

**Table 1: Systematic reviews of qigong for cancer**

Source: Ava Lorenc, Rachel Jolliffe, CAM-Cancer Consortium. [Qigong \[online document\]](#). March 2019.

First author (year) [ref]	Main outcomes	Included studies	Main results/ conclusions	Comments
Van Vu (2017) [15]	Symptoms, including physical, psychological and quality of life.	1751 patients from 22 studies (15 RCTs, 8 controlled clinical trials) in various cancers (7 breast, 6 various, 3 gastric, 2 nasopharyngeal, 1 prostate, 1 gynaecological, 1 hepatocellular carcinoma, 1 Non-Hodgkin's Lymphoma).	Symptoms in the qigong group in many but not all studies were significantly improved at post-intervention compared with the control group for physical symptoms or psychological symptoms and quality of life related to cancer patients. No evidence for the superiority of one qigong style over another.	Good search methods including many databases and other methods. Lack of meta-analysis means conclusions are vague. Only searched from 2015. The majority of studies (73%) had a high risk of bias.
Wayne (2017) [16]	Cancer-related symptoms and quality of life	1283 participants from 15 RCTs (7 breast, 2 prostate, 1 lymphoma, 1 lung, 4 combined cancers). of tai chi or qigong.	In meta-analysis of RCTs significant improvements were found for fatigue, sleep difficulty, depression, and overall quality of life. A statistically non-significant trend was observed for pain.	Search methods could have been more comprehensive, and they did not obtain additional data from authors. No distinction between tai chi and qigong. Methodological bias was low in 12 studies and high in 3 studies. Funnel plots suggest some degree of publication bias.
Klein (2016) [17]	Any measurable effectiveness	831 participants from 11 RCTs (1 female cancers, 1 prostate, 4 breast, 1 advanced liver, 3 various, 1 non-small cell lung. 7 trials used a qigong intervention, 4 used tai chi.	Evidence of positive effects for cancer-specific quality of life, fatigue, immune function and cortisol levels. Results for depression/anxiety/stress/mood were mixed. No significant effects for blood pressure, survival rate or sleep.	Two databases were searched from 2000 through 2015. Only RCTs were included, with at least 15 participants per group at study inception. Potential for bias was judged as "plausible bias that raises some doubt about results".
Zeng (2014) [18]	Quality of life and other physical and psychological effects (depression, anxiety, body mass index, body composition, cortisol level)	592 patients from 13 RCTs (8 breast, 1 liver, 1 mixed female cancers, 3 mixed) 5 trials used a Qigong intervention, the other 8 used tai chi.	Positive effects were found for cancer specific QoL and cortisol level (tai chi and qigong trials combined) as well as fatigue and immune function (qigong trials only).	Five databases were searched from 2003 until 2013. Only RCTs were included but the majority of studies were small with high risk of bias. Most of the trials used a tai chi intervention.

First author (year) [ref]	Main outcomes	Included studies	Main results/ conclusions	Comments
Chan (2012) [19]	Physical, psychosocial and biomedical outcomes	23 studies including 8 RCTs and 15 non-randomized CCTs. Various cancer types.	The most consistent evidence was for improvements in immune function There was not enough evidence to draw conclusions for other physical and psychosocial outcomes including quality of life, psychological wellbeing, physical functioning, fatigue, tumour size, survival and body weight.	Thirteen databases were searched through to 2010. The authors were unable to draw conclusions due to the poor methodological quality of the included trials.
Oh (2011) [20]	Quality of life, immune function and survival	10 RCTs or CCTs, various cancers.	Evidence for improvements in immune function, quality of life, fatigue and mood.	Several databases were searched up to 2010. Quality of included trials was not assessed using a reproducible method. Encouraging evidence was found for many outcomes but the authors conclude that better quality trials are needed.
Lee (2007) [21]	Any measurable effectiveness	9 clinical trials of which 4 were randomized. (1 stomach, 1 cardiac adenocarcinoma, 1 advanced gastric, 1 hepatocellular, 1 breast, 4 mixed). 871 cancer patients.	Most of the studies generated positive outcomes in terms of symptom control.	All of the studies related to palliative and supportive cancer care. The methodological quality of the studies was generally poor and the authors conclude that there is not enough evidence to support the effectiveness of qigong for people with cancer.