

Table 1: Systematic review of yoga for cancer-related fatigue

Source: CAM Cancer Collaboration. Yoga for cancer. [Yoga | CAM Cancer](#), 2026.

Methods	PICO	Results and conclusions	Assessment
Messer S, Oeser A, Wagner C, et al. Yoga for fatigue in people with cancer. Cochrane Database of Systematic Reviews 2025, Issue 5. Art. No.: CD015520. DOI: 10.1002/14651858.CD015520. (Messer 2025)			
Type of review and data synthesis Cochrane SR with meta-analysis. Included studies: n and design 21 RCTs; 13 studies thereof delivered yoga during and 8 after anticancer therapy. No studies assessed yoga before treatment. Search strategy: <u>Databases:</u> CENTRAL, MEDLINE, Embase, CINAHL, PsycINFO, PEDro, LILACS, SPORTDiscus, clinical trial registries. Hand-searching, citation tracking, and author contact. <u>Date:</u> up to October 2023 <u>Restriction:</u> no language restrictions. Data synthesis: MA RoB/Quality assessment: Cochrane RoB tool v1; GRADE used to assess certainty of evidence.	Participants: n and diagnosis 2041 adults with various cancer types and stages. Intervention Yoga (≥5 face-to-face sessions) during or after cancer treatment Control No yoga, usual care, or minimal comparator. Outcome measures: Primary: CRF and QoL; Secondary: depression, anxiety, adverse events. Used validated instruments MFI n=2, BFI n=6, MFIS n=2, FACIT n=3, rPFCS n=1, FSI n=1; QLQ-C30) Measure of treatment effect: Outcomes assessed at short term (≤12 weeks), medium term (>12 weeks to <6 months), and long term (≥6 months).	Results risk of bias assessment All studies at high risk of performance and detection bias (blinding not possible). GRADE: Mostly very low to moderate certainty Imprecision due to small sample sizes and wide CIs Results for main outcome measures: Fatigue - yoga during therapy All very low certainty, no significant effects reported. Short-term (≤12 weeks), 3 RCTs, 253 participants No significant improvements 0.07 (−0.18 to 0.32) p=0.60 Medium-term (>12 weeks to <6 months), 1 RCT, 68 participants No significant improvements −1.30 (−3.50 to 0.90), n.a. Long-term (≥6 months), 2 RCTs, 155 participants No significant improvements −0.09 (−1.16, 0.98) p=0.87 Fatigue - yoga after therapy Short-term (≤12 weeks), 5 RCT, 602 participants Moderate certainty evidence, significant improvements −0.26 (−0.42 to −0.09) p=0.002 Medium-term (>12 weeks to <6 months), 1 RCT, 54 participants Very low certainty, no significant improvements 3.02 (−1.48 to 7.52), n.a. Long-term not assessed in RCTs. QoL - yoga during therapy: All very low-certainty, small beneficial effects reported Short-term, 4 studies, 374 participants Small beneficial effect or no effect compared to no yoga on QoL	Quality of SR:** High quality review according to AMSTAR2, all criteria fulfilled. Comments Although the SR itself is of high quality, the included RCTs have high risk of bias (blinding, small samples). Limited generalizability (most studies in women with breast cancer) Lack of long-term data Few RCTs reported adverse event. No studies on yoga before treatment. Cochrane methodology used. RCTs only. Outcomes assessed at short term (≤12 weeks), medium term (>12 weeks to <6 months), and long term (≥6 months). GRADE used to assess certainty of evidence. Subgroup analyses.

		SMD 0.25, 95% CI 0.04 to 0.45; MD on QLQ-C30 of 5.28, 95% CI 0.84 to 9.56 Medium-term, 2 studies, 151 participants Small beneficial effect MD on QLQ-C30 of 7.63, 95% CI 6.71 to 21.97. Long-term not reported in included studies. QoL - yoga after therapy Short-term, 4 studies, 275 participants Small beneficial effect or no effect compared to no yoga on SMD 0.19, 95% CI -0.09 to 0.47; MD -3.27, 95% CI -8.08 to 1.55. Medium term; 1 study, 54 participants Y Small beneficial effect or no effect compared to no yoga MD 7.06, 95% CI -1.38 to 15.50. Long-term not reported in included studies. Other outcomes No significant improvements for depression and anxiety reported. Subgroup comparisons by intervention format, age, and cancer type did not find any differences. Adverse events Reported in 9 RCTs but definitions of AEs varied and great uncertainty surrounding the reporting across studies. Conclusions: <i>“Our review provides uncertain evidence of the beneficial effects of yoga initiated during or after anticancer therapy compared to no yoga for people with cancer. Although there are indications supporting the use of yoga to address CRF, the uncertainty of the evidence underscores the need for caution in its implementation.”</i>	
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