Tabel 6. Uitgangsvraag 5 - Welke vorm van revalidatie kan klachten voorkomen/verminderen na afloop van de in opzet curatieve behandeling?, Overzicht RCT's

Study (trial) ID	Study type	Source of funding/ conflicts of interest	Setting	Hypothe-ses	Eligibility criteria	Sample size/ Lost to follow up	Duration of the Study	Randomi-zation method	Patient Character-ristics and group compare-ability	Interven-tions and compli-ance	Control/ Compa-rator (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 eviden-ce
Gielis-sen 2006	RCT	Public research funds	Out-patient clinics		Disease-free cancer patients with severe fatigue	98/7	6 months	By sequen-ce of labe-led cards in sealed numbered envelopes.	Mean age 45; no baseline differences reported	5-26 ses-sions of Cogni-tive beha-viorral therapy; compli-ance?	Waiting list	Fatigue severity by the Checklist Individual Strenth (CIS) subscale and functi-onal impair-ment by the Sickness Impact Profile (SIP)	CIS: MD 13.3; CI 8.6,18.1 SIP: MD 383; CI 197,569 More clinically significant improvemen t in fatigue severity for CBT (54% vs. 4%) and functional impairment (50% vs. 18%) compared to controls	MD Psychologi cal distress 21.6; CI 12.7, 30.4	Open label RCT: envelopes opened by researcher in presen-ce of patients	B

Study (trial) ID	Study type	Source of funding/ conflicts of interest	Setting	Hypothe-ses	Eligibility criteria	Sample size/ Lost to follow up	Duration of the Study	Randomi-zation method	Patient Character-ristics and group compare-ability	Interven-tions and compli-ance	Control/ Compa-rator (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 eviden-ce
Milne 2008a	RCT	Public research funds	Hospital-based	Excercise training improves QOL, fatigue, anxiety and fitness	Women with stage I-II breast cancer≥18 years, <2 years after diagnosis with no evidence of disease recurrence	58/2	24 weeks	Computer-generated program; concealed allocation	Mean Age 55; 70% received chemotherapy	Imme-diate excer-cise (IE) (week 1-12): 3 sessions/ week of aerobic (20 min.) + resis-tance training (10-15 repititions of 12 dif-ferent excerci-ses); 60% compli-ance	Delayed excercise (DE) (week 13-24): only telephone calls from week 1-12) therafter interventi on described ; IE: reverse order; 62% complian ce	QOL (FACT-B); fatigue (Schwartz cancer fatigue scale); anxiety (social physique anxiety scale-7); aerobic fitness	QOL: ↑ in IE (21 p) in 1-12 week period compared to ↑ 5.3 p in DE; in week 13-24 ↑6.5 in IE and ↑ 30 in DE. (ANOVA: p<0.001) Similar results for other outcomes		Blinding unclear	B
De Backer 2007b	Uncontrolled observatio-nal study	Public research funds	Hospital-based	Strength training is more effective than aerobic training	Patients treated with chemother apy with a curative intention.	57/9	18 weeks	Not stated		High intensity strength training; 6 dropped out due to cancer recur-rence, 5 for others reasons.	No controls	Muscular strength, VO_{2max}, QOL	VO_{2max} increased by 10%; muscular strenth increased. HRQOL improved		Lack of control group precludes conclusion about effects.	C

Study (trial) ID	Study type	Source of funding/ conflicts of interest	Setting	Hypothe-ses	Eligibility criteria	Sample size/ Lost to follow up	Duration of the Study	Randomi-zation method	Patient Character-ristics and group compare-ability	Interven-tions and compli-ance	Control/ Compa-rator (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 eviden-ce
De Backer 2008	Quasi-experimental study	Private funds	Hospital-based	High intensity resistance training improves quality of life	Cancer patients curatively treated with chemother apy	49/4 and 22/5 controls	1 year	Not applicable	No significant differences in age, gender, cance diagnosis or drop-outs	18 wks 2/wk training program conprisin g high intensity (6 exer-cises tar-geting large muscle groups at 65-80% of one-repition maximum) and interval training	No excercise under supervisi on	Muscle strength, cardiopulm onary function, fatigue, HRQOL	Muscle strength and cardio-pulmonary strength improved more in intervention group. No differences between groups in HRQOL or fatigue		Compara-ble groups; confoundin g by indica-tion not likely	B

Study (trial) ID	Study type	Source of funding/ conflicts of interest	Setting	Hypothe-ses	Eligibility criteria	Sample size/ Lost to follow up	Duration of the Study	Randomi-zation method	Patient Character-ristics and group compare-ability	Interven-tions and compli-ance	Control/ Compa-rator (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 eviden-ce
May 2008	RCT	Public research funds	Referrals to rehabi-litation		Patients ≥18 years; last cancer treatment> 3 months; ≥3 positive findings on physical complaints, reduced physical capacity, psychologi cal pro-blems, fatigue or sleep pro-blems	147/144?	1 year	Randomisa tion list used by indepen-dent re-searcher at each center		Rehabilita tion in groups of 8-12 cancer survivors; PT super-vised by physical therapists ; 84% adheren-ce	CBT supervi-sed by psycholo-gist and social worker; 82% adheren-ce	Physical activity (Physical Activity Scale for the elderly (PASE); $VO_{2\ peak}$; muscle strength Quality of life (EORTC QLQ-C30)	Changes in excercise capacity, muscle strength and physical activity not different between groups. No dif-ference between groups		Good quality; lack of blinding participants or staff not likely to effect the results	A2
Daley 2007a	RCT	Public research funds		Excercise therapy improves quality of life	Inactive women treated for localized breast cancer	108/12	8 weeks; follow-up 24 weeks	Telephone randomizat ion using stratified random permuted blocks	Mean age 51; no smokers in interventiongr oup compared to 14 and 11% in control groups	34 excer-cise ther-apy: 50 m. 1 to 1 aerobic ecercise 77% complian-ce	36 excer-cise pla-cebo: 24 1 to 1 50 m sessions with condi-tioning/ stretching excerci-ses. 89% complian ce. 38 usual care	1: Quality of life (FACT-G) 2nd: fatigue, depression	Excerrcise vs usual care: MD FACT-G 9.8; CI 2.2,17. after 8 weeks. Excercise placebo vs usual care: MD 6.6; CI –0.9, 14. No differences after 24 weeks	After 24 weeks modest improve-ments in depression	Outcome assessors not blinded	B

Study (trial) ID	Study type	Source of funding/ conflicts of interest	Setting	Hypothe-ses	Eligibility criteria	Sample size/ Lost to follow up	Duration of the Study	Randomi-zation method	Patient Character-ristics and group compare-ability	Interven-tions and compli-ance	Control/ Compa-rator (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 eviden-ce
Cadmus 2009	RCT (YES study)	Public research funds	Home-based	Excercise improves QOL ans psychoso-cial and physical functioning	Inactive post-menopaus al breast cancer survivors 34-79 tears who com-pleted adjuvant therapy ≥1 yr	75/1	6 months	Computer generated; concealed allocation	Mean age 55; groups comparable	Supervi-sed trai-ning pro-gram at local health club/67%	Usual care + excercise program materials	Happiness, depression (CES-D), anxiety	Overall no significant changes in QOL	In subset of patients with low QOL at baseline intervene-tion better on FACT-B social/ family well being ($p<0.001$) and SF-36 social funct. ($p<0.05$)		B

Tabel 7. Uitgangsvraag 6 – Welke vorm van revalidatie kan klachten voorkomen/verminderen tijdens de ziekte- en symptoomgerichte palliatieve fase?

Study (trial) ID	Study type	Source of fun-ding/ conflicts of interest	Setting	Hypotheses	Eligibility criteria	Sample size/ Lost to follow up	Duration of the Study	Randomi-zation method	Patient cha-racteristics and group comparability	Interventions and compli-ance	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 eviden-ce
Brown 2006	Stratified RCT	Linse Bock Foundation and Saint Mary's Hosp-ital Spon-sorship Board. No indication of conflicts of interest	Division of Radiation Oncology Mayo Clinic Rochester	To examine the effect of participation in a structu-red, multidis-ciplinary in-tervention on fatigue for advanced cancer patients	Inclusion criteria: adult advanced cancer patients planned to undergo radiation therapy – cancer diag-nosis within the last 12 months, expected survival of at least 6 months, but 5-year survival probability ≤ 50%, treatment recommenda tion of radiation therapy for at	Randomi-zed: Inter-vention: 57; control: 58 Completed week 4 as-sessment: Intervention: 46; control: 54	4 weeks intervention. Completion of question-naires at week 4, 8, and 27	Stratification for tumor type, age, gender, and ECOG score, using a minimize-tion pro-cedure that balances the marginal dis-tributions	Comparable groups. 35% women, 80% over 50 years, 60% on current chemo-therapy, mean radio-therapy dose 5322 cGy in 29 fractions, 80% married, 55% em-ployed, median hemoglobin 12,3, mean MMSE 28,7, mean POMS 68, mean SDS 66, mean LASA 54, mean STAI 55	Participants attended 8 90-minutes sessions over 4 weeks. Manual about the sessions. Each sessions had a theme focusing on quality of life. Begin: 20 minutes exercise, followed by educati-onal information, cognitive-behavioral strategies, discussi-on, and support. Motion,	No inter-vention, standard care	Primary: single-item Linear Ana-logue Self Assessment (LASA) fati-gue ques-tion. Secon-dary: Profile of Mood States (POMS), Fatigue-Inertia Subscale and Vigor-Activity Sub-scale, Spiel-berger's State-Trait Anxiety Inventory (STAI), Symptom Distress Scale (SDS)	No signi-ficant differ-ences in mean fatigue scores be-tween arms at any week. There were trends noti-ced favoring the standard treatment (less fatigue when no intervention)	Overall qua-lity of life improved in the interven-tion arm (i.e. primary end-point of the initial study, but not re-ported in detail in this article)	Randomized study, but not blinded (full blinding is not possi-ble because of the inter-vention, but the investi-gators could have been blinded). To-tal number of participants is not that high	B

Study (trial) ID	Study type	Source of fun-ding/ conflicts of interest	Setting	Hypotheses	Eligibility criteria	Sample size/ Lost to follow up	Duration of the Study	Randomi-zation method	Patient cha-racteristics and group comparability	Interventions and compli-ance	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 eviden-ce
					least 2 weeks. Ex-clusion crite-ria: MMSE < 20, ECOG ≥ 3, active al-cohol or sub-stance de-pendence (except nico-tine), active thought dis-order, sui-cidal plans, participation in psycho-social re-search trial					stretching, functional exercises. Individualize d home program. End of ses-sion: relaxation exercise						
Cristo-pher 2004	Pilot pre-post study in one group	No information	Oncology Community Outreach Program, University of Masachu-setts	To evaluate the impact of a commu-nity-based 12-week exercise program on physical and psychosocial well-being in	Participants of fall and winter exercise pro-grams. Women that survived cancer. No criteria about life expect-	21 patients (12 fall exercise, 9 winter exercise)	12 week exercise program, pre- en post-test question-naires	No randomi-zation	All women, al-most all breast can-cer patients, mean age 60 years, al-most all white patients, 80%	12 week exercise program, twice a week, low-impact aerobics, toning, flexibility exercises,	No control group	Pscychosoci al Adjust-ment to Ill-ness Scale (PAIS-SR), Profile of Mood States-short form (POMS-SF), Symp-	Almost no statisti-cally significant differrences were found. In the group that attended the fall exercise statisti-cally	No other outcomes	No compara-tive design, weak de-scription of important parameters, e.g. exercise program, patient re-cruitment,	C

Study (trial) ID	Study type	Source of fun-ding/ conflicts of interest	Setting	Hypotheses	Eligibility criteria	Sample size/ Lost to follow up	Duration of the Study	Randomi-zation method	Patient cha-racteristics and group comparability	Interventions and compli-ance	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 eviden-ce
				women cancer survivors	ancy				married, mean time since diagnosis 44 months, mean time since treat-ment ended 22 months	relaxation techniques		tom Distress Scale (SDS), Piper Fati-gue Scale (PFS), Qua-lity of Life-Cancer Sur-vivors Scale (QOL-CS)	significant improvement was mea-sured on subscales (domestic environment, psychosocial distress, and social well-being)		poor article, very few pa-tients, no distinction in cancer stage and life expectancy	
Cramp 2008	Coch-rane syste-matic review	No external sources of support, internal source: faculty health social care, University West Eng-land, no indi-cations of conflict of interest	-	To evaluate the effect of exercise on cancer-rela-ted fatigue during and after cancer treatment	Only RCT's were inclu-ded. Adults of any age, regardless of gender, tu-mour type, tumour sta-ge, type of cancer treat-ment. Pa-tients could be in active treatment, in long-term follow-up or receiving	28 RCT's included, total 2083 patients	-	-	Most patients had breast can-cer, stages of cancer varied, sta-ges of treat-ment varied, most pa-tients were women, mean age 39-69 years	Any exercise intervention aimed to reduce fa-tigue asso-ciated with cancer	No exercise, usual care, alternateve treatment	Patient-reported fatigue (mul-tiple scales), exercise maintenance on follow-up, attrition, time spent exer-cising, aero-bic capacity, quailty of life measures, anxiety, de-pression, self-efficacy	Less fatigue in pa-tients that were in the inter-vention group (SMD -0,23; 95% BI -0,33- -0,13). Pre-post test changes: intervention more effect-tive (SMD -0,23; 95% BI -0,36- -0,09) In breast	Only meta-analyses reported in this evidence table. To re-port valid re-sults of sing-le studies (that are mentioned in the review), one should have more information of those single trials	Good Coch-rane syste-matic re-view. Value for this guideline however limited, because of no distincti-on in the analyses in subgroups of cancer stage (although these data are collected	A1

Study (trial) ID	Study type	Source of fun-ding/ conflicts of interest	Setting	Hypotheses	Eligibility criteria	Sample size/ Lost to follow up	Duration of the Study	Randomi-zation method	Patient cha-racteristics and group comparability	Interventions and compli-ance	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 eviden-ce
					palliative care								cancer pa-tients this effect was even bigger		as stated in the paper)	
London 2005	Prospec-tive ob-servatio-nal study	Robert Wood Johnson Foundation Promoting Excellence National Pro-gram Office, Supportive Care of the Dying	CALL Care sites, facile-ties of sup-portive care for the dying: a coalition for compas-sionate care	To evalu-ate the CALL-in-terventi-on in pa-tient with life-threa-tening can-cer, cardiac illness, res-piratory conditions or dementia	Cancer stage IV, Car-diac illness stage III or IV or ejection fraction ≤ 25%, De-mentia stage 6 or 7 of FAST, Res-piratory Illness Kar-novsky score < 50 or re-quired oxy-en for acti-vities of daily living	295 pa-tients at enrol-ment, no completed question-naires at 18 months (94 patients died during the study)	18 months	No randomi-zation	Mean age 72 years, 62% female, 88% whites, 41% lived at home with family, 21% alone at home, and 26% in a nursing home	CALL Care Approach: a variety of services (e.g. coordi-nate physic-cian visits, connect with spiritual care provider, educate patient and family, plan for universal activities, pro-active bereavement follow-up), coordinated by a specific multidisciplin-ary CALL Care team	No control group	Scores on Modified City of Hope Patient Question-naire (55 items on physical, emotionnal/ relationship, spiritual, health-care experience, and health care provi-ders commu-nication) at enrollment, 1, 3, 6, 9, 12, 15, and 18 months	Comparing the enroll-ment score and the last data alive there were better, but insignificant scores on fatigue and nau-sea, and better sig-nifycant scores on sleep, mouth/ food symptoms (e.g. dry mouth, appetite changes), intestinal problems, breathing	No other outcomes	No compara-tive design, no informa-tion on pa-tient recruit-ment, large amount of patients lost-to-follow-up, probably selective	C

Study (trial) ID	Study type	Source of fun-ding/ conflicts of interest	Setting	Hypotheses	Eligibility criteria	Sample size/ Lost to follow up	Duration of the Study	Randomi-zation method	Patient cha-racteristics and group comparability	Interventions and compli-ance	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 eviden-ce
													problems, and pain			
Lowe 2009	Syste-matic review	National Cancer Institute of Canada Canadian Cancer So-ciety, Socio-behavioral Cancer Re-search Net-work	-	To review the evid-ence of physical activity as supportive care inter-vention in palliative cancer patients	A study had to examine a physical act-vity inter-vention in palliative cancer pa-tients, aged 18 years or older, re-gardless of gender, tu-mor type, or type of can-cer treat-ment. Palliative cancer was defined as progressive, incurable lo-cally recur-rent or me-tastatic can-cer, with a life expec-	6 studies, total 84 patients. All pilot studies, some case-reports	-	-	Mean age 58 years, 64/84 women, most pa-tients having breast can-cer, followed by gastroin-testinal can-cer	Supervised group exer-cise pro-grams and unsupervi-sed home-based phy-sical activity program (Duke Ener-gizing Exer-cise Plan for 9 patients, Arm-chair Fitness and gentle exer-cise video for 38 breast cancer patients, group exercise program focused on muscle strength,	Most studies had no com-parison	Primary outcomes: Patient-re-ported quality of life, patient-reported physical functioning, patient-reported fatigue. Secondary outcomes: objective measures of physical fitness and physical functioning, patient-re-ported palliative symptoms	In one of the studies sig-nificant lower decline in total well-being scores in intervene-tion group. The only RCT showed no significant differences	No other outcomes	Systematic review of poor studies, only one RCT, rest of the studies non-compa-rative and even case reports. No meta-analy-sis. Classifi-cation on the validity is not possible due to the poor quality of the underlying studies	No level

Study (trial) ID	Study type	Source of fun-ding/ conflicts of interest	Setting	Hypotheses	Eligibility criteria	Sample size/ Lost to follow up	Duration of the Study	Randomi-zation method	Patient cha-racteristics and group comparability	Interventions and compli-ance	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 eviden-ce
					tancy of less than 12 months					standing balance and aerobic en-durance for 34 patients)						
Mustian 2006					Newly diag-nosed can-cer patients undergoing curative treatment → therefore this study is excluded for further analysis											
Oldervoll 2006	Pilot study, Phase II	Norwegian Foundation for Health and Reha-bilitation and the Norwegian Cancer So-ciety. No in-dication of conflict of interest	Oncological outpa-tient clinic at St. Olav Hospi-tal in Trond-heim and Hos-pice Lovenberg	To evaluate the effect of a 6-week structured exercise pro-gram on HRQOL, fatigue, and physical per-formance in cancer pa-tient with	Cancer pa-tients with a life expec-tancy be-tween 3 and 12 months, Karnofsky performance score ≥ 60, adequate pain relief, and lived	63 patients at enroll-ment, 29 patients dropped out due to sudden death, or medical or social rea-sons. There seems to be	6 weeks	No randomi-zation	15 males, 19 females, mean age 65 years, 88% not employ-yed, median KPS 80, differ-rent types of cancer (16 gastro-intes-tinal cancer),	Exercises in groups (3-8 patients per group), twice a week, 50 minutes per session, 6 weeks long. Warm-up session, circuit trai-ning with 6	No control group	EORTC-Quality of Life Ques-tionnaire-C 30 (EORTC QLQ-C30), Fatigue Question-naire (FQ), 6 minute walk, timed sit-to-stand, functi-	Significant improvement in emotional functioning (69→78, p= 0,002). Fatigue score de-creased: 51→43 (p=0,06; less fatigue).	Increase in walking distance by 29 meter (p= 0,007), de-crease in time sit-to-stand of 1 second (p=0,001)	Well-docu-mented study, but non-compa-rative de-sign. Only a few patients in the study	C

Study (trial) ID	Study type	Source of fun-ding/ conflicts of interest	Setting	Hypotheses	Eligibility criteria	Sample size/ Lost to follow up	Duration of the Study	Randomi-zation method	Patient cha-racteristics and group comparability	Interventions and compli-ance	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 eviden-ce
				short life expectancy	less than 30 minutes from the hospital. Consecutive patients	selective follow-up → 34 pa-tients in analysis			80% meta-stases	stations, relaxation/ stretching session. Focus on muscle strength, standing ba-lance, and aerobic en-durance		onal reach	Same trends on other sca-les. Physical functioning and global quality of life remained stable. Dys-pnea redu-ced (42 →60, p= 0,006), role + social functioning improved (50→ 63, p=0,02 and 55→65, p=0,008).			
Porock 2000	Pre-test post-test design, pilot study	Silver Chain Nursing Foundation and Edith Cowan Uni-versity	Home Hos-pice Care Service in Perth, Wes-tern Austra-lia	To deter-mine the effects of an individuali-zed exercise program (Duke Ener-gizing Exer-cise Pro-	Patients with advanced cancer, ECOG clas-sification of 1 and more, estimated life expectancy of at least 1	11, 2 drop-ped out for selective reasons (feeling unwell, fin-ding it all too much), 6 comple-ed	4 weeks	No randomi-zation	9 patients, mean age 60 years, 6 female, 4 bowel can-cer, 2 pancreas cancer, 7 pa-tients with	Physiotherap ist spe-cialized in oncology and palliative care conduc-ted home vi-sit and edu-cated the	No control group	Multidimen-sional Fatigue Inventory (MFI), Symp-tom Distress Scale (SDS), Hospital Anxiety and	Minimal fluctuation in the mean MFI sub-scale sco-res, quality of life scores improved from day 0 to	No other outcomes	Very few patients in the study, lack of com-plete data, non-compa-rative study	C

Study (trial) ID	Study type	Source of fun-ding/ conflicts of interest	Setting	Hypotheses	Eligibility criteria	Sample size/ Lost to follow up	Duration of the Study	Randomi-zation method	Patient cha-racteristics and group comparability	Interventions and compli-ance	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 eviden-ce
				gram) on levels of fatigue in patient with advanced cancer	month. Ex-clusion cri-teria: eviden-ce of confu-sion or de-mentia, uncontrolled symptoms over the past 24 hours, inability to walk 50 me-ers or more pain free, any preex-sting condi-ions or other medical rea-son for which exercise would be contraindi-cated	all 5 MFI scale mea-surements			metastases, 3 patients on current treat-ment, 7 pa-tients on opioids, 7 on antiemetics, 4 on anal-gesics, 4 on bowel treat-ment, 4 pa-tients had additional care	patient and prescri-bed an indivi-ualiz-ed plan. Patients were given a range of activities through the day. Home visit in the week follo-wing the start, and telephone call in the second week		Depression Scale (HADS), Quality of Life Scale (QOL Scale)	day 14			
Rad-bruch 2008	Narrative review → therefore no further analysis															

Study (trial) ID	Study type	Source of fun-ding/ conflicts of interest	Setting	Hypotheses	Eligibility criteria	Sample size/ Lost to follow up	Duration of the Study	Randomi-zation method	Patient cha-racteristics and group comparability	Interventions and compli-ance	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 eviden-ce
Strasser 2004	Retro-spective descrip-tive com-parative study	Swiss Cancer Re-search	Multidisci-plinary Clinic and traditi-onal pain and symp-tom mana-gement clinic at the U-niversity of Texas MD Anderson Cancer Center	To cha-racterize symp-toms, recommen-dations, and effect of multidisc-ciplinary team on symptom expression and overall satisfaction of patient and fami-lies. Com-parison with traditional pain and symptom manage-ment	First 138 consecutive patients at the MD clinic and a cones-cutive sam-ple of 77 pa-tients seen at the PSM clinic	138 patients in MD clinic, 77 patients in PSM cli-nic. No lost-to-follow-up due to retro-specttive design	Retrospec-tive chart analysis, + follow-up (mean 9 days) at MD Center	No randomi-zation	Adults with primary tumors of various types. Refer-ral to the clinics for pain control, end-of-life issues (only MD), and management of multiple symptoms (only MD), 54% female, mean age 54 years, me-dian survival 10 weeks in MD, and 51 weeks in PSM clinic	MD Clinic has no wait--ing area, pa-tients have private room with bed and bathroom. In 5 hours the patient is assessed by a physician, nurse, social worker, physical, oc-cupational, speech the-rapist, phar-macist, nu-tritionist, psychiatric nurse practi-tioner, and pastoral care worker. On-site counse-ling, specific education, and simple interventions	Traditio-nal pain and symptom management given by a physician and a nurse	In MD Clinic: ad-hoc question-naire with 7 items, to be answered on a 5-point scale, focus-sed on satis-action. Re-trospective chart review on symp-toms, results of stand-ardized as-sessments, and recom-mendations	In the MD group pa-tients received median 4 non-phy-sician recommend-dations, in the PSM group none. In MD group significant improvement in pain, nausea, de-pression, anxiety, sleep, shortness of breath, and well-being, but not in fatigue, a-norexia, or drowsiness. No compa-rative data, patients in	No other outcomes	Both groups are not com-parable at baseline due to differen-ces in the severity of the disease. Almost no comparisons have been made be-tween the groups, so this study is best worth given a non-comparative retrospective study, how-ever with useful infor-mation	C

Study (trial) ID	Study type	Source of fun-ding/ conflicts of interest	Setting	Hypotheses	Eligibility criteria	Sample size/ Lost to follow up	Duration of the Study	Randomi-zation method	Patient cha-racteristics and group comparability	Interventions and compli-ance	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 eviden-ce
										are provided. Multidisciplin-ary team discussion on assess-ment and recommenda tion, given to the patient. Follow-up in 1-2 weeks is provided			the MD clinic were overall as on sub-scores very satisfied			
Solà 2004	Coch-rane syste-matic review			To deter-mine the effective-ness of non-invasive inter-entions delivered by health-care professio-nals in im-proving symptoms, psychosocial functionning and quality of life	Only RCT's and CCT's were inclu-ded. Studies on patients of either sex and any age diagnosed with lung cancer (also with some patients with other thora-cic cancer) at any stage of their ill-	9 studies	-	-	No aggre-gate data on patient cha-racteristics, no speci-fic data for those pa-tients that are in the palliative phase of their disea-se, all pa-tients had lung cancer	Various interventi-ons have been stu-died in the RCT's and CCT's, divided in 6 groups: Nursing interven-ions to manage breathless-ness, nur-sing pro-grams, nutrit-	-	Well-being (sub-jective or objective perception of improvement in physical health, or of symptoms related to cancer, me-tastases or side effects of treat-ment; or improvement of psycho-	Nurse led breathing programs may produce beneficial effects. Nurse follow-up can be as effect-tive and leads to greater patients satisfaction than phy-sician follow-up, coun-	No other outcomes	Well design-ned Coch-rane syste-matic review with exten-sive descrip-tion of the methods, no metaanalysis	A1

Study (trial) ID	Study type	Source of fun-ding/ conflicts of interest	Setting	Hypotheses	Eligibility criteria	Sample size/ Lost to follow up	Duration of the Study	Randomi-zation method	Patient cha-racteristics and group comparability	Interventions and compli-ance	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 eviden-ce
					ness. Non-invasive interventions					ional inter-ventions, psychothe-apeutic in-terventions, exercise, and refle-xology		social funct-oning), qua-lity of life (by validated scales, clas-sification and measure-ment)	seling may be effective in helping patient to cope, no evi-dence of any beneficial effect of in-creasing oral nutritional intake			
Temel 2009	Uncon-trolled feasibility study	Public funds	Hospital-based	To assess feasibility of exercise pro-gram for patients with advanced NSCLC	Patients<12 weeks of diagnosis of non-small cell lung cancer (NSCLC)	25/14	12 weeks	None	Patients aged 48-81 with advan-ed NSCLC, mostly (70%) treated with chemothera-py	A Structured exercise pro-gram consis-ting of 16 twice weekly sessions over 12 weeks. The program took place in groups (8-10 patients) lasting 90-120 minutes. After warm-ing up a 30 minutes ae-	No control	Feasibility (adherence to the inter-vention); secondary: functional capacity (6 m walking test), quality of life (QOL), symptoms and fatigue (FACT-L)	Of 25 ac-crued pa-tients, 20 completed baseline assessment and 11 atten-ded all ses-sions (44% adherence) ; No changes in QOL, fati-gue or mood. Lung cancer symptoms improved.	-	It is unclear what selec-tion of eligi-ble patients participated. It is unclear whether observed effect is re-lated to the intervention	C

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										robic exer-cise. A strength component consisted of 3 sets of 10 repititions of 6 different excercises over 30-40 minutes						
Yoshioka 1994	Uncon-trolled study		Hospice-based		Terminal cancer pa-tients (<6 months to death) admitted to a hospice and provided with a rehabil-itation pro-gram.	355/?	6 months		Patients aged 17-88 with terminal cancer	Comfortable or relaxed positioning with pillow for relief of cancer pain, therapeutic exercise saimed at improvement in muscular strength, range of motion and balance, ADL excer-cises compri-	No control	ADL (Barthel index). Question-naires mailed to relatives 3 months after death.	No adheren-ce data. Most pa-tients experienced some relief	-	26% of eligible pa-tients accru-ed in the study	C

Study (trial) ID	Study type	Source of fun-ding/ conflicts of interest	Setting	Hypotheses	Eligibility criteria	Sample size/ Lost to follow up	Duration of the Study	Randomi-zation method	Patient cha-racteristics and group comparability	Interventions and compli-ance	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 eviden-ce
										sed bed excercises, endurance training, chesty physiothera-py, + some specific treatments						
Marciniak 1996	Retro-spective case series		Hospital-based		Adult cancer patients admitted for comprehensi ve inpatient rehabilitation	159			Patients aged 17-88, 38% of which had metastatic disease	No specific intervention mentioned	No control	Functional status	Functional gains be-tween ad-mission and discharge (mean 42.9->56.0) (p< 0.001) Pre-sence of metastatic disease did not influence funct. out-come.			C
Headley 2004	Quasi-experime ntal study				Women ≥17 years with stage IV breast can-cer	38/32		No rando-mization		30min. sea-ted exercise program (armchair fitness) 3	No exercise program	Fatigue and QOL (FACIT-F); pain	Less in-crease in fatigue and less decine in QOL for		Unclear how patients were assign-ned to treat-ment group.	B

Study (trial) ID	Study type	Source of fun-ding/ conflicts of interest	Setting	Hypotheses	Eligibility criteria	Sample size/ Lost to follow up	Duration of the Study	Randomi-zation method	Patient cha-racteristics and group comparability	Interventions and compli-ance	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 eviden-ce
					schedule-ed to receive chemothera-py and able to sit.					times a week. 84% adhe-rence			expirimental group		Subjects in the control group more educated and more frequently unmarried.	