

**Tabel 1. Uitgangsvraag 1 - Welke klachten komen voor na in opzet curatieve behandeling?**

Study (trial) ID	Study type	Source of funding/ conflicts of interest	Setting	Hypotheses	Eligibility criteria	Sample size/ Lost to follow up	Duration of the Study	Randomization method	Patient characteristics and group comparability	Interventions and compliance	Control/Comparator (including duration, dose)	Primary Outcome Measure (s) Secondary Outcome Measure (s)	Effect size – Primary outcome(s) Effect size – Secondary outcome(s)	All other outcomes, endpoints	Critical appraisal of study quality	Level of evidence
Parker 2003	Cross-sectional study				Patients in oncologic follow-up in a tertiary center on average 3 years after diagnosis.	351	Not applicable		Outpatients in tertiary cancer center; response rate 92%				32% suffered from depression QoL reasonably well; average score (SF-12) 43; general population 50; SD 10). Prognostic factors: age (↑+), gender (M +), marital status (married: +), social support (↑+)			B
Hewitt 2003	Controlled cross-sectional study				Cancer survivors compared to the general population	4878	Not applicable		Representative sample				Cancer survivors have worse general health (odds ratio 2.97; CI 2.6, 3.4) and have more psychological problems (OR 2.2; CI 1.7, 2.8)			A2
Burgess 2005	Controlled prospective cohort study				Women with breast cancer	222	5 years		Follow-up every 18 months				50% had depression and/or anxiety in the 1st year, 25% in the 2nd, decreasing to 15% after 5 years.			B
Stommel 2004	Prospective cohort study				Older cancer patients (breast, lung, colon, prostate)	860	1 year		Follow-up after 2-3, 5-7 months and 1 year; 93% participated in ≥2 follow-up waves				Depressive symptoms decreased after 1 year, but perceived general health did not improve in this period			B

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Kim 2008	Prospective cohort study with 1 assessment				Breast cancer survivors (mean age 47; mean 4.6 years after treatment)	1933	Not applicable		Cohort selected by cancer registry; response questionnaire? Multivariate analysis of determinants of fatigue and depression				22% were both fatigued and depressed; 43% were only fatigued and 3% were only depressed; More fatigue if women were younger (<50 years) (OR 1.3; CI 1.0-1.7) employed (OR 1.6; CI 1.2-2.0), GI disease (OR 2.1; CI 3-3.2).			B
Loge 1999	Controlled cross-sectional study				Hodgkin's disease survivors (19-74 years old) compared with 22 14 population controls	557	Not applicable		Questionnaires completed by 96% of cases and 99% of controls; No matching procedures;				HD survivors had higher levels of total fatigue (14.3 vs. 12.2% on a scale of 0-?; p<0.001). More HD survivors (61% vs 31%) than controls reported fatigue symptoms ≥6 months			B
Mao 2007	Controlled cross-sectional study				1904 cancer survivors and 29092 controls	30996	Not applicable		National health interview survey; response rate 74%				More cancer survivors reported recurrent pain (34 vs 17% and depressed or anxious mood (26 vs. 15%) Presence of co-morbidity increased symptom burden.			B

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Peuckmann 2007	Controlled cross-sectional study				2000 long term breast cancer survivors and 3104 controls	5104	Not applicable		Nationwide postal survey; response rate 79%				Breast cancer survivors reported slightly better general health (SF-36 subscale 72 vs 69), less bodily pain, but worse mental health (SF-36 subscale 79 vs 81).			B
Paskett 2008	Controlled cross-sectional study				5021 breast cancer survivors and 88532 controls	93553	Not applicable		Identification through Women's Health Initiative; response?				White survivors reported lower physical functioning (-1; CI -1.5,-0.46) and general health (-3.4; CI -3.9,-2.9) and greater role limitations (-2.5; CI -3.4, -1.5) than controls.			B
Bower 2000	Controlled cross-sectional study				Breast cancer survivors in comparison with published population surveys	1957	Not applicable		Patients recruited from 2 surveys				On average similar levels of fatigue in survivors compared to population. However, 1/3 of survivors had more severe fatigue associated with higher levels of depression, pain and sleep disturbances. More fatigue if treated with chemotherapy.			B

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Ganz 2002	Prospective uncontrolled cohort study				Breast cancer survivors ≥ 5 years after diagnosis (=baseline assessment)	817	Mean 6.3 years		Response rate 89%; data only for diseasefree survivors				Slight deterioration (<0.1 SD) since baseline in physical functioning, role functioning, and general health. Past use of chemotherapy predictive of poor current health.			B
Hjermstad 2005	Follow-up study with a second assessment of chronic fatigue (CF)				Patients with Hodgkin's Disease aged 15-39 in Norway	476/280 with 2 CF assessments	8 years						Total Fatigue score (TF) was higher for HD survivors than for the general population (14.6; CI 14.1-158.7 vs 12.1; CI 11.9-12.3; p<0.001). Of 70 patients with CF at 1 <sup>st</sup> assessment 35 recovered at follow-up and 35 still had CF. Presence of B symptoms associated with continued CF (OR 1.6; CI 1.0-2.4) as was a diagnosis before 1980.			B