

Table 3: Systematic reviews of massage therapy for cancer-related fatigue

Source: Karen Pilkington, CAM-Cancer Consortium. Massage [online document]. <https://cam-cancer.org/en/massage-classicalswedish>, February 15th, 2021.

First author (year)	Main outcomes	Number of studies Type of studies Number of patients included	Methods, quality assessment	Main results/Conclusion
Hilfiker (2018)	Cancer-related fatigue during or after cancer treatment	245 studies (5 RCTs of massage; n=457)	2 databases were searched to January 2017 with no language restrictions Risk of bias assessment with PEDro criteria All trials assessed as high risk of bias Random effects Bayesian network meta-analysis carried out	Massage vs. usual care Fatigue SMD (-0.78; -1.55 to -0.01)
Greenlee (2017)	Wide range of outcomes	8 RCTs (n not reported)	4 databases were searched to December 2015 restricted to English Each article was scored according to the quality of design and reporting based on the Jadad scoring scale and a modified scale adapted from the Delphi scoring system. Grades of evidence for a specific outcome using a modified version of the US Preventive Services Task Force grading system.	Massage vs control (not specified) fatigue Insufficient evidence
Boyd (2016)	Pain, function-related and health-related QOL, all cancer patients.	16 CTs (n=2034) Meta-analysis conducted on 15 studies.	At least 4 (not specified in text) electronic databases were searched through February 2014 in English. Samueli Institute's systematic Rapid Evidence Assessment of Literature review process was utilised. Eligible RCTs assessed using the SIGN 50 Checklist. Methodological limitations: Only trials reported in English were included which may introduce bias.	Fatigue: Massage vs active comparator. 6 studies (n=539). 3 studies (n=235) included in Meta-analysis. (SMD, -1.06 (95% CI, -2.18 to 0.05; I ² = 92.81%.

Lee (2016)	Quality of life, negative emotions and disease-related symptoms in women with breast cancer	7 RCTs (n= 704)	5 databases were searched to January 2015 with no language restrictions Two of the 7 trials compared reflexology, and either scalp massage or foot manipulation against control. Cochrane risk of bias (ROB) and Jadad score used for assessment. Four studies were at high risk of bias according to ROB and 2 were unclear. The remaining study was assessed as low risk.	Massage therapy vs control Fatigue 2 studies – contrasting results
Pan (2014)	Breast cancer-related symptoms	18 RCTs (n=950)	3 electronic databases searched for studies published through June 2013 in English. Risk of bias evaluated using the Cochrane Handbook 5.2 standards. Anxiety, depression and pain states were inadequately controlled for non-specific effects (analgesics and anti-emetics were used by some of the participants). Small number of databases searched Methodological limitations of some of the included trials: lack of control of non-specific effects and inadequate control groups). Control groups varied from self-initiated support (n=4), standard healthcare (n=7), health educations classes (n=2), visit (n=1), modified massage treatment (n=1), bandaging (n=1) and self-administered support (n=1).	Significantly greater reductions in: fatigue (n=5) SMD, -0.61; 95% CI, -1.09, -0.13; p=0.01)