

Table 1: Systematic review of yoga in cancer-related pain

Source: CAM Cancer Collaboration. Yoga [online document]. [Yoga | CAM Cancer](#), 2026.

Methods	Included studies	Results and conclusions	Assessment
Danon, N., Al-Gobari, M., Burnand, B., & Rodondi, P.-Y. (2022). Are mind–body therapies effective for relieving cancer-related pain in adults? A systematic review and meta-analysis. <i>Psycho-Oncology</i>, 31(3), 345–371. https://doi.org/10.1002/pon.5821			
Type of review SR with meta-analysis Included studies In total 40 RCTs of mindbody therapies thereof 13 RCTs of yoga or assimilated. Search Databases MEDLINE, Embase, PubMed, PsychInfo, PsycArticles, CINAHL, CENTRAL, Science Citation Index, Web of Science, Google Scholar, ClinicalTrials.gov, WHO ICTRP. Dates The authors did not provide the timeframe of the search. The search was last updated in May2020 Restrictions Languages accessible to authors i. e. English, French, German, or at least with Latin characters), full texts only. Risk of bias assessment Cochrane Risk of Bias (RoB1)	Studies and participants 628 participants in yoga studies of total of 3,569 participants. Adults ≥18 years with cancer-related (nociceptive) pain during or after cancer treatment. Interventions Mindfulness (10 studies) Yoga, laughter yoga, qigong/tai ji (13 studies) Hypnosis (4 studies) Guided Imagery + Relaxation/PMR (13 studies) Control Waitlist, Usual Care, Attention/Education Control, Active controls (e.g., exercise) Outcome measures Primary: pain intensity. Secondary: use of analgesics when reported. Studies must include at least one pain-related outcome. AS/Numerical Rating Scales (0–10 or 0–100); Brief Pain Inventory (BPI/BPI-SF); SF-36 Bodily Pain; McGill Pain Questionnaire (MPQ, SF-MPQ-2) Present Pain Intensity; Symptom Distress Scale; EORTC-QLQ-C30 pain subscale; Edmonton Symptom Assessment System (ESAS); PROMIS Pain Intensity & Interference Scales. Measure of treatment effect SMD 95% CI	Results for risk of bias assessment of primary studies included in the review High risk of performance and detection bias across all studies. Unclear risk of bias for allocation concealment, selective reporting and other bias. Grade: not formally assessed. Conclusions emphasize low certainty in the underlying evidence base. Results for main outcome measures Yoga: results of yoga for pain were not statistically significant -0.3 (-0.73 to 0.13) Statistically significant improvements: Primary Meta-analysis (all mind body therapies): SMD= -0.39, 95% CI (-0.62, -0.16), p < 0.05 Mindfulness subgroup: SMD = -0.31, 95% CI (-0.61, -0.00), p = 0.05 Hypnosis subgroup: SMD = -0.80, 95% CI (-1.21, -0.40), p < 0.001 Not significant: Relaxation/Guided Imagery: SMD= -0.38 (-1.04, 0.27) Adverse events Authors stated that no adverse events were reported in the included studies. Conclusions <i>“Mind–body therapies may be effective in improving pain, but the quality of the evidence is low. The observed effects on pain are heterogeneous and the quality of the reporting of RCTs should be improved”</i>	Quality assessment of the SR Moderate-high according to AMSTAR2**. Items 5 and 6 only partially met. Comments While confidence in the SR is high conclusions appropriately emphasize low certainty in the underlying evidence base Included studies had high heterogeneity. Included tai chi (n=1) and medical qigong (n=2) with yoga. Predominantly small studies 11/13 had fewer than 100 participants), pilot/feasibility designs, limited power. Some reporting errors/limitations in included trials. Potential language/full text availability restrictions.

Abbreviations

CI confidence interval

EORTC QLQ-C30– European Organization of Research and Treatment of Cancer Quality of Life Questionnaire

MA: meta-analysis

RCT: randomized controlled trial

RoB: Cochrane Risk of Bias Tool version 1

SMD: standardized mean differences

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*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? [not applied for this purpose]
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?