

**Tabel 5. Uitgangsvraag 5 – Welke vorm van revalidatie kan klachten voorkomen/verminderen na afloop van de in opzet curatieve behandeling?,
Overzicht systematische reviews.**

Author year	Desing	Selection criteria	Quality	Results	Level of evidence
De Backer 2009	Systematic review	Studies till dec 2008 reporting the effect of resistance training in adult cancer patients treated with curative intent	Search, selection, quality assessm +;	Resistance training generally composed of 1-3 sets of 8-12 repetitions of large muscle groups. Positive training effects observed for cardiopulmonary and muscle function.	B
Knols 2005	Systematic review	Trials till 2004 reporting the effect of physical exercise after cancer therapy.	Search, selection, quality assessm +; most included trials were of limited quality and most were very small (12-60 pats)	Among larger trials in breast cancer patients improvement in various physiologic measurements. No improvements in clinically important outcomes reported. Larger trials in a mixed solid tumor population were generally larger and reported improvements in fatigue, anxiety, physical strength, and functional well-being.	B
Cramp 2008	Systematic review	RCTs till 2007 testing the effect of exercise on cancer-related fatigue in adults.	Search, selection, quality assessm +; small trials (most 2-60 patients 1 of 86, 1 of 101 patients) of poor quality. Mode, intensity and timing of exercise varied greatly.	Effect exercise on fatigue. Only post anti-cancer therapy: SMD -0.37; CI -0.55,-0.18 (all cancer)	B
Van Weert 2008	Systematic review	Systematic reviews and RCTs on the effect of exercise interventions (combined interventions excluded) in cancer survivors.	Search + selection + results quality assessment not reported.	Evidence supports the effectiveness of aerobic exercise on exercise performance (meta-analyses, moderate effect size). There is meta-analysis evidence on the effectiveness of exercise on fatigue and role functioning, but effect sizes are contradictory and small, respectively. Evidence on the effectiveness of progressive resistance exercise (PRE) in cancer patients is promising (on the RCT level). Concerning the content, two modalities of exercise are commonly described: aerobic exercise training and PRE. Aerobic training seems to have beneficial effects on aerobic capacity, fatigue and physical role functioning. PRE alone or combined with aerobic training may have a beneficial effect on muscle strength, fatigue and physical role functioning. Regarding the intensity, training programmes with a moderate to high intensity seem to be effective in improving aerobic capacity and muscle strength. Concerning reduction of fatigue and the improvement of physical role functioning, findings are not consistent and some argue against a high training intensity. Furthermore, aerobic training (cycling or walking) alone or combined with PRE seems to be effective and applicable to all defined problems.	B
Cheema 2008	Systematic review	RCTs and nonrandomized studies till May 2007 reporting the effect of progressive resistance training in adult breast cancer patients.	Search +, selection +, quality assessment + Only 1 large RCT (n=242); other RCTs with 16-86 participants. Only outcomes	The 2 largest RCTs included in this review reported significant results on a variety of outcomes. However, because selective reporting is likely, no conclusion possible.	C

Author year	Desing	Selection criteria	Quality	Results	Level of evidence
McNeely 2006	Systematic review	RCTs till 2005 reporting effect of exercise interventions on quality of life, cardiorespiratory fitness or physical functioning in stage 0-III breast cancer patients	with significant results presented Search, selection, quality assessm +; Only 4 of 14 studies of high quality and most were very small (19-52 pats; one had 119 and one had 123 patients)	Fatigue: WMD (FACT-B; 3 studies) 6.6; CI 1.21, 33.6 after treatment; no effect during treatment? Cardioresp fitness (3 studies): WMD (VO _{2peak}) 3.4; CI 1.7, 5.1ml/kg/min. Physical functioning (4 studies): SMD 0.84; CI 0.36, 1.32.	B
Schmitz 2007	Systematic review	Studies till 2005 reporting the effect of physical activity interventions on fatigue quality of life and cardio-respiratory fitness in cancer survivors	Search +, selection unclear, quality assessment unclear	No conclusions possible, because no distinction made between RCTs and other studies.	C
Kangas 2008	Systematic review	Studies till 2006 reporting the effect of non-pharmacological interventions on cancer-related fatigue in patients treated for cancer	Search +, selection+; quality assessm +; Meta-analysis produces WMDs? Unclear!	Meta-analyses conducted on 57 RCTs indicated that exercise and psychological interventions provided reductions in CRF, with no significant differences between these 2 major types of interventions considered as a whole. Results of comparison of exercise with psychological treatment in a wide range of subgroups presented	C
Osborn 2006	Systematic review	Studies reporting naar het effect van cognitieve gedragstherapie en 'patient' education op KVL bij volwassen kankerpatiënten	Search +, selection +, quality assessment -, unclear analysis included trials are small and unblinded	Effect on depression: SMD 1.2; CI 0.2-2.2; anxiety: SMD 2.0; CI 0.7-3.3; no effect on pain or physical functioning Quality of life: WMD 0.91; CI 0.38—1.44.	C
Newell 2002	Systematic review	RCTs reporting the effect of psychological interventions on outcome of cancer patients and other study designs	Search +, selection vague, quality assessment + Methodological quality RCTs poor	Only tentative conclusions possible	B
Rehse 2003	Systematic review	Controlled studies reporting the effect of psychosocial interventions on quality of life of cancer patients.	Search +, selection vague, quality assessment unclear; unconventional analysis	No conclusions possible	C
Tatrow 2006	Systematic review	RCTs till 2004 reporting the effect of CBT* on distress and pain in breast cancer patients.	Search +, selection +, quality trials not reported, but small size (most 16-92 pats) unclear whether effects size represents relative risk or risk difference	Effect CBT on distress 0.31; CI 0.07-0.55 Effect CBT on pain: 0.49; CI 0.09-0.90 Individual treatment approaches had significantly larger effects compared to studies employing group approaches (but individual approach studies were smaller)	C
Graves 2003	Systematic review	RCTs reporting the effect of interventions based on social cognitive theory on quality of life of cancer patients	Search +, selection +, no quality assessment; characteristics individual studies not presented	Interventions with more SCT-based components had greater effect sizes (p<0.01)	C

*CBT: Cognitive behavioral treatment