A small sample of the therapists (trained under the principles of TCM) discussed feeling 'restricted' by the trial protocol, and hence, they felt apprehensive about how they would adjust their practice and delivery of acupuncture. Specifically, they felt 'restricted' by the acupuncture points were chosen to treat fatigue were based on a medical rationale rather than a TCM perspective. They felt that this would not allow them to diagnose and treat fatigue as holistically as they would when making a 'Chinese diagnosis', and hence there was a degree of inquisitiveness as to how fatigue could be isolated from other potential symptoms (for example, insomnia).

> *… picking out one symptom like fatigue, there are other things going on alongside it … some people may have difficulty sleeping but not everybody does, and it's* [the trial] *just treating fatigue as opposed to the other problems as well.*(IndNP1).

Therapists discussed other symptoms patients were experiencing in addition to fatigue; *"Muscle problems, Herceptin related problems … that was something that we were quite limited in what points we used [by the trial] … I would have liked to have used extra [acupuncture] points, to address these problems"* (FGNP4). Therapists discussed their concerns about treating fatigue in isolation than if