

Table 1: Systematic reviews of yoga for anxiety and depression

Source: CAM-Cancer Collaboration. Yoga for anxiety and depression [online document]. [Yoga | CAM Cancer](#), June 2026.

Review characteristics	PICO of included studies	Results and conclusions	Assessment
Cheng, H., Zhou, Z., Wang, H., & Hang, X. (2025). Optimizing yoga interventions for mental health in cancer survivors: A quantitative assessment of dose, duration, and subgroup effects: A Bayesian and dose-response meta-analysis . <i>Psycho-Oncology</i> , 34, e70222. https://doi.org/10.1002/pon.70222			
Type of review Systematic review with Bayesian multilevel meta-analysis Studies: n and design 32 RCTs Search strategy: Databases MEDLINE, Embase, Cochrane Library, and Web of Science Dates From database inception to April 2025 Risk of bias assessment Cochrane Risk of Bias tool RoB 2.0	Participants 1,913 participants Adults (≥18 years) who are cancer survivors (from diagnosis onwards) with any type and stage of cancer. The majority of participants were breast cancer patients. Interventions Physical postures (asana), breathing techniques (pranayama), and meditation/relaxation practices were assessed. Control UC, WLC, psychosocial support, health education Outcome measures Anxiety and depression instruments: HADS, BDI STAI Measure of treatment effect Hedges g SMD 95% CI adjusted for small sample bias	Results for risk of bias assessment of primary studies included in the review For anxiety (n=21) overall, the studies were evaluated as some concerns. For depression (n=30), overall studies were evaluated as “some concerns” (n=14) or “high risk of bias” (n=15). For bias from the randomization process, deviations from intended interventions, and measurement of outcome, most studies were evaluated as ‘some concerns,’ for both anxiety and depression. For missing outcome data and selection of reported result bias, most studies were ‘low’ bias for anxiety and depression. GRADE The overall quality of evidence was rated as low using the GRADE approach, primarily due to serious risk of bias and inconsistency (heterogeneity) among the included studies Results for outcome measures: Yoga interventions significantly improved depression and anxiety symptoms among cancer survivors. <i>Depression</i> SMD = -0.26 (-0.34 to -0.19) <i>Anxiety</i> SMD = -0.41 (-0.51 to -0.31) *Study reported statistical significance using Bayesian credible intervals rather than conventional p-values. Subgroup analysis Greater benefits for cancer survivors who were undergoing chemoradiotherapy compared with those who were not receiving chemoradiotherapy, particularly for anxiety outcomes. Age and sex did not significantly affect the overall effects.	Quality assessment of the SR High according to the AMSTAR 2 checklist. No critical flaws, only non-critical domains partially fulfilled. Comments Used a robust Bayesian multilevel meta-analysis, which improves handling of heterogeneity and dependent data. Detailed dose-response analysis It also incorporates subgroup analyses and evaluates clinical significance using MCID, making the findings more relevant for practice. The overall quality of evidence is limited, as many included studies had a high or unclear risk of bias and there was substantial heterogeneity in interventions and populations.

		Adverse events The authors did not assess adverse events Conclusion <i>"The results of this Bayesian multilevel meta-analysis provide new evidence for the effectiveness of yoga in improving depression and anxiety symptoms in cancer survivors. Although the observed effect sizes were in the small to moderate range, the improvements all met the prespecified minimum clinically important difference, demonstrating actual clinical value to patients.</i> <i>Therefore, although the overall quality of the current evidence suggests that more high-quality studies are needed to consolidate and expand these findings, the results of this study strongly support the view of yoga as a promising non-pharmacological adjuvant therapy for cancer survivors to promote their psychological recovery and quality of life."</i>	
Gonzalez M, Pascoe MC, Yang G, de Manincor M, Grant S, Lacey J, Firth J, & Sarris J (2021). Yoga for depression and anxiety symptoms in people with cancer: A systematic review and meta-analysis . <i>Psycho-Oncology</i> , 30(8), 1196–1208. https://doi.org/10.1002/pon.5671			
Type of review Systematic review with meta-analysis Studies: n and design 26 RCTs Search strategy: Databases OVID MEDLINE, Cochrane Central Register of Controlled Trials, Health Technology Assessment Database, Allied and Complementary Medicine (AMED), Embase, Health Management Information Consortium (HMIC), and PsycINFO Dates From database inception to June 2020 Risk of bias assessment Cochrane Risk of Bias tool RoB (original version)	Participants 1,544 participants Adults (≥18 years) diagnosed with any cancer; could be undergoing treatment, post-treatment, or mixed stages; studies required to report depression and/or anxiety using validated self-report tools. Interventions Yoga-based interventions (primarily asana-based), including styles such as Hatha, Integrated, Iyengar, Restorative, Tibetan, Vivekananda, among others; average duration ~9 weeks. Control UC, WLC, psychosocial or educational interventions, and physical activity (e.g., stretching/exercise) Outcome measures	Results for risk of bias assessment of primary studies included in the review Overall, no studies were assessed as low risk across all domains, and many studies had at least one domain rated as high or unclear risk. For random sequence generation, allocation concealment, incomplete outcome data, and other bias, most studies were evaluated as low risk. Most studies were rated as having some concerns regarding blinding of outcome assessment, blinding of participants and personnel for all outcomes, and selective reporting bias. GRADE: GRADE assessment was not conducted. Results for outcome measures: Depression and anxiety outcomes demonstrated statistically significant small-to-moderate reductions in symptoms following yoga interventions. <i>Depression:</i> SMD = −0.419 (−0.558, −0.281), $p < 0.001$ <i>Anxiety:</i> SMD = −0.347 (−0.473, −0.221), $p < 0.001$ Subgroup analysis The findings showed that yoga had consistent beneficial effects across most subgroups (e.g., cancer type, intervention duration,	Quality assessment of the SR <u>AMSTAR 2:</u> Moderate to high quality, no critical flaws but limited integration of RoB into analysis. Comments The review is limited by the generally unclear risk of bias in included studies, substantial heterogeneity in interventions and outcome measures. Additionally, inconsistent reporting of safety and adherence, along with limited inclusion of participants with clinically diagnosed depression or anxiety, reduces the overall strength and clinical applicability of the findings

	Depression (26 RCTs) and anxiety outcomes (16 RCTs): HADS, BDI/BDI-II, CES-D, STAI, GAD-7, PHQ-9, BAI, POMS Measure of treatment effect SMD 95% CI adjusted for small sample bias	and control type), with broadly similar improvements in depression outcomes regardless of these factors. However, for anxiety, significant effects were mainly observed when yoga was delivered during active cancer treatment, whereas effects were not clearly evident in post-treatment or mixed-stage groups. Adverse events Most included trials reported no adverse events or only minor events (e.g., transient pain or muscle soreness), and one study noted adverse events likely related to cancer or its treatment rather than yoga. Conclusion <i>“This review provides evidence that in people with cancer, yoga-based interventions are associated with amelioration of depression and anxiety symptoms and therefore a promising therapeutic modality for their management. However, the potential for risk of bias together with control group design challenges means the results should be interpreted with caution.”</i>	
Takemura N, Chung KCW, Kwok JYY, Fong DYT (2025). Effect of yoga on psychological and spiritual outcomes in cancer patients: A systematic review and meta-analysis of randomized controlled trials with meta-regression. Psychotherapy and Psychosomatics, 94, 289–301. https://doi.org/10.1159/000545697			
Type of review Systematic review with meta-analysis. Studies: n and design 55 RCTs Search strategy Databases PubMed, Embase, Cochrane Central Register of Controlled Trials, PsycINFO, CINAHL, SportDiscus, Web of Science; plus ClinicalTrials.gov and International Clinical Trials Registry Platform Dates From database inception to October 16, 2024 Risk of bias assessment Cochrane Risk of Bias tool RoB 2.0, certainty of evidence assessed using GRADE approach.	Participants 3,608 participants Adults (≥18 years) diagnosed with any cancer at any stage or treatment status. Interventions Yoga interventions (breathing-based, meditation-based, or multicomponent with physical postures); most were multicomponent yoga. Control UC, WLC, sham control group. Outcome measures Psychological outcomes: 50 RCTs Depression: 33 RCTs Anxiety 23 RCTs Stress: 8 RCTs, Spiritual well-being: 5 RCTs Mindfulness: 3 RCTs, Emotional well-being: 18 RCT	Results for risk of bias assessment of primary studies included in the review Most studies were judged to have high risk of bias or some concerns, with no studies rated as low risk. The high risk was mainly due to lack of participant blinding, deviations from intended interventions, attrition, and missing outcome data. GRADE The certainty of evidence ranged from low to moderate for most outcomes, with particularly low certainty for stress and very low certainty for mindfulness due to study limitations and risk of bias. Overall, the evidence was downgraded mainly because of high risk of bias, heterogeneity, and imprecision across included trials Results for outcome measures: Yoga interventions in cancer patients significantly reduced anxiety and depression and improved spiritual and emotional well-being, while having no significant effect on stress or mindfulness outcomes. <u>Anxiety</u>	Quality assessment of the SR High according to the AMSTAR 2 checklist. No critical flaws. Risk of bias acknowledged and sensitivity analyses conducted, but many high-risk studies included. Comments The findings are limited by the high risk of bias in many included studies, particularly due to lack of blinding and attrition. Additionally, heterogeneity across studies, limited follow-up data, and potential publication bias reduce the certainty and generalizability of the conclusions.

	Measure of treatment effect Hedges g SMD 95% CI adjusted for small sample bias	SMD = -0.82 (-1.33, -0.31)[§] <u>Depression</u> SMD = -0.62 (-1.06, -0.19)[§] <u>Spiritual well-being</u> SMD = 0.31 (0.17, 0.46)[§] <u>Emotional well-being</u> SMD = 0.23 (0.02, 0.45)[§] Stress and mindfulness were not statistically significant. [§] Authors did not provide exact p-values; statistical significance is inferred from confidence intervals Subgroup analysis The effects of yoga varied depending on intervention characteristics and study factors; for example, adding a sound meditation component enhanced reductions in depression, while factors such as higher intervention dosage, shorter duration, and supervised sessions influenced anxiety outcomes. Adverse events Overall, most studies reported no adverse events, although a small number reported mild to moderate adverse events (e.g., peripheral neuropathy), with no serious safety concerns identified. Conclusion “Yoga effectively reduces anxiety and depression and improves spiritual well-being and emotional well-being in cancer, underscoring their potential to improve the psychological and spiritual health of this population. More rigorously designed trials are needed to understand the optimal intervention parameters to maximize the effects of yoga on psychological outcomes.”	
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Systematic reviews excluded from the evidence summary due to low quality

Birling Y, Bhuyan DJ, Feng F, et al. (2026). [Mind-body therapies for depression and anxiety symptoms in people with cancer: A systematic review with network meta-analysis](https://doi.org/10.1007/s11912-026-01790-7). Current Oncology Reports, 28, 52. <https://doi.org/10.1007/s11912-026-01790-7>

Type of review and data synthesis Systematic review with network meta-analysis. Studies: n and design 182 RCTs thereof 58 of MBIs. Search strategy: Databases Embase, PubMed, Cinahl, Cochrane Library, PsycINFO, IndMED, CSIR-NISCAIR, CNKI, ClinicalTrials.gov, ChiCTR, CTRI Dates From database inception to October 2020 (initial search), with updates in August 2022, August 2023, and February 2025. Risk of bias assessment Cochrane Risk of Bias tool RoB 2.0	Participants 16,835 participants Adults (≥18 years) with a medically confirmed cancer diagnosis. Interventions MBIs: 58 RCTs; Music therapy n=36; Yoga n=26; Qigong/Tai Chi n=12; Relaxation: multiple groups; others (e.g., biofeedback, spiritual interventions) fewer trials (often 1–2 groups each) Control UC, WLC, and active controls (exercise, psychoeducation, sham MBTs, or other MBTs). Outcome measures Validated questionnaires measuring anxiety and depression: HADS, STAI-Y, BDI-II, GAD-7, PHQ-9, DASS-21, Measure of treatment effect SMD 95% CI	Results for risk of bias assessment of primary studies included in the review Results for risk of bias refer to all mind-body therapies; a separate analysis for mindfulness only is not available. In the 61 studies in which MBT was compared to an active control, the overall risk of bias was ‘low’ in 9 studies, ‘some concerns’ in 44 studies, and ‘high’ in 8 studies. Concerns over bias were mainly concentrated in the measurement of the outcome, with only 15 studies having a low risk of bias. All 139 comparisons of MBT with an inactive control (e.g. UC, WCL) had a high overall risk of bias due to the lack of blinding. GRADE No CINeMA or GRADE assessment was conducted. Results for outcome measures Depression symptoms - overall vs inactive control Mind-body therapies (overall): SMD = -0.58, 95% CI (-0.74, -0.41), p-value < 0.001 Network meta-analysis vs usual care Biofeedback SMD = -1.18 (-2.30, -0.06), p-value = 0.038, SUCRA = 0.83 Mindfulness-based interventions (MBIs): SMD = -0.87 (-1.13, -0.61), p-value < 0.001, SUCRA = 0.78 Spiritual interventions: SMD = -0.98 (-1.95, -0.01), p-value = 0.047, SUCRA = 0.76 Yoga: SMD = -0.68 (-1.08, -0.27), p-value = 0.001, SUCRA = 0.64 Physical relaxation: SMD = -0.59 (-1.11, -0.07), p-value = 0.026, SUCRA = 0.58 Music therapy: SMD = -0.56 (-0.95, -0.16), p-value = 0.006, SUCRA = 0.56 Integrative relaxation: SMD = -0.71 (-1.23, -0.20), p-value = 0.006, SUCRA = 0.66 Anxiety symptoms - Overall vs inactive control Mind-body therapies (overall): SMD = -0.74 (-0.92, -0.57), p-value < 0.001	Quality assessment of the SR Low according to AMSTAR2. The risk of bias was not incorporated into analysis. The heterogeneity of the included studies was very high ($I^2 \approx 90\%$) and not adequately resolved. ROB-NMA Confidence in findings: No CINeMA/GRADE assessment but three domains with major concerns: within-study bias, reporting bias and heterogeneity/inconsistency plus some concerns for indirectness and imprecision. Resulting in very low confidence in relative treatment rankings. Comments The study used a large dataset, appropriate NMA methods (SUCRA, network structure, inconsistency testing). However, the study did not assess certainty of evidence (no GRADE or CINeMA), the risk of bias was not incorporated into analysis, the heterogeneity of the included studies was high which was not adequately resolved. Authors acknowledge “potential risk of bias in most of the studies” but no structured integration (e.g. sensitivity analysis, RoB-stratified results). Broad, potentially non-transitive network. Limited handling of imprecision and small-study effects
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Yoga: SMD = -1.13 (-1.60, -0.67), p-value < 0.001, SUCRA = 0.80
 Mindfulness-based interventions (MBIs): SMD = -1.02 (-1.30, -0.74), p-value < 0.001, SUCRA = 0.75
 Physical relaxation: SMD = -0.93 (-1.38, -0.47), p-value < 0.001, SUCRA = 0.68
 Music therapy: SMD = -0.90 (-1.17, -0.62), p-value < 0.001, SUCRA = 0.65
 Qigong/Tai Chi: SMD = -0.90 (-1.51, -0.29), p-value = 0.004, SUCRA = 0.64
 Imagery/visualization: SMD = -0.72 (-1.42, -0.02), p-value = 0.044, SUCRA = 0.52
 Integrative relaxation: SMD = -0.69 (-1.17, -0.21), p-value = 0.005, SUCRA = 0.49

Subgroup analysis
 Mind-body therapies tended to be more effective in patients with clinically significant depression or anxiety, mixed-sex samples, and certain cancer types (e.g., lung or blood cancers), while effects were smaller in breast cancer populations and those without clinical symptoms.
 Intervention characteristics also influenced outcomes, with higher total exposure, higher session frequency, supervised delivery, and in-person formats generally associated with greater effectiveness.

Adverse events
 The authors did not assess adverse events

Conclusion
 “In conclusion, the most effective MBTs are biofeedback, spiritual interventions and MBIs for depression symptoms and yoga, MBIs, physical relaxation, qigong/Tai Chi and music therapy for anxiety symptoms in people with cancer..”

Geng L, Duan Y, Li X, Yue S, Li R, Liu H, & Su C (2023). [Comparative efficacy of mind–body exercise for depression in breast cancer survivors: A systematic review and network meta-analysis](https://doi.org/10.1111/wvn.12669). Worldviews on Evidence-Based Nursing, 20, 593–609. <https://doi.org/10.1111/wvn.12669>

Type of review: Systematic review and network meta-analysis Studies: n and design 32 RCTs Search strategy: <i>Databases</i>	Participants 2,361 participants Adult women diagnosed with breast cancer. No restrictions on age, sex, race, or treatment timing. Interventions	Results for risk of bias assessment of primary studies included in the review Overall, the methodological quality of the studies was judged as moderate by the authors;* six were classified as high risk of bias, seventeen as having some concerns, and nine as low risk of bias. Regarding blinding of outcome assessment, most studies were evaluated with some concerns. For random sequence generation,	Quality assessment of the SR AMSTAR 2: Low quality: RoB assessed but incorrectly done. RoB not integration into conclusions. ROB-NMA: Low confidence in findings. Major concern: Transitivity not demonstrated, no explicit analysis of effect modifiers, different
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EMBASE, PubMed, Web of Science, Cochrane Library, China National Knowledge Infrastructure (CNKI), Wanfang Data, China Biology Medicine, OpenGrey, and ClinicalTrials.gov Dates From database inception to March 25, 2023 Risk of bias assessment Cochrane Risk of Bias tool RoB	Yoga (n=21 studies), dance (n=3), Baduanjin (n=3), Tai chi (n=3), Pilates (n=2), Qigong (n=1), Liuzijue (n=1) Control UC, WLC, non-exercise control, wellness education, social support, sham Qigong, or other non-MBE comparators Outcome measures BDI, CES-D, HADS, POMS, PHQ-9, and SDS Measure of treatment effect SMD 95% CI adjusted for small sample bias	allocation concealment, incomplete outcome data, selective reporting, and other bias, most studies were rated low risk. GRADE GRADE assessment was not conducted. Results for outcome measures: Significant reductions in depression were found for yoga, Baduanjin, Tai chi, and Liuzijue. Liuzijue showed the largest effect size among all interventions. Pilates, dance, Qigong did not show statistically significant effects. <i>Pairwise meta-analysis</i> Yoga: SMD = -0.61 (-0.94, -0.28), $p < 0.05$ Baduanjin: SMD = -0.69 (-0.97, -0.42), $p < .05$ <i>Network meta-analysis</i> Yoga: SMD = -0.67 (-1.19, -0.15), $p < .05$ Tai chi: SMD = -1.43 (-2.78, -0.08), $p < .05$ Liuzijue: SMD = -2.94 (-5.34, -0.55), $p < .05$ Subgroup analysis No subgroup analyses were done due to the limited number of studies and heterogeneity in interventions, populations, and outcome measures. Adverse events Reporting was sparse and inconsistent. The available evidence suggests that mind-body exercises are generally safe. Conclusion <i>"In conclusion, our NMA suggested that Liuzijue and Tai chi might be the most effective MBE therapies for the non-pharmacologic treatment of depression among BC survivors. However, to provide more evidence for selecting the optimal intervention strategy, there is a need for larger, multicenter, and longer follow- up RCTs that directly compare the effectiveness of two or more MBE types among BC survivors."</i>	patient and intervention characteristics across comparisons. Furthermore, risk of bias varied across studies and was not correctly assessed and underestimated, small study sizes imprecision. Comments *Blinding of participants and practitioners was excluded from the risk of bias assessment. Although blinding is often not feasible in exercise trials with UC or non-exercise controls, omitting this domain is a major limitation, as the lack of blinding can introduce bias and lower confidence in the findings. For selective outcome reporting, only 7 RCTs were said to have a registered protocol yet 28 studies were judged a low risk.
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Li Y, Wang J, Wang Z, Yun J, Yang Y, Yang X, Xiao X, & Ren C. (2026). [Effects of yoga on depressive symptoms in breast cancer patients: A meta-analysis of randomized controlled trials](https://doi.org/10.1007/s00520-026-10788-7). Supportive Care in Cancer, 34, 550. <https://doi.org/10.1007/s00520-026-10788-7>

Type of review Systematic review and meta-analysis of RCTs Studies: n and design 21 RCTs Search strategy: Databases CNKI, Wanfang Database, Chinese Science and Technology Journals Database (CSTJ), SinoMed, PubMed, Embase, Cochrane Library, and Web of Science Dates From January 1, 2000, to October 16, 2024. Risk of bias assessment Cochrane Risk of Bias tool RoB 2.0	Participants 2,002 participants Adult women (18–70 years) with pathologically confirmed non-metastatic breast cancer (stages I–III) and co-occurring depressive symptoms, undergoing or having completed cancer treatment. Interventions Structured yoga programs (e.g., Hatha yoga, Iyengar-based yoga, Tibetan yoga, Dru yoga, and general yoga programs), typically delivered by trained instructors over 4 weeks to 6 months. Control UC, health education, supportive therapy, or rehabilitation exercise programs. Outcome measures and measurement tools Depression measured with BDI, CES-D, HADS, and SDS. Measure of treatment effect SMD 95% CI adjusted for small sample bias	Results for risk of bias assessment of primary studies included in the review Overall, fourteen trials showed some concerns, six low, and one high risk of bias. Most studies were judged to have some concerns about bias in the selection of reported results, with no studies rated as high risk. This was due mainly to lack of pre-published statistical analysis plans or clinical trial registrations. Most studies were rated as low risk of bias for the randomization process, deviations from intended interventions, missing outcome data, and measurement of outcomes.* GRADE GRADE assessment was not conducted. Results for outcome measures: Yoga interventions in breast cancer patients significantly reduced depressive symptoms. <u>Overall effect of yoga on depressive symptoms</u> SMD = -0.58 (-0.83, -0.32), $p < 0.00001$ Subgroup analysis The effectiveness varied by treatment stage, with the greatest improvements generally observed in patients undergoing postoperative radiotherapy, while benefits were still present during chemotherapy and after treatment. Subgroup analyses using assessment tools indicated that all measures improved. Adverse events The authors did not assess adverse events Conclusion <i>“This systematic review and meta-analysis provides robust evidence that yoga serves as an effective non-pharmacological intervention for alleviating depressive symptoms in breast cancer patients. While benefits are observed across various treatment phases, patients undergoing postoperative radiotherapy may experience particularly pronounced improvements, highlighting the value of tailored clinical integration.”</i>	Quality assessment of the SR Low according to the AMSTAR 2 checklist. Inappropriate assessment of RoB: While RoB2 assessment was conducted, all 21 studies were judged as low risk of bias for measurement of outcome. According to RoB2, this is incorrect when an intervention cannot be blinded and subjective outcomes measures are used. Hence inappropriate integration of RoB into interpretation of effect estimates. Comments The methodological quality of included studies reduces confidence in the pooled estimates. Heterogeneity in yoga interventions, control conditions, and outcome measurement tools was substantial. Adverse events and quality of evidence (e.g. GRADE) were not evaluated. *Furthermore, although the lack of blinding is mentioned in the discussion, it was not correctly assessed in the risk-of-bias assessment.
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Abbreviations

CI: confidence interval
NMA: network meta-analysis
RCT: randomized controlled trial
RoB: Cochrane Risk of Bias Tool version 1
RoB2; Cochrane Risk of Bias Tool version 2
SMD: standardized mean differences
SR: systematic review
SUCRA: Surface Under the Cumulative Ranking Curve
WMD: Weighted mean difference.

ACT: Acceptance and Commitment Therapy
BAI: Beck Anxiety Inventory
BDI-II: Beck Depression Inventory
CBT: Cognitive behavioral therapy
CES-D: Center for Epidemiologic Studies Depression Scale
DASS: Depression Anxiety Stress Scale
EORTC QLQ-C30– European Organization of Research and Treatment of Cancer Quality of Life
Questionnaire
GAD: Generalized Anxiety Disorder scale
HADS: Hospital Anxiety and Depression Scale
MAPS: mindful awareness practices
MBAT: mindfulness-based art therapy
MBCR: - Mindfulness-Based Cancer Recovery
MBCT Mindfulness-Based Cognitive Therapy
MBSR Mindfulness-Based Stress Reduction
NRS: Numeric Rating Scale
PHQ: Patient Health Questionnaire
PSS: Perceived Stress Scale
PROMIS: Patient-Reported Outcomes Measurement Information System
SDS: Zung Self-Rating Depression Scale
STAI: State-Trait Anxiety Inventory
UC: Usual care
VAS: Visual Analog Scale
WLC: Waitlist control

AMSTAR 2 Critical Domain Items

1. Was the review protocol established a priori (e.g., registered in PROSPERO)?
2. Was the search comprehensive and included multiple databases, grey literature, and appropriate search strategies?
3. [Did the authors provide a list of excluded studies and justify the exclusions?]
4. Was the risk of bias (RoB) of included studies assessed using appropriate tools?
5. If a meta-analysis was conducted, were the methods used appropriate and clearly described?
6. Did the authors consider the RoB in individual studies when discussing the results?
7. Was publication bias assessed and discussed appropriately?