Summary of Findings – Cognitieve gedragstherapie bij pijn bij kanker

Population: Patients with pain related to cancer (treatment)
Intervention: Cognitive behavioral therapy
Comparator: no cognitive behavioral therapy

Outcome Timeframe	**Study results and measurements**	**Absolute effect estimates** no CBT CBT	**Certainty of the evidence** (Quality of evidence)	**Summary**
Pain intensity (short-term)	Measured by: VAS and NRS Lower better Based on data from 193 participants in 3 studies	Difference: **MD 0.81 lower** (CI 95% 1.30 lower - 0.31 lower)	**Low**[1]	Cognitive behavioral therapy may result in little to no difference in pain intensity (short-term effect) when compared no cognitive behavioral therapy in patients with pain due to cancer (treatment).
Pain intensity (long-term)	Measured by: NRS Scale: 1 – 11 Lower better Based on data from 54 participants in 1 study	**5.0** **3.6** Mean Mean Difference: **MD 1.40 lower** (CI 95% 0.47 lower - 2.33 lower)	**Very low**[2]	The evidence is very uncertain about the effect of cognitive behavioral therapy on pain intensity (long-term effect) in patients with pain due to cancer (treatment).
Daily life interference (short- and long-term)	No data	-	**No GRADE**	No evidence was found regarding the effect of cognitive behavioral therapy on daily life interference in patients with pain due to cancer (treatment).
Pain interference (short-term)	Based on data from 402 participants in 5 studies	Difference: **SMD 0.06 lower** (CI 95% 0.33 lower - 0.22 higher)	**Low**[1]	Cognitive behavioral therapy may result in little to no difference in pain interference (short-term effect) when compared no cognitive behavioral therapy in patients with pain due to cancer (treatment).
Pain interference (long-term)	Based on data from 217 participants in 3 studies	Difference: **SMD 0.14 higher** (CI 95% 0.33 lower - 0.62 higher)	**Low**[3]	Cognitive behavioral therapy may result in little to no difference in pain interference (long-term effect) when compared no cognitive behavioral therapy in patients with pain due to cancer (treatment).

Overall functioning (short- and long-term)	No data	-	**No GRADE**	No evidence was found regarding the effect of cognitive behavioral therapy on overall functioning in patients with pain due to cancer (treatment).
Social functioning (short-term)	No data	-	**No GRADE**	No evidence was found regarding the effect of cognitive behavioral therapy on social functioning (short-term effect) in patients with pain due to cancer (treatment).
Social functioning (long-term)	Measured by: EORTC QLQ C-30 Scale: High better Based on data from 260 participants in 1 study Follow up 3 months	**84** Mean **88** Mean Difference: **MD 4.00 higher** (CI 95% 1.25 lower - 9.25 higher)	**Very low**[4]	The evidence is very uncertain about the effect of cognitive behavioral therapy on social functioning (long-term effect) in patients with pain due to cancer (treatment).
Pain catastrophizing (short-term)	Based on data from 184 participants in 2 studies Follow up: post-treatment	Since only two RCTs reported this outcome, data could not be pooled. MDs were 7.62 and 4.85, both in favor of the intervention (CBT).	**Very low**[5]	The evidence is very uncertain about the effect of cognitive behavioral therapy on pain catastrophizing (short-term effect) in patients with pain due to cancer (treatment).
Pain catastrophizing (long-term)	Measured by: PCS Based on data from 54 participants in 1 study Follow up 3 months	**18.1** Mean **10.5** Mean Difference: **MD 7.60 lower** (CI 95% 11.56 lower - 3.64 lower)	**Very low**[4]	The evidence is very uncertain about the effect of cognitive behavioral therapy on pain catastrophizing (long-term effect) in patients with pain due to cancer (treatment).

[1] **Risk of Bias: serious.** Due to lack of blinding
Imprecision: serious. Due to very small sample size.
[2] **Risk of Bias: serious.** Due to lack of blinding
Imprecision: serious. Due to overlap of the lower limit of the 95% confidence interval with the minimal clinically important difference, and due to only one study being included.
[3] **Risk of Bias: serious.** Due to lack of blinding
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[4] **Risk of Bias: serious.** Due to lack of blinding
Imprecision: serious. Due to overlap of the lower limit of the 95% confidence interval with the minimal clinically important difference, and due to only one study being included.
[5] **Risk of Bias: serious.** Due to lack of blinding
Imprecision: serious. Due to overlap of the lower limit of the 95% confidence interval with the minimal clinically important difference, and due to the very small sample size