Table 7: Systematic reviews of massage therapy for quality of life in cancer patients

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
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.	**Stress, Mood, and Health-Related QOL** Massage vs active comparator. 8 studies (n=620) 3 studies (n=234) included in Meta-analysis. (SMD, −1.24 (95% CI, −2.44 to −0.03; I2 = 93.56%).
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) **quality of life** Insufficient evidence

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.	Quality of life Massage therapy vs control 2 studies (n=469) favoured massage therapy, but did not reach statistical significance (MD = 2.83, 95% CI = −0.53 to 6.19, I2= 5%)
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).	No significant differences in: health-related QoL (n=8) SMD, -0.11; 95% CI, −0.59, 0.38; p=0.67.

| Shin (2016) | Pain, psychological symptoms, all cancer patients. | 19 studies (n=1274) Meta-analysis conducted on 5 studies. | 8 electronic databases searched for studies published through August 2015 with no language restriction. Methodological components of the trials assessed and classified according to the Cochrane Handbook for Systematic Reviews of Interventions

Evidence assessed using GRADE (Grading of Recommendations Assessment, Development and Evaluation).

The GRADE quality of evidence was downgraded for all outcomes to very low because of observed imprecision, indirectness, imbalance between groups in many studies, and limitations of study design.

Fourteen studies had a high risk of bias related to sample size and 15 studies had a low risk of bias for blinding the outcome assessment. The studies were judged to be at unclear risk of bias overall. Most studies were too small to be reliable and key outcomes were not reported. | **Massage with aromatherapy vs no-massage**
Medium-term **QOL** score was lower (better) for the intervention group. (1 RCT, n = 30, MD -2.00, 95% CI -3.46 to -0.54). |