

Table 1: Systematic reviews of qigong for cancer

Source: Pawel Posadzki, Ava Lorenc, CAM-Cancer Consortium. Qigong [online document]. <http://www.cam-cancer.org/CAM-Summaries/qigong>, May 2022.

First author year	Main outcomes	Included studies	Main results/ conclusions	Comments
Wang 2021	Fatigue	384 unspecified cancer types in 4 RCTs	Qigong reduced fatigue when compared with various controls.	Results based on subgroup analyses (observational in nature). Inconsistent, imprecise and indirect data i.e., low or very low-quality evidence.
Meng 2021	Fatigue, sleep quality, quality of life, distress, depression, anxiety.	1236 breast cancer participants in 17 randomised or non-randomised trials.	Qigong improved quality of life; reduced depression, anxiety, when compared with various controls; and had no effect on distress, fatigue and sleep.	Pooling results from randomised and non-randomised trials may introduce bias. Rather inappropriate methods for methodological quality assessment were used. Most syntheses had considerable amount of heterogeneity.
Kuo 2021	Fatigue, sleep quality and quality of life.	904 patients from 14 studies (3 breast, 2 colorectal, 1 lung, 1 leukaemia, 7 unspecified).	Qigong improved quality of life and sleep; and reduced fatigue, when compared with various controls.	Serious methodological concerns in all the included studies. Low or very low-quality evidence. All studies originated from China. Some concerns with the eligibility criteria. Identification and selection of studies lacks replicability i.e., the search strategy. There are issues with robustness of the findings. The reviewers over-emphasised results on the basis of their statistical significance.
Cheung 2021	Sleep disturbance/sleep quality.	907 patients from 11 RCTs (4 breast, 2 non-Hodgkin lymphoma only, 1 various, 1 gynaecological, 1 unspecified, 1 colorectal, 1 head and neck, 1 prostate).	Qigong improved sleep quality and reduced fatigue post-intervention, but not depressive symptoms when compared with various controls.	Some methodological concerns in all the included studies. Considerable heterogeneity was detected potentially limiting the applicability of conclusions. Some interventions involved Tai Chi (outside the scope); and ranged from 10 days to 6 months in duration.

Van Vu 2017	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	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	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”.