Supplementary Material

Psychological Intervention Improves Quality of Life in Patients with Early-Stage Cancer: a Systematic Review and Meta-analysis of randomized clinical trials

S5.SUBGROUP ANALYSIS OF GLOBAL QOL: TYPE

S6. SUBGROUP ANALYSIS OF GLOBAL QOL: CANCER STAGE

S7. SUBGROUP ANALYSIS OF GLOBAL QOL: CANCER TYPE

S8.SUBGROUP ANALYSIS OF EMOTIONAL QOL: PROVIDER

S9.SUBGROUP ANALYSIS OF EMOTIONAL QOL: ENVIRONMENT

S24.6. Physical Qol

REFERENCES

Table S1. Search key

Search Key	Database
(psychotherapy OR psychotherap* OR "mindfulness" OR "cognitive therapy" OR "cognitive treatment" OR "cognitive intervention" OR CBT OR "behavior therapy" OR "behavioral therapy" OR "behaviour therapy" OR "behavioural therapy" OR "behavior treatment" OR "behavioral treatment" OR "behaviour treatment" OR "behavioural treatment" OR "behavior intervention" OR "behavioral intervention" OR "behaviour intervention" OR "behavioural intervention" OR "psychological intervention" OR "psychosocial intervention" OR "psychological support" or "psychosocial support" OR counselling OR counseling) AND (neoplasm OR cancer) AND (random OR randomised OR randomization OR randomly OR randomness)	Medline
	Embase
	Central

Table S.1. The Search Key. The search key used to identify all eligible studies

Section S1. Structure of analysis

At first we were interested in whether psychological interventions have an effect on overall and recurrence free survival. Next we continued our analysis to see if cancer patients' QoL can be improved by psychological interventions. We chose to analyze four quality of life domains that we considered the most relevant for psychological interventions: global, physical, emotional, and social.

Subgroup analysis with subcategories.

A. Firstly, we were interested to see if the provider of the interventions made a difference, so we made a provider subgroup and categorized the data from the articles into three subcategories: 1. psychologist, 2. healthcare professional and 3. nurse.. (The healthcare professional could be any personnel who did not belong to the earlier two subcategories. e.g. research assistant, medical doctor, doctoral student, therapists, or if they were mentioned as a team so we could not be specific.)
B. We were also interested to see if the channel or the environment of the interventions are important factors. So, we made three subcategories for that: 1. face-to-face (taking place in a clinical environment), 2. Telephone (taking place in patients' home), or via 3. Online (taking place in patients' home) as described in the included articles.
C. As next step we assessed whether the type of the intervention had any effect on the quality of life so we made again three subcategories: 1. individual, 2. group or 3. guided self-help. (With the guided self help we are referring to the fact that these materials were specifically made in the studies for these patients to improve their quality of life.)
D. Cancer stage: 1. early (I, II), 2. advanced (III, IV), 3. survivors as they were categorized in the original studies, regardless of cancer type.
E. Cancer type: four subcategories were made for this subgroup: 1. breasts, 2. gynecological, 3. gastrointestinal and 4. prostate. For further categories we did not have enough data.

Additionally we were interested to know whether the duration of the intervention was an important factor to improve QoL. Due to the heterogeneity of the durations, frequencies and occasions we could only make subgroups based on how many minutes per patient were used in the articles.

Lastly we wanted to see the time effect of these interventions based on the predicted follow–up times.

Figure S1. PRISMA flow chart

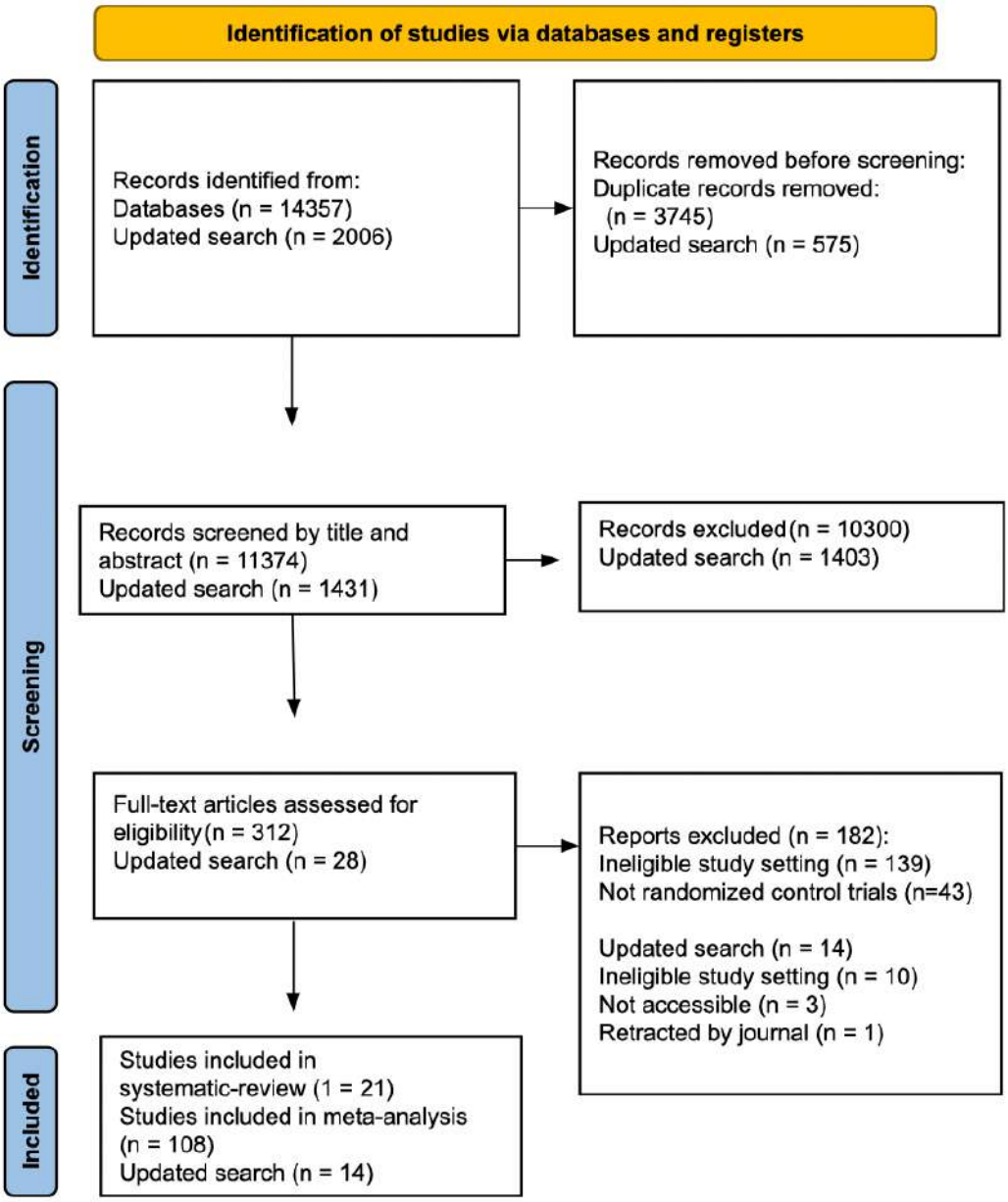


Figure 1. PRISMA flow diagram of the screening and selection process. The search was updated during the revision process.

Table S2. Baseline characteristics of the included studies

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
Articles included in the meta-analysis													
Huri M, et al., 2015[1]	Turkey	prostate	34 (0)	19 (0)	15 (0)	cognitive behavior therapy based occupational therapy	twice a week, 12 weeks ,60 session	Psy	FF	G	QoL	EORTC-QLQ-C30 and PR25	12
Giesler, BR, et al., 2005[2]	USA	prostate	99 (0)	48 (0)	51 (0)	cancer intervention identified and tracked QoL, tailored support and education based on problems	once a month for 24 weeks	N	FF	I	QoL	PCQoL, SF-36	16,28,48

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
Wang, J, et al., 2019[3]	China	liver	136 (22)	68 (16)	68 (n/a)	comprehensive education and care program	12 month, weekly different types of intervention	N	M (FF, T)	M (P, G)	QoL	EORTC-QLQ-C30	48
Trask, PC, et al. 2003[4]	USA	melanoma	48 (71)	25 (68)	23 (74)	cognitive-behavioral intervention for distress	3 subsequent 50-minute weekly sessions, over a period of 4 weeks.	HcP	FF	I	QoL	SF-36	8, 24
Takano, T, et al., 2021[5]	Japan	mixed	69 (n/a)	31(83)	38 (78)	patients received self-help workbooks. investigators including medical oncologists, psychiatrists, and clinical psychologists made the workbook originally for this study	24 weeks	SH	SH	SH	QoL	GQOL	12
												EORTC QLQ-C30	12
												GQOL	24
												EORTC QLQ-C30	24

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
McCaughan, E, et al., 2018[6]	UK	prostate	17 (0)	13 (0)	4 (0)	program focused on symptom management, sexual dysfunction, uncertainty management, positive thinking and couple communication	5 session 2 hours group and 2 session for phone	HcP	M (FF, T)	M (G, P)	QoL	FACT-G	n/a 4
Walker, J, et al. 2014[7]	UK	lung	142 (65)	68 (65)	74 (65)	depression care	every four weeks for 32 weeks	N	FF	I	QoL	EORTC-QLQ-C30	15
Zhang, LMM, et al., 2021[8]	China	gastric	160 (54)	80 (53)	80 (55)	reminiscence therapy	60 minutes, twice per month, for 12 consecutive months, patients were given a total of 24 reminiscence therapy sessions	N	FF	G	QoL	EORTC-QLQ-C30	12 24 36 48
Walker, LG, et al.,1998[9]	UK	breast	88 (100)	44 (100)	44 (100)	relaxation combined with guided imagery	daily practice based on audio cassette and 40 women received 5 live training	SH	SH	SH	QoL	GQOL	15
Arving, C, et al., 2007[10]	Sweden	breast	85 (100)	47 (100)	38 (100)	individual psychosocial support	four 3 hours session	Psy	FF	I	QoL	EORTC QLQ-C30	4 12

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
													24
													4
													12
													24
Liu, T, et al., 2019[11]	China	thyroid	102 (n/a)	49 (34)	53 (38)	mindfulness-based stress reduction	8 session, weekly	Psy	FF	G	QoL	EORTC-QLQ-C30	9
													12
Lutgendorf, SK, et al., 2010[12]	USA	cervical	39 (100)	20 (100)	19 (100)	relaxation training	for 6 weeks, 4 times per week, 20-25 minutes each session	HcP	FF	G	QoL	FACT	4
													6
Miaskowski, C, et al., 2007[13]	USA	mixed	28 (71)	16 (69)	12 (74)	psychoeducational intervention	one academic session	N	FF	G	QoL	SF-36	6
Lee, YH, et al. 2018[14]	Taiwan	mixed	51(89)	25 (92)	26 (85)	stress management	one time occasion 110 minutes	HcP	FF	I	QoL	FACT-G	12
													24
Hawkes, AL, et al. 2014[15]	Australia	colorectal	410 (46)	205 (n/a)	205 (n/a)	health coaching	at least 6 of the 11 session, average length 31,5 min	HcP	T	I	QOL	FACT-C	24
													48
Yoo, HJ, et al. 2004[16]	Korea	breast	60 (100)	30 (100)	30 (100)	guided imagery and muscle relaxation	6 session	Psy	FF	G	QoL	FACT-B	12
													24

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
Klinkhammer-Schalke, M et al., 2012[17]	Germany	breast	200 (100)	100 (100)	100 (100)	psychotherapy	n/a	Psy	FF	I	QoL	EORTC QLQ-C30	12
													24
													36
													48
Marchioro, G, et al. 1996[18]	Italy	breast	36 (100)	18 (100)	18 (100)	cognitive behavioral psychotherapy and family counseling	during 9 month, weekly 50 minutes session for patients, bimonthly family counseling	Psy	FF	I	QoL	FLIC	4
													12
													24
													36
Walczak, A, et al.,2017[19]	Australia	mixed	110 (33)	61 (34)	49 (31)	communication support program	one time 45 min session and one time 15 min phone call	N	M (FF, T)	I	QoL	FACT-G	4
Petersen, RW, et al.,2002[20]	n/a	mixed	50 (100)	25 (100)	25 (100)	progressive muscle relaxation, guided imagery and counseling sessions	one day intervention	HcP	FF	I	QoL	GHQ-28	6
Vanbutsele, G, et al. 2018[21]	n/a	mixed	186 (n/a)	92 (36)	94 (27)	early and systematic integration of palliative care	not specified, until death	HcP	FF	I	QoL	EORTC QLQ-C30, MQOL Single Item Scale, MQOL	12
													18
													24
													n/a

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
Schofield, P, et al., 2013[22]	Australia	lung	108 (na)	55 (44)	53 (36)	tailored intervention	two consultation session	HcP	FF	I	QoL	EORTC QLQ-C30	8 12
Qin, X, et al., 2017[23]	China	gastric	100 (na)	50 (n/a)	50 (n/a)	active psychological intervention based on routine nursing	during hospitalization	N	FF	I	QoL	EORTC QLQ-C30	n/a
Zhou, L, et al., 2020[24]	China	ovarian	73 (100)	37 (100)	36 (100)	at-home cognitive behavioral therapy	n/a	N	M (FF, SH)		QoL	EORTC QLQ-C30	12
Northouse, LL, et al., 2007[25]	USA	prostate	135 (0)	112 (0)	123 (0)	standard care plus a family-based intervention	4 months: consisted of 3 90-minute home visits and 2x30-minute T sessions spaced 2 weeks apart and delivered between baseline and 4 months.	N	M (FF, T)	I	QoL	FACT-G, SF-12	16 32
										I			48
Penedo, FJ, et al., 2020[26]	USA	prostate	192 (0)	95 (0)	97 (0)	cognitive-behavioral stress management, cognitive-behavioral stress- and self management skills and relaxation	10 weeks 90 min/ session	Psy	O	G	QoL	FACT-G	24 48
Penedo, FJ, et al., 2007[27]	USA	prostate	71 (0)	41 (0)	30 (0)	cognitive-behavioral stress management - cognitive-behavioral stress- and self management skills and relaxation + half a day seminar	10x 2 hours/ sessions, once a week	Psy	FF	G	QoL	FACT-G	12

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
Rodríguez Vega, B, et al., 2010[28]	Spain	mixed	72 (81)	39 (87)	33 (73)	native therapy	12x 45 min weekly sessions	Psy	FF	I	QoL	EORTC QLQ-C30	12 24
Peoples, AR, et al., 2016[29]	USA	mixed	48 (88)	24 (88)	24 (75)	cognitive behavior therapy	7 weeks, seven individual weekly CBT-I sessions, with sessions 1, 2, and 4 (30–60 min) conducted in person and sessions 3, 5, 6, and 7 (15–30 min) conducted over the phone	Psy	M (FF , T)	I	QoL	FACT-G	7 12
Parker, PA, et al., 2009[30]	USA	prostate	75 (0)	39 (0)	36 (0)	supportive attention	2 sessions + 2 booster sessions, 60-90 min each before surgery	Psy	FF	I	QoL	PCI, SF-36	6 24 48
Parker, PA, et al., 2009[30]	USA	prostate	75 (0)	39 (0)	36 (0)	cognitive behavioral stress management	2 sessions + 2 booster sessions, 60-90 min each before surgery	Psy	FF	I	QoL	PCI, SF-36	6 24 48
van de Wal, M, et al., 2017[31]	Australia	mixed	88 (53)	48 (53)	43 (53)	cognitive behavior therapy for high fear of recurrence	12 weeks, five individual 1-hour FF sessions (sessions 1-3, 5, and 8) combined with three 15-minute e-consultations (chat application, no video) with access to a Web site (sessions 4, 6, and 7)	Psy	M (O, FF)	I	QoL	EORTC QLQ-C30	12

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
Serfaty M, et al., 2018[32]	US	mixed	42 (74)	20 (70)	22 (77)	acceptance and commitment therapy	8 sessions for 3 months, 1 hour/ session	Psy	FF	I	QoL	FACT-G, EQ-5D-VAS, 5Q-5D-5L	12 18 24
Sandsund, C, et al., 2017[33]	UK	gynaecological	142 (100)	72 (100)	70 (100)	consultation with professional familiar with behavioral change , collaborative care plan	3 months, number of sessions not specified	HcP	M (FF, T)	I	QoL	EORTC QLQ-C30, SF-36	12 24
Wu, DY, et al., 2016[34]	China	thyroid	60 (75)	30 (73)	30 (77)	psychological and behavioral intervention -	1 year, sessions not specified	N	M (P, O)	M (I, G)	Qol	EORTC QLQ-C30	48
Rodin, G, et al., 2019[35]	USA	leukemia	42 (38)	22 (36)	20 (40)	psychotherapeutic intervention	8–12 psychotherapeutic sessions, approx. 30–60 min each, delivered over 8 weeks, the first 8 sessions occur once or twice weekly during hospitalization (typically 1 month), adjusted in terms of frequency and duration depending on the patient's ability to participate. The remaining 4 sessions occur weekly or bi-weekly after discharge, in coordination with outpatient clinic visits.	HcP	FF	I	QoL	FACIT-Sp	4 8 12

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
Zhou, J, et al., 2020[36]	China	leukemia	118 (58)	59 (59)	59 (56)	,disease-related health education, catheterization management, psychological counseling	not specified - during the hospitalization period	N	FF	I	QoL	SF-36	n/a
Thomas, ML, et al., 2012[37]	USA	mixed	152 (13)	64 (16)	88 (10)	coaching - education (video for managing cancer pain, overcoming attitudinal barriers pamphlet) + motivational interviewing - exploring beliefs about pain, use of analgesics, nonpharmacologic pain management strategies, communication about pain management	4 x 30 minutes telephone call	N	T	I	QoL	FACT-G, SF-36	12
Rodríguez, C.F. et al., 2014[38]	Spain	lung	90 (17)	40 (26)	50 (10)	behavior activation	4 x 60 min sessions	Psy	FF	I	QoL	EORTC QLQ-C30	n/a
													12
Fann, JR, et al., 2009[39]	USA	mixed	215 (60)	112 (63)	103 (58)	depression management	6 to 8 sessions for up to 12 months. the first treatment session lasts one hour, with subsequent sessions lasting 30 minutes	HcP	FF	I	QoL	1-10 scale	12
													24
													48
													72

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
													96
Ohlson-Nevo, EO, et al, 2015[40]	Sweden	mixed	80 (37)	44(42)	36 (32)	education and psychological	once a week for seven weeks, each time 60 minutes of lecture followed by 60 minutes of discussion	N	FF	G	QoL	SF-36	4
													24
													48
Antoni, MH, et al., 2006[41]	USA	breast	199 (100)	92 (100)	107 (100)	cognitive behavior therapy	once a week, for 2 hours, for 10 weeks	Psy	FF	G	QoL	POSM	24
													48
Ashing, KT, et al., 2019[42]	USA	breast	40 (100)	20 (100)	20 (100)	cognitive-behavioral	30-40 minutes sessions with a booster session 1 month after complication of phone sessions	HcP	T	I	QoL	FACT-G	16
Esplen MJ, et al., 2018[43]	Canada	breast	194 (100)	131 (100)	63 (100)	cognitive behavior therapy	once a week for 90 min	Psy	FF	G		FACT-BC, FACT-G	8
													24
													48
Burns DS, et al., 2001[44]	USA	mixed	8 (100)	4 (100)	4 (100)	bonny method of GIM	once a week for ten weeks, for one to two hours	Psy	FF	I	QoL	QoL-CV	10
													16
Dos Santos, M, et al., 2020[45]	France	mixed	167 (96)	48 (n/a)	51 (n/a)	computer-assisted cognitive rehabilitation	9 standardized sessions (45-60 minutes) over 3 months	Psy	FF	I	QoL	FACT-G	12
Gaston-Johansson, F, et al., 2011[46]	USA	breast	73 (100)	38 (100)	35 (100)	comprehensive coping strategy program	1.5 hour session with additional 5 follow ups for 20 minutes each time	HcP	FF	I	QoL	QOLI-CV	48

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
Garssen B, et al., 2012[47]	Netherlands	breast	70 (100)	34 (100)	36 (100)	stress management training	4 sessions of 45-60 minutes each	Psy	FF	I	QoL	EORTC QLQ-C30	2
													5
													4
													13
Hall S ,et al., 2011[48]	UK	mixed	45 (51)	22 (59)	23 (43)	dignity therapy: a brief palliative care Psychotherapy	not sure (maybe 30-60 minutes) of 1 session	Psy	FF	I	QoL	EQ-5D, QoL	1
													4
Nápoles AM, et al. 2015[49]	USA	breast	151 (100)	76 (100)	75 (100)	cognitive–behavioral stress management program integrating evidence-based and community best practices	eight weekly, 90 minute sessions	Peer	FF	I	QoL	FACT-B	12
													24
Gao Q, et al. 2020[50]	China	gastric	80 (22)	40 (18)	40 (28)	health education intervention program	N/A	N	FF	I	QoL	EORTC QLQ-STO22	4
Dieng M, et al. 2020[51]	Australia	skin	151 (45)	70 (29)	81 (59)	psychological intervention designed to reduce fear of cancer recurrence	3 sessions within a 4-week period	M (SH, Psy)	M (SH, T)	M (I, SH)	QoL	AQoL-8D	26
													48
Karlsen RV et al., 2021[52]	Denmark	prostate	35 (0)	16 (0)	19 (0)	n/a	up to six one hours couple counseling sessions	HcP	FF	I	QoL	SF-36 PCS, SF-36 MCS	32
													48
	Netherlands	glioma	89 (58)	45 (58)	44 (59)	self help course		HcP	O	I	QoL		6

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
Boele FW, et al ., 2017[53]							5 weeks online guided self help course with an online support from a coach					SF-36 PCS, SF-36 MCS	12
Braeken APB, et al. 2013[54]	Netherlands	mixed	280 (n/a)	136 (n/a)	144 (n/a)	n/a	during treatment	HcP	FF	I	QoL	EORTC QLQ-C30	12
													48
Cheung YL, et al. 2002[55]	Hong kong	colorectal	59 (32)	29 (33)	30 (31)	progressive muscle relaxation training (PMRT)	PMRT practice at home for 2-3 times a week for 10 weeks. before starting a teaching sessions face to face, and audiocassette for a routine PMRT session	HcP	FF	I	QoL	WHO–QOL	5
													10
Van Der Hout, AVD, et al. 2019[56]	Netherlands	mixed	624 (51)	320 (49)	304 (52)	web-based eHealth application Oncokompas	n/a	SH	SH	SH	QoL	HRQOL	1
													12
													24
Ham, K, et al. 2019[57]	South korea	mixed	42 (86)	21 (86)	21(86)	app-based cognitive behavioral therapy program	1 session per day for 10 weeks at home, excluding weekends, composed of 48 sessions which takes approximately 10–15 min to complete.	SH	O	I	QoL	SF-36	10
Ding, K, et al. 2020[58]	China	breast	74 (100)	34 (100)	40 (100)	n/a	3 to 6 sessions of individual therapy, each lasting 30 minutes	HcP	FF	I	QoL	FACT-B, FACT-Cog	4

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
Fillion, L, et al. 2008[59]	Canada	breast	87 (100)	44 (100)	43 (100)	psychoeducation and physical activity	4 weekly group meetings of 2.5 hours (1,5 hours psychoeducative and 1 hour walking training) and 1x session(5-15 minutes)	N	M (FF, T)	G	QoL	SF-12	4 12
Gonzalez-Hernandez, E, et al. 2018[60]	Spain	breast	56 (100)	28 (100)	28 (100)	cognitively-based compassion training exercises, and guided meditations.	8 weeks, weekly 2 hour session	Psy	FF	G	QoL	FACT-B	8 24
Breitbart, W, et al. 2018[61]	USA	mixed	168 (75)	94 (74)	74 (75)	individual meaning-centered psychotherapy	7	HcP	FF	I	QoL	MQOL	4 8 16
Breitbart, W, et al. 2018[61]	USA	mixed	160 (70)	86 (66)	74 (75)	supportive psychotherapy (SP)	7	HcP	FF	G	QoL	MQOL	4 8 16
van der Meulen, IC, et al., 2013[62]	Germany	mixed	179 (30)	88 (30)	91 (30)	problem-focused and patient driven counseling	maximum of six counseling sessions of 45–60 min every 2 months over a period of 1 year, starting 6 weeks after the completion of cancer treatment	N	FF	I	QoL	EORTC QLQ-C30	48
Turner, J, et al., 2016[63]	Australia	mixed	469 (70)	247 (74)	222 (66)	supportive sessions	four individual sessions, each up to a 30-min duration	HcP	M (FF, T)	I	QoL	EQ-5D-5L, SCNS-S34, FACT-G SCNS-S34	10

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
												FACT-G	
Reese, JB, et al., 2021[64]	USA	breast	144 (100)	73 (100)	71(100	multimedia intervention	n/a	Psy	FF	I	QOL	FACT-Q	8
Powell, CB, et al., 2008[65]	USA	gynecological	64 (100)	21 (100)	43 (100)	counselling	one-time intervention	Psy	FF	I	QOL	FACIT	12
Nikbakhsh, N, et al., 2018[66]	Iran	breast	40 (100)	20 (100)	20 (100)	supportive therapy	weekly for 8 weeks, each 45 min	Psy	FF	G	QoL	WHO-QOL-BREF	12
Fang, P, et al.,2020[67]	China	gastric	120 (40)	60 (40)	60 (40)	supportive care and humanistic care	3x40 min during hospital stay	N	FF	I	QOL	n/a	4
Mihuta, ME, et al., 2018[68]	Australia	mixed	65 (100)	32 (100)	33 (100)	cognitive behavioral therapy	4 session (1 per week)	HcP	O	G	QOL	FACT-Cog, EORTC-QLQ	4
McLachlan, SA, et al., 2001[69]	Australia	mixed	450 (41)	296 (n/a)	154 (n/a)	consultation	average 15 minute session, only one session	N	FF	I	QOL	EORTC QLQ-C30	24
Edmonds et al.,1999[70]	Canada	breast	66 (100)	30 (100)	36 (100)	psychoeducation	2 h per week/35 weeks	HcP	FF	G	QOL	FLIC	54
Li, J, et al., 2019[71]	China	colorectal	498 (n/a)	249 (n/a)	249 (n/a)	health education, psychological counseling	n/a	N	T	I	QoL	QLQ-C30	12
Elyasi, F, et al., 2021[72]	Iran	breast	30 (100)	15 (100)	15 (100)	CBT or hypnosis	8x one-hour treatment sessions	HcP	FF	I	QoL	EORTC – BR 23	24
						hypnosis only							
Ferguson, RJ, et al., 2012[73]	USA	breast	40 (100)	19 (100)	21 (100)	brief cognitive behavioral therapy	four biweekly individual office visits 30–50 minutes	HcP	FF	I	QoL	QOL-CS	8

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
Willems, R, et al., 2016[74]	Netherlands	mixed	409 (81)	188 (81)	221 (81)	psychosocial support trough a website	four components divided over two sessions	SH	SH	SH	QoL	EORTC QLQ-C30	24
Wu, Q, et al., 2021[75]	China	breast	86 (100)	43 (100)	43 (100)	WeChat, psychological counseling	3 months	N	O	I	QoL	SF-36	12
Yun et al., 2017[76]	South Korea	mixed	206 (80)	134 (82)	72 (75)	health education, leadership, and coaching education, leadership, and coaching	16 sessions of tele-coaching were conducted: 30 min per week for 12 sessions, 30 min per 2 weeks for 2 sessions, and 30 min per month for 2 sessions were offered for the intervention	HcP	T	I	QoL	EORTC QLQ-C30	48
Zhao, X, et al., 2021[77]	China	glioma	103 (n/a)	52 (n/a)	51 (n/a)	cognitive behavioral therapy	twice a week	N	FF	I	QoL	QLQ-C30	12
Zhao,X, et al. 2015[78]	China	lung	124 (n/a)	62 (n/a)	62 (n/a)	supportive psychological intervention	n/a	N	FF	I	QoL	QLQ-C30	0,3
Rosen, KD, et al., 2018[79]	USA	breast	112 (100)	57 (100)	55 (100)	mindfulness	training fully accessible	SH	SH	SH	QoL	FACT-B	5
Ruiz-Vozmediano, J, et al.,2020[80]	Spain	breast	63 (100)	31 (100)	32 (100)	mindfulness	twice-weekly 90-minute session	Psy	FF	G	QoL	EORTC QLQ-C30	24
Von Ah, D, et al.,2012[81]	USA	breast	89 (100)	n/a (100)	n/a (100)	memory training to improve cognitive functions	10x1-hour training session, over 6-8 weeks	HcP	FF	G	QoL	QOL-CS, QOL-CV, SF-36	8

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
						speed of processing training to improve cognitive functions							
Lengacher, CA, et al., 2009[82]	USA	breast	82 (100)	40 (100)	42 (100)	mindfulness-based stress reduction	weekly 2-hours session	Psy	FF	G	QoL	SF-36	6
Beatty, L. et al. 2015[83]	Australia	mixed	60 (95)	30 (90)	30 (100)	self-guided Web-based cognitive behavior, cancer coping	once a week, six weeks	HcP	O	I	QoL	EORTC-QLQ-C30	6 13,03 26,07
Chu, X. et al, 2020[84]	China	breast	84 (100)	42 (100)	42 (100)	mindfulness-based cognitive therapy (MBCT)	MBCT training for 8 weeks, 2 hours per week homework for each class, which takes 20 to 45 min to complete every day.	HcP	FF	I	QoL	FACT-G	8 12
Berglund, G. et al. 2007[85]	Sweden	prostate	189 (0)	39 (0)	150 (0)	"Between Men" programme	seven weekly sessions (60 minutes)	HcP	FF	G	QoL	EORTC QLQ-C30	48
Dirksen, S. et al, 2007[86]	USA	breast	72 (100)	34 (100)	38 (100)	cognitive behavioral therapy	Total Ten weeks; 2-week pre-treatment; a 6-week treatment four times per week; 2-week post-treatment-conducted through individual weekly phone sessions. The first class was approximately 2 hours in length, the remaining three classes were an hour or less, and the phone sessions lasted	N	T	I	QoL	FACT-G, FACT-B SWB	10

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
							approximately 15 minutes.						
Dolbeault, S. et al. 2008[87]	France	breast	168 (100)	81 (100)	87 (100)	psychoeducational intervention	once a week (2hrs) for eight weeks	Psy	FF	G	QoL	EORTC QLQ-C30	1 4
Aranda, S. et al 2006[88]	Australia	breast	60 (100)	30 (100)	30 (100)	psychoeducational intervention	once a week, 1.5 hours (1 hour meeting and 30 min call)	N	M (FF, T)	I	QoL	EORTC QLQ-30	4 13
Baoyindeliger, L.Z. et al. 2020[89]	China	esophageal	130 (n/a)	65 (34)	65 (30)	psychological nursing care intervention	n/a	N	FF	I	QoL	SF-36	2
Armes, J. et al. 2007[90]	UK	mixed	53 (60)	26 (64)	27 (56)	psychoeducational intervention	3 occasions 1 hour	HcP	FF	I	QoL	EORTC QLQ- C30	n/a 4 39
Compen F. et al, 2018[91]	Netherlands	mixed	155 (86)	77 (43)	78 (43)	Mindfulness-based cognitive therapy (MBCT)	eight weekly 2.5-hour group sessions + a 6-hour silent day, and daily home practice assignments	Psy	FF	G	QoL	SF-12	8
						(eMBCT) individual internet-based MBCT			O	I			
	Australia	prostate	331 (0)	165 (0)	166 (0)	consultations		N	FF	G	QoL	EPIC-26	7

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
Schofield, P, et al., 2016[92]							beginning of treatment (week 1), mid-treatment (week 4), treatment completion (week 7) and 6-weeks post-treatment (week 13)						24
Hauffman, A, et al., 2020[93]	Sweden	mixed	245 (71)	124 (75)	121 (67)	psychoeducative lectures	continuous access for the material	M (HcP, SH)	SH	SH	QoL	EORTC QLQ-C30	4
													16
													28
													40
Jelvehzadeh, F, et al., 2022[94]	Iran	breast	48 (100)	24 (100)	24 (100)	n/a	8 sessions for 8 weeks, each session lasts for 120 min	HcP	FF	G	QoL	MQOL	8
													12
Qiu, H, et al., 2018[95]	China	breast	294 (100)	98 (100)	196 (100)	cognitve behavioral therapy	nine sessions for 12 weeks	Psy	FF	I	QoL	FACT-B	4
													12
													24
						self-care management							4
													12
													24
Girgis, A, et al., 2009[96]	Wales	mixed	356 (n/a)	n/a	n/a	supportive care interventions general oncologist/practitioner model	baseline and at 3 and 6 months	HcP	M (FF, O)	I	QoL	EORTC QLQ-C30	12
									M (FF, O)				24

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
						supportive care interventions telephone caseworker			T				12
									T				24
Guan, S, et al., 2019[97]	China	mixed	100 (100)	50 (100)	50 (100)	psychological intervention	5-year prognostic follow-up were recorded.	HcP	FF	I	QoL	EORTC-QLQ-C30	8
Guo, Z, et al., 2013[98]	China	mixed	178 (58)	89 (58)	89 (58)	psychoeducation, cognitive-behavioral therapy, supportive–expressive therapy	two 60-min face to face interviews each week	HcP	FF	G	QoL	EORTC QLQ-C30	2
											S	n/a	n/a
Heiney, SP, et al., 2003[99]	USA	breast	66 (100)	33 (100)	33 (100)	n/a	6 weekly sessions that were 90 minutes long, conference phone call	Psy	T	G	QoL	EORTC QLQ-BR23	6
													16
Henderson, VP, et al., 2013[100]	USA	breast	111 (100)	53 (100)	58 (100)	mindfulness based stress reduction (MBSR)	(1) an introductory meeting for one group; (2) 8 weekly 2.5- to 3.5-hour sessions in Gs of 25 to 30 women, with an additional 7.5-hour intensive retreat session given in the sixth week; and (3) 3 additional 2-hour sessions at monthly intervals following completion of the MBSR intervention	HcP	FF	G	QoL	FACT-B	16

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
Henderson, VP, et al., 2012[101]	USA	breast	111 (100)	53 (100)	58 (100)	Mindfulness based stress reduction (MBSR)	(1) an introductory meeting for an introductory meeting for one group; (2) the 8-week standard MBSR intervention to a heterogeneous G of patients with a variety of medical/psychiatric disorders, seven weekly 2.5 to 3.5-hour sessions and one 7.5 hour intensive silent retreat session in the 6th week; (3) three monthly 2-hour sessions for BRIDGES-only participants following completion of the MBSR	HcP	FF	G	QoL	FACT-B	16
Hoffman, CJ, et al., 2013[102]	UK	breast	229 (100)	n/a (100)	n/a (100)	mindfulness-based stress reduction	9 weekly, 2 hours , except the 1st and last classes were 2.25 hours, plus one 6-hour day of mindfulness in week 6. Home practice was delivered by four 45-minute compact discs of formal mindfulness practices and a manual. Participants were asked to practice for 40 to 45 minutes for 6 or 7 d/wk	HcP	M (FF, SH)	M (G, SH)	QoL	FACT-B FACT PWB FACT SWB FACT EWB FACT FWB	8; 12

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
Johansson, B, et al., 2008[103]	Sweden	mixed	481 (58)	n/a (n/a)	n/a (n/a)	individual support	The median number of contacts was 3 (minimum–maximum: 1–24).	Psy	M (FF, T)	I	QoL	EORTC QLQ C-30	12
													24
													48
													96
Kim, YH, et al., 2017[104]	South Korea	breast	60 (100)	30 (100)	30 (100)	psychological intervention	6 weeks, as patients visited the clinic every 3 weeks for their chemotherapy, all the data were collected during these visits.	N	M (FF, T)	I	QoL	EORTC QLQ C-30	6
													9
Klafke, N, et al., 2019[105]	Germany	breast	231 (100)	112 (100)	113 (100)	supportive care intervention using complementary and integrative medicine	weekly, maximum time of the intervention was set to 24 weeks	N	FF	I	QoL	EORTC-QLQ-C30	12
													24
													48
Rahmani, S, et al. 2015[106]	Iran	breast	24 (100)	12 (100)	12 (100)	mindfulness based stress reduction	once a week in a 2-hour session for 8 weeks	Psy	FF	G	QoL	EORTC QLQ-C30, EORTC QLQ-BR23	8
													16
Reich, RR, et al. 2016[107]	USA	breast	322 (100)	167 (100)	155 (100)	mindfulness based stress reduction	six-week, two-hour per week	Psy	FF	G	QoL	SF-36	6
													12
Savard, J, et al., 2006[108]	Canada	breast	37 (100)	21 (100)	16 (100)	cognitive therapy	weekly sessions of 60 to 90 min for 8 weeks plus 3 booster sessions every 3 weeks	Psy	FF	I	QoL	QLQ-C30	8

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
Schellekens, MPJ, et al. 2016[109]	Canada	breast	139 (100)	69 (100)	70 (100)	mindfulness-based cancer recovery	8 weekly group sessions of 90 min each plus a 6-h silent retreat between weeks 6 and 7 for a total of 18 contact hours	HcP	FF	G	QoL	FACT-B	8
van den Berg, SW, et al. 2015[110]	Netherlands	breast	150 (100)	70 (100)	80 (100)	cognitive behavioral therapy	sixteen fully automated weekly modules (16 weeks)	SH	SH	SH	QoL	EORTC QLQ-C30	4
Wang, TJ, et al., 2023[111]	Taiwan	colorectal	142 (41)	70 (33)	72 (49)	self-management support program	two personal skills training sessions, and 12 follow-up telephone calls	SH	M (FF, T)	SH	QoL	FACT-G	8 16 24
Xia, S, et. al., 2023[112]	Ireland	colorectal	160 (n/a)	80 (41)	80 (34)	cognitive behavioral stress management	10 times, weekly 120 minutes	HcP	FF	G	QoL	EORTC QLQ-C30	4 12 24
Peng, L, et al., 2022[113]	China	breast	57 (100)	28 (100)	29 (100)	mindfulness-based stress reduction	6 week, weekly 1,5 h plus daily 30 mins	Psy	FF	G	QoL	EORTC QLQ-C30	0,1 4
Kissane, DW, et al., 2023[114]	Australia	mixed	107 (n/a)	55 (73)	52 (79)	meaning and purpose theraphy	six 60 mins session every two weeks	HcP	FF	I	QoL	MQOL-revised	12 24

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
Zaman, ACGNM, et al., 2021[115]	Netherlands	mixed	88 (na)	42 (36)	46 (33)	tailored work-related intervention	3 times 30 minutes in the beggining, then at 6 month and at 9 month	HcP	M (FF, T)	I	QoL	SF-12	12
Kim, SH, et al., 2021[116]	South Korea	breast	94 (100)	47 (100)	47 (100)	partnership-based, needs tailored self-management support intervention	10 session, 15-20 minutes over 7 weeks	N	T	I	QoL	SF-36	8
McCusker, J, et al., 2021[117]	Canada	mixed	145 (n/a)	121 (75)	124 (82)	Can Direct-depression self-care intervention	15 calls for 15 mins	HcP	T	I	QoL	SF-12	12 24
Lee, JT, et al., 2022[118]	Taiwan	mixed	60 (100)	30 (100)	30 (100)	mindfulness-based stress management	12 week, 2 hours weekly	Psy	FF	G	QoL	FACT-G	12 24
Lu, Z, et al., 2021[119]	China	mixed	326 (n/a)	214 (30)	114 (32)	early supportive care intervention	n/a	Psy	FF	I	QoL survival	EORTC QLQ-C30 n/a	9 n/a
Kirkegaard, AM, et al. 2023[120]	Denmark	breast	198 (100)	96 (100)	102 (100)	cognitive existential therapy	2 times 6 hours session, plus eight session 2,5 hours each	Psy	FF	G	survival	n/a	n/a
Cengiz, HO, et al., 2023[121]	Turkey	breast	65 (100)	32 (100)	33 (100)	mindfulness-based therapy	8 weeks, weekly, 45-60 mins sessions	HcP	O	G	QoL	FACT-G, FACT-Sp	8

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
Seliniotaki, T, et al., 2021[122]	Greece	breast	53 (100)	27 (100)	26 (100)	stress management program	8 session weekly, 45 minutes each	Psy	FF	I	QoL	EORTC QLQ-C30	8
Articles included in the systematic review													
Anderson, K. et al, 2006[123]	USA	mixed	57 (79)	44 (n/a)	13 (n/a)	n/a	practice at least 5 times a week (for each of 2 weeks) for approximately 20 minutes per session.	SH	SH	SH	QoL	FACT-G	2,5 8,5
Björneklett, HG, et al., 2012[124]	Sweden	breast	383 (100)	n/a (100)	n/a (100)	psychosocial support intervention	4 months after the end of adjuvant treatment and ran for 7 days, followed by a 4-day follow-up 2 months after the initial visit	HcP	FF	G	QoL	EORTC QLQ-C30, EORTC QLQ-BR23	8 24 48
Børøsund, E. et al. 2020[125]	Norway	mixed	172 (82)	n/a (n/a)	n/a (n/a)	n/a	10 modules on the app, practice content for at least 30 minutes per day	SH	SH	SH	QoL	HRQoL (RAND-36)	12
Carbajal-López, E. B. et al. 2020[126]	Mexico	stomach	27 (59)	13 (n/a)	14 (n/a)	internet-delivered cognitive behavioral stress management intervention and psychoeducation program	once a week for two hours	HcP	O	I	QoL	EORTC QLQ-30	5 13

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
Rahmani, S, et al. 2014[127]	Iran	breast	36 (100)	n/a (100)	n/a (100)	mindfulness based stress reduction	once a week in a 2-hour session for 8 weeks	Psy	FF	G	QoL	EORTC QLQ-C30, EORTC QLQ-BR23	8
													16
						metacognition therapy							8
													16
Carlson, L. et al, 2013[128]	Canada	breast	165 (100)	111 (100)	54 (100)	mindfulness-based cancer recovery	8 weekly group sessions of 90 minutes each plus a 6-hour workshop between weeks 6 and 7 for a total of 18 contact hours	HcP	FF	G	QoL	FACT-B	8
						supportive-expressive therapy	12 weekly sessions of 90 minutes each	Psy					
Ell, K, et al., 2008[129]	USA	mixed	472 (100)	242 (100)	230 (100)	Alleviating Depression Among Patients With Cancer psychotherapy	weekly sessions ranging from 6 to 12 weeks	HcP	T	I	QOL	FACT-G	48
Lapid, MI, et al., 2007[130]	USA	geriatric	33 (100)	17 (100)	16 (100)	psychosocial intervention	in 4 weeks: 8 times 90 minutes session	Psy	FF	G	QoL	LAPAQ	4
													8
													27
Lu, J, et al., 2017[131]	China	nasopharyngeal	106 (n/a)	53 (n/a)	53 (n/a)	health education and behavior therapy and psychological counseling	n/a	N	FF	I	QoL	EORTC QLQ-C30	n/a
													24
													48
													96

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
Murphy, MJ, et al., 2019[132]	Australia	mixed	114 (89)	53 (87)	61 (90)	cognitive behavioral therapy	8 lessons over 16 weeks	HcP	O	I	QoL	FACT-G	16
Pettiford, J, et al., 2017[133]	USA	breast	103 (100)	47 (100)	56 (100)	bio-psychosocial intervention program	two occasion 4 hour class	HcP	FF	G	QoL	FACT-B	24 48 72 96
Poort, H, et al., 2020[134]	Netherlands	mixed	134 (57)	n/a (n/a)	n/a (n/a)	cognitive behavioral therapy for fatigue	10 sessions, 1 hour each, over 12 weeks	Psy	FF	I	QoL	EORTC QLQ-C30	14
Ramirez, AG, et al., 2019[135]	USA	mixed	288 (54)	n/a (53)	n/a (55)	community delivered intervention	3 months, sessions not specified	HcP	M (T, O)	I	QoL	FACT-G	12 36 60
Rottmann, N, et al., 2012[136]	n/a	mixed	452 (n/a)	208 (70)	244 (59)	psychosocial rehabilitation course	6 day, weekly plus weekly 20 mins sessions	HcP	FF	G	QoL	EORTC QLQ-C30	4,24
Sharpe, M, et al., 2014[137]	UK	n/a	500 (n/a)	253 (90)	247 (90)	depression care for people with cancer programme	max 10 session over 4 months	N	FF or T	I	QoL	EORTC-QLQ-C30	12 36 48

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
Sohl, SJ, et al., 2017[138]	USA	breast	139 (100)	69 (100)	70 (100)	expressive writing	four, 20-min session, two sessions per week spaced 48 h apart	SH	SH	SH	QoL	FACT-B	4
Van Amstel et al., 2019[139]	Netherlands	breast	194 (100)	96 (100)	98 (100)	emotional support, education about cancer	every 3 months during the follow-up visits in the first year and every 6 months during the second year of follow-up	N	FF	M (I, T)	QoL	EORTC QLQ C-30	12 24 36 48 72 96
Yanez, B, et al., 2015[140]	USA	prostate	74 (0)	37 (0)	37 (0)	manualized cognitive behavioral stress management, relaxation + stress management techniques	10 weeks , 90 min/sessions	HcP	O	G	QoL	FACT-G	24
Wenzel, L, et al., 2015[141]	USA	cervical	203 (100)	115 (100)	88 (100)	psychosocial counseling	included five weekly sessions and a 1-month booster.	HcP	T	I	QoL	FACT-Cx, FACT-TOI, FACT Additional Concerns, FACT-G	36 16
Urech, C, et al., 2018[142]	Switzerland	mixed	129 (85)	65 (82)	64 (88)	stress management	8 weeks	SH	SH	SH	QoL	FACT-G	8

Author	Country	Cancer type	Sample size (female% of total)	Sample size (female% of intervention)	Sample size (female% of control)	Intervention name	Intervention's duration	Intervention's provider	Intervention's environment	Intervention type	Outcome	Questionnaire	Time of the measurement in weeks
Burns DS, et al., 2001[44]	USA	mixed	80 (100)	40 (100)	40 (100)	bonny method of guided imagery and music	once a week for ten weeks, for one to two hours	Psy	FF	I	QoL	QoL-CA	10 16
Lerman, R, et al., 2012[143]	UK	mixed	68 (100)	48 (100)	20 (100)	mindfulness-based stress reduction	once a week for 2 hours class and a single 4 hours weekend retreat held twice	Psy	FF	G	QoL	EORTC QLQ-C30	8

Table 1. Main characteristics of the included studies: Abbreviations: AQoL-8D, Assessment of Quality of Life; BSI-GSI, Brief Symptom Inventory-Global Severity Index; CBT, Cogntive Behavior Therapy CCV, Cuestionario de Calidad de Vida; EORTC QLQ-BR23, European Organization for Research and Treatment of Cancer Quality of Life Questionnaire-Breast Cancer; EORTC-QLQ-C30, European Organization for Research and Treatment of Cancer Quality of Life Questionnaire C-30; EORTC-QLQ-PR25, European Organization for Research and Treatment of Cancer Quality of Life Questionnaire-Prostate Cancer; EORTC QLQ-STO22, European Organization for Research and Treatment of Cancer Quality of Life Questionnaire-Gastric Cancer; EPIC-26 , Expanded Prostate Cancer Index Composite Short-Form; EQ-5D-VA, EuroQol-5D visual analogue scale; EuroQol 5D-5L, EuroQol-5D-5 level; FACIT-Sp, Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being Scale; FACIT, Functional Assessment of Cancer Therapy; FACT-B (Functional Assessment of Cancer Therapy-Breast; FACT-C; Functional Assessment of Cancer Therapy-Colorectal; FACT-Cx, Functional Assessment of Cancer Therapy-Cervix; FACT EWB, Functional Assessment of Cancer Therapy-Emotional Well-being; FACT-F (Functional Assessment of Cancer Therapy-Fatigue; FACT FWB (Functional Assessment of Cancer Therapy-Functional Well-being; FACT-G, Functional Assessment of Cancer Therapy-General; FACT PWB, Functional Assessment of Cancer Therapy-Physical Well-Being; FACT SWB, Functional Assessment of Cancer Therapy- Social Well-Being; FF, Face-to-face; FLIC; Functional Living Index Cancer; G, Group; GHQ-28, General Health Questionnaire; GQOL, Global Quality of Life Scale; HcP(Healthcare Professional; IIEF, International Index of Erectile Function; IPSS, International Prostate Symptom Score; I, Individual; LASA, Spitzer Uniscale and Linear Analogue Self-assessment; MBCT, Mindfulness Based Cognitive Therap; MBSR, Mindfulness Based Stress Reduction; M, Mixed; MQOL, McGill Quality of Life Questionnaire; N, Nurse; O, Online; PCI, Prostate Cancer Index; PCQoL, Prostate Cancer Quality of Life Instrument; POSM, Positive States of Mind; PSQI, Pittsburgh Sleep Quality Index; Psy, Psychologist; QoL-CA, Quality of life Cancer Scale; QOLI-CV, Quality of Life Cancer Version; RAND-36-HRQoL, RAND 36-Item Health Survey- Health-Related Quality of Life; SCNS-S34, Supportive Care Needs Survey; SF-36, Short Form Health Survey; SF-36 MCS, Short Form Health Survey Mental Component Summary; SH, Self-help; T, Telephone; WHO–QOL-BREF, The World Health Organization Quality of Life brief version

Section S2. Statistical Analysis

SURVIVAL

We used hazard rate (HR) with 95% confidence interval (CI) for the effect size measure of survival. The hazard ratios with its CI were extracted from each study directly from the written text or using the published survival functions (Kaplan-Meier plots). *Additional data collection was performed, with the GetData Graph digitizer version 2.26.0.20.*

As we anticipated considerable between-study heterogeneity, a random-effects model was used to pool effect sizes.

Inverse variance weighting method was used to calculate the pooled HR using the point estimates for HR and the standard error calculated from the confidence interval (using standard normal approximation on logarithmic scale).

For the outcomes where the study number was at least 5, a Hartung-Knapp adjustment (Knapp and Hartung 2003; IntHout, Ioannidis, and Borm 2014) was used. Below 5 studies, we do not apply the adjustment.

To estimate the heterogeneity variance measure τ^2 the restricted maximum-likelihood estimator was applied with the Q profile method for confidence interval Veroniki et al. (2016).Additionally, between-study heterogeneity was described by the Higgins&Thompson's I^2 statistics (Higgins and Thompson 2002).

Forest plots were used to graphically summarize the results.

Where applicable we reported the prediction intervals (i.e. the expected range of effects of future studies) of results following the recommendations of IntHout et al. (2016).

Outlier and influence analyses were carried out following the recommendations of Harrer et al. (2021) and Viechtbauer and Cheung (2010). Publication bias was assessed with Egger's test (at significance level 10% as small study number) using the classical Egger's method to calculate the test statistic Sterne et al. (2011). Based on the Cochrane Handbook the following cut-off points are given:

"Thresholds for the interpretation of I2 can be misleading, since the importance of inconsistency depends on several factors. A rough guide to interpretation is as follows:

0% to 40%: might not be important; 30% to 60%: may represent moderate heterogeneity; 50% to 90%: may represent substantial heterogeneity; 75% to 100%: considerable heterogeneity."

All statistical analyses were made with R (R Core Team 2021, v4.1.2) using the *meta* (Schwarzer 2022, v5.2.0)and *dmetar* (Cuijpers, Furukawa, and Ebert 2022, v0.0.9000) packages.

QUALITY OF LIFE:

Due to the differences in the questionnaires, a standardized mean difference (SMD) with 95% confidence interval was used for the effect size measure between intervention and control group. We used Hedges' g as SMD(Hedges 1981).

To calculate SMD we made the following steps:

I. At first we extracted the mean.

II. Then, we extracted or estimated the SD of change as written below:
1. If SD was given we extracted those values.
2. If the standard error (SE) is given, the SD was calculated by multiplying the SE by the square root of the sample size.
3. If the 95% confidence interval of mean was given, the SE was calculated using the

R_{est}= {SD{baseline}^2 +SD_{followup}^2 - SD_{change}^2}{2 * SD_{baseline} *SD_{followup}}

2∗t n−1 , where *Ul* is the upper limit and *Ll* is the lower limit of the confidence interval and *t* is the t-value of a corresponding Student t-distribution with *n-1* degrees of freedom and 5% (2,5% symmetrical) p-value. Then the SD was calculated as written before.

As we anticipated considerable between-study heterogeneity, a random-effects model was used to pool effect sizes.

As several studies reported the observed values at different times, we added an additional random-effect based on each study.

We used the following assumptions:

- A continuous-time autoregressive structure is assumed for time dependence. Baseline data also included in the T0 time point.

To estimate the correlation structure, we determined the correlation coefficient (R change) of baseline and follow up values based on the extracted or calculated SD of change if the SD for baseline and follow up results was also given, using the following formula:

$$Rest = SD2baseline/\mathrm{dd}$$

-where *SD*s are the standard deviation of the corresponding situation (baseline, after follow up, change).

If there were at least 3 articles, then the mean of the calculated R values was used as a starting value for estimated correlation coefficient (Rest) in the correlation structure. (Otherwise we used the value 0.65 as in the outcomes with calculated R based on more articles resulting in this value.) In any case we run the final model with different R values to see its effect. Additionally the final model results were modified with cluster-robust test and

confidence interval estimation adjustment using the club sandwich method with small-sample and Satterthwaite approximation.

- To handle the assumed nonlinearity change in time, the squared value of time is also included in the linear model additionally on time as predictor. (Based on descriptive plots and to keep the model simpler and not more overfitted, no higher order component was used.)
- We included the following pre-identified interested predictor variables: *follow-up time value versus baseline value* (as a categorical variable) and one of the following: *provider type*, *environment type*, *intervention type*, *cancer stage*, *duration*). We did models with each predictor separately as it is easier to interpret and summarize the data, although confounding effects may occur and additionally there was limited information on *cancer stage* and *duration*.
- Possible interaction with time of interested variables was also checked using the information criterion (as AIC and BIC values). Our preliminary plan was to include the interaction in the final model if the interaction creates a better model based on the AIC and BIC values (if both AIC and BIC decreased by 2) and the parameter(s) of interaction is significant at level 5%. Based on these criterias we found no evidence to keep interactions in the model.

We report the calculated estimates with 95% CI. For categorical predictor variables an anova (Wald type) result is also given. We made predictions based on the model and we summarized it on forest plots with subgroups for easier interpretations. In this plot SMDs are also shown for individual studies and the overall effect we used the predicted value from the model without the grouping variable.

Inverse variance weighting method was used to calculate the pooled SMD.

To estimate the heterogeneity variance measure τ^2, restricted maximum-likelihood estimator was applied Veroniki et al. (2016).

Publication bias and small study effect was assessed using funnel plots.

All statistical analyses were made with R (R Core Team 2022, v4.2.1) using the following packages: *metafor*(Viechtbauer 2022, v3.4.0) for model calculations, publication bias and influential assessment, *meta* (Schwarzer 2022, v5.5.0) for forest plots, *ggplot2* (Wickham et al. 2022, v3.3.6) for prediction plots.

S2.Overall plots

Figure.S2.1.T12

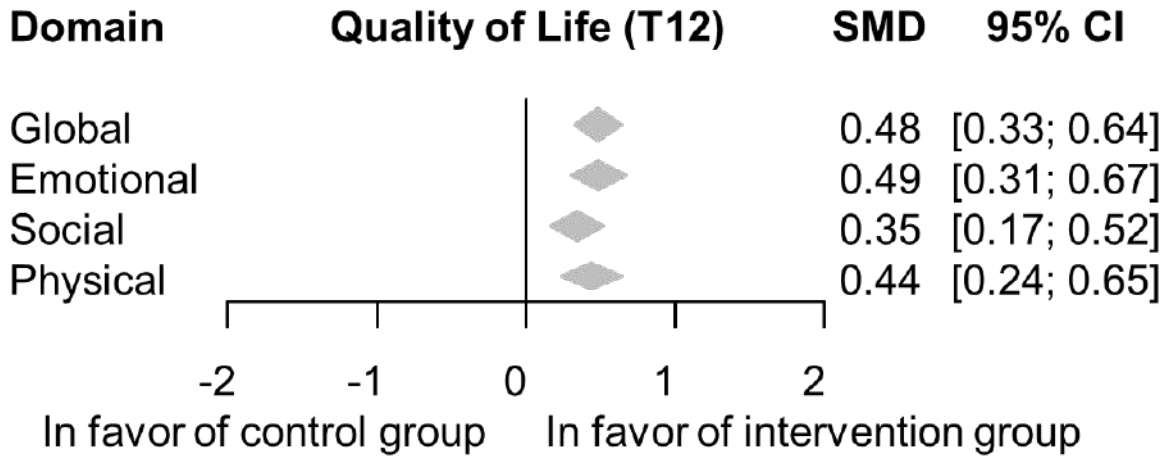


Figure S.2.1. Psychological interventions improve Quality of Life (QoL). Forest plot of pooled results representing that psychological interventions have a significant effect on improving global, emotional, social and physical quality of life compared to the control group estimated at 12 weeks (T12). SMD - Standardized mean difference, CI- confidence interval. Forest plots for individual study effects can be found in S4-S22.

Figure S2.2.T24

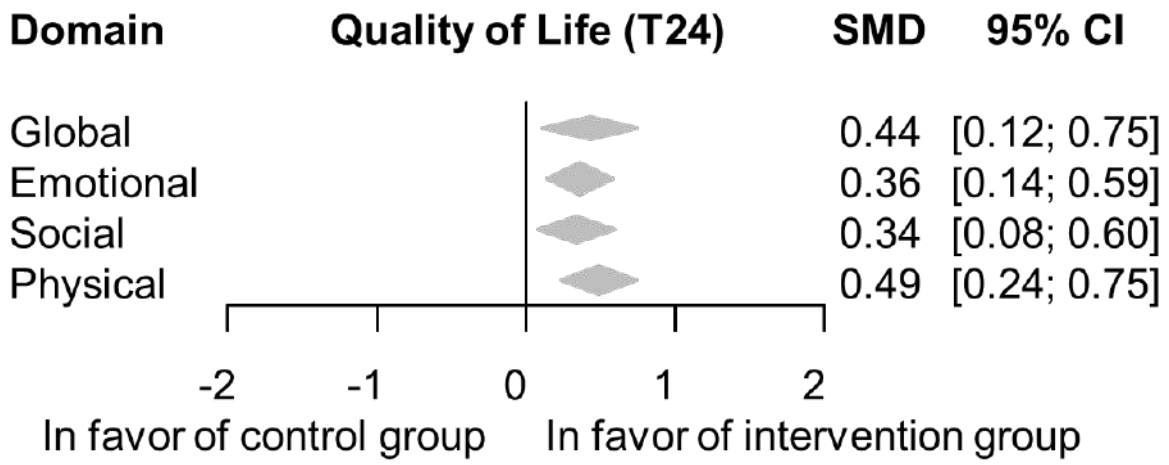


Figure S.2.2. **Psychological interventions improve Quality of Life (QoL).** Forest plot of pooled results representing that psychological interventions have a significant effect on improving global, emotional, social and physical quality of life compared to the control group estimated at 24 weeks (T24). SMD - Standardized mean difference, CI- confidence interval. Forest plots for individual study effects can be found in S4-S22.

Figure S2.3.T48

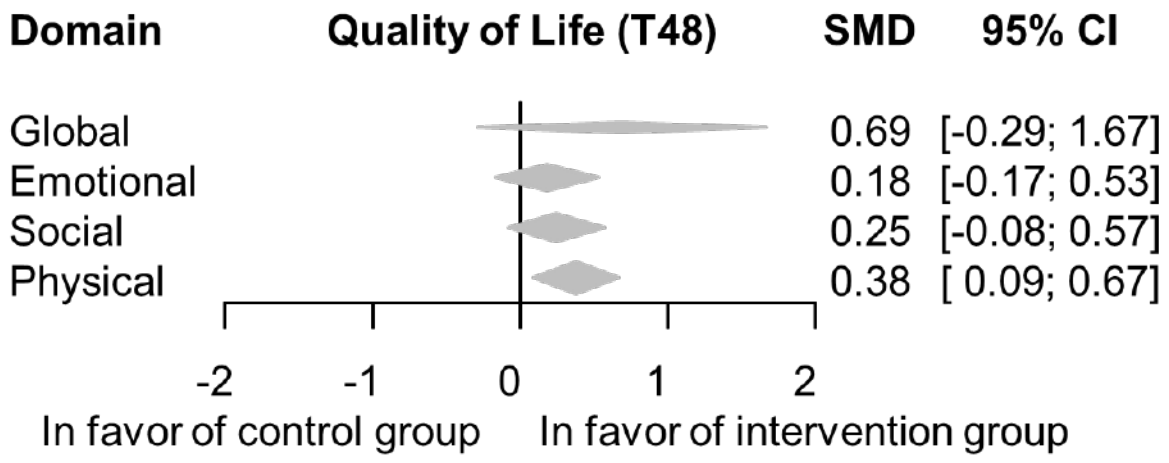


Figure S.2.3. **Psychological interventions improve Quality of Life (QoL).** Forest plot of pooled results representing that psychological interventions have a significant effect on improving physical quality of life compared to the control group estimated at 48 weeks. SMD - Standardized mean difference, CI- confidence interval. Forest plots for individual study effects can be found in S4-S22

S3. Subgroup analysis of Global QoL: Provider

Figure S3.1.T0

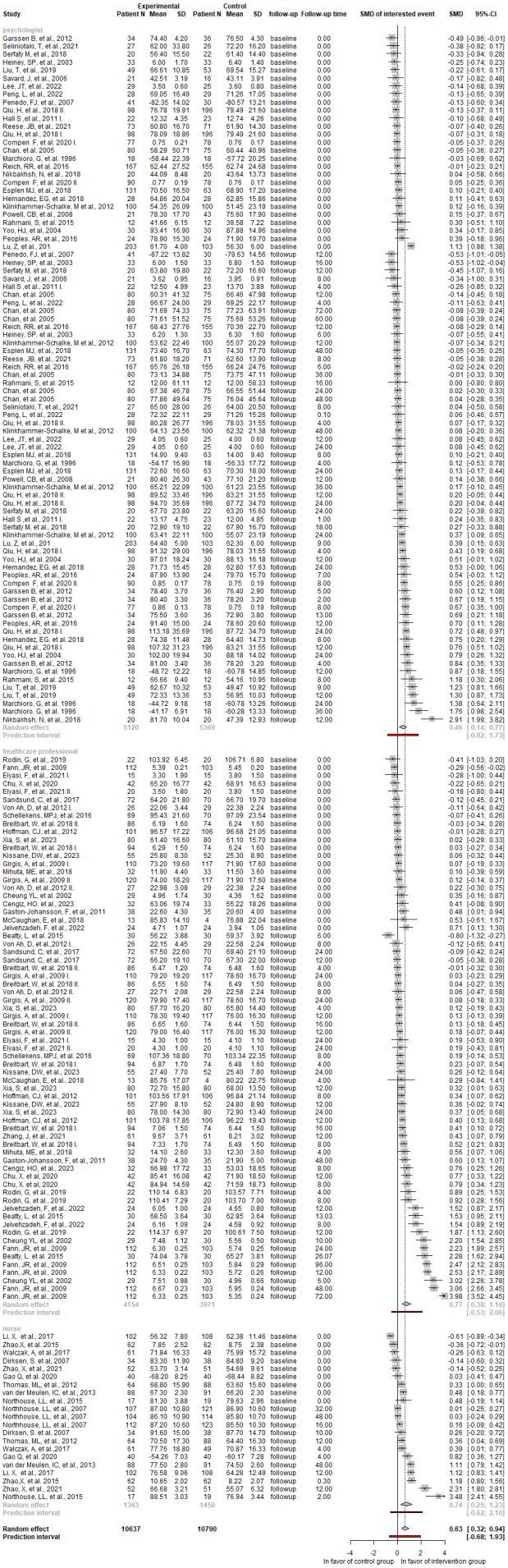


Figure S3.1. Subgroup analysis of the Global QoL. Forest plot represents the difference between the intervention vs. control group in the Global QoL domain with the provider subgroups as predicted at week 0 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S3.2.T12

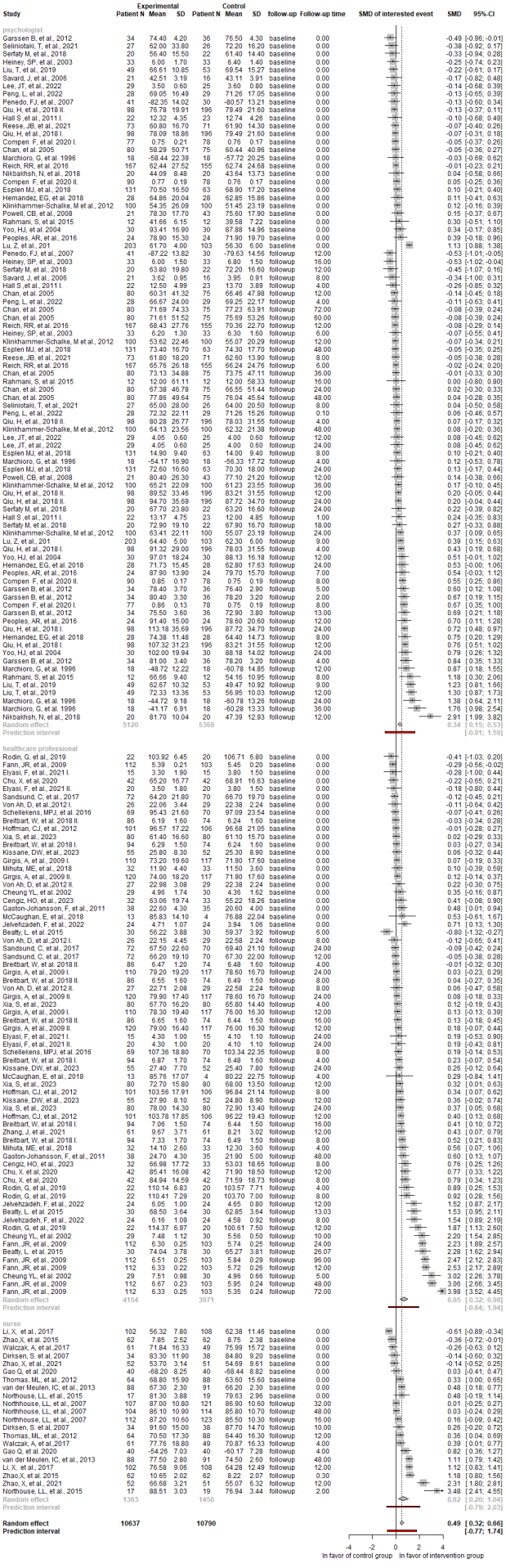


Figure S3.2. Subgroup analysis of the Global QoL Forest plot represents the difference between the intervention vs. control group in the Global QoL domain with the provider subgroups as predicted at week 12 (post-intervention). SMD - Standardized mean difference, CI - confidence interval

Figure S3.3.T24

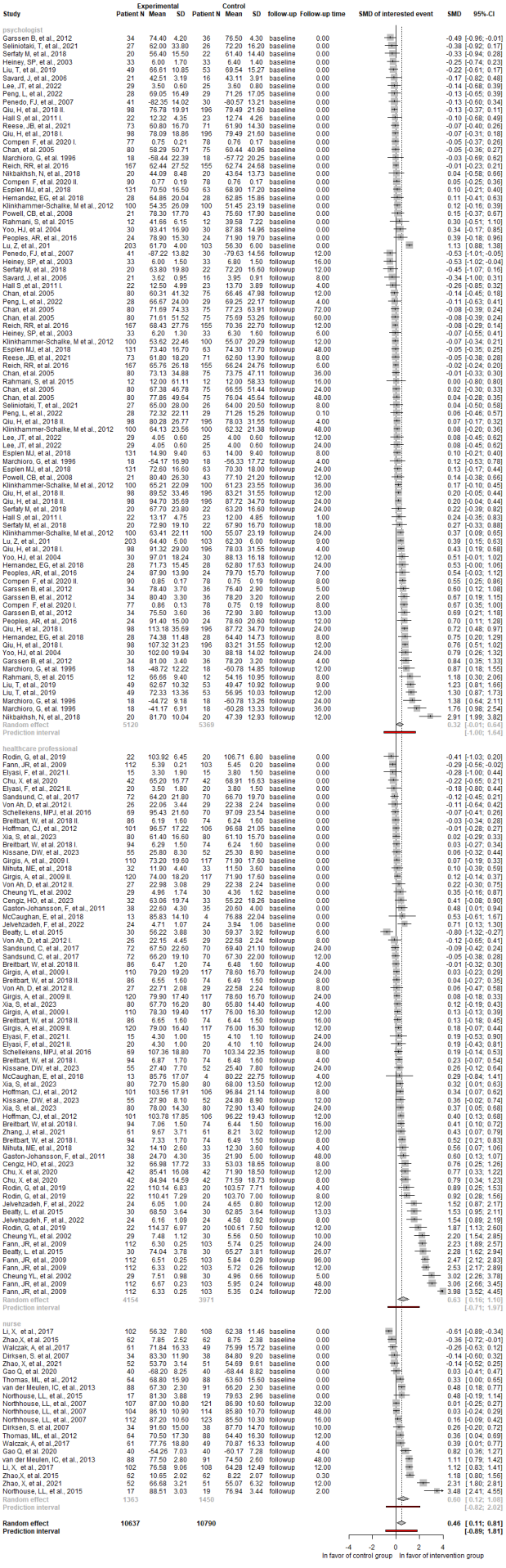


Figure S3.3. Subgroup analysis of the Global QoL. Forest plot represents the difference between the intervention vs. control group in the Global QoL domain with the provider subgroups as predicted at week 24 (post-intervention). SMD - Standardized mean difference, CI - confidence interval

Figure S3.4.T48

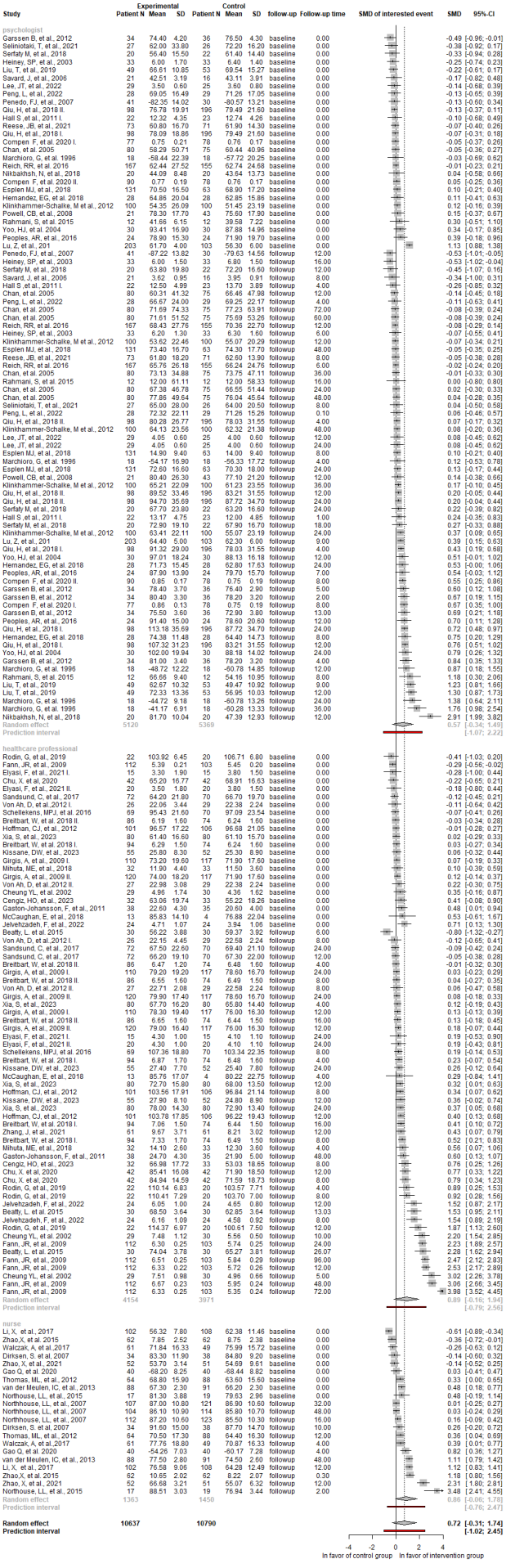


Figure S3.4. Subgroup analysis of the Global QoL. Forest plot represents the difference between the intervention vs. control group in the Global QoL domain with the provider subgroups as predicted at week 48 (post-intervention). SMD - Standardized mean difference, CI - confidence interval

S4.Subgroup analysis of Global QoL: Environment

Figure S4.1.T0

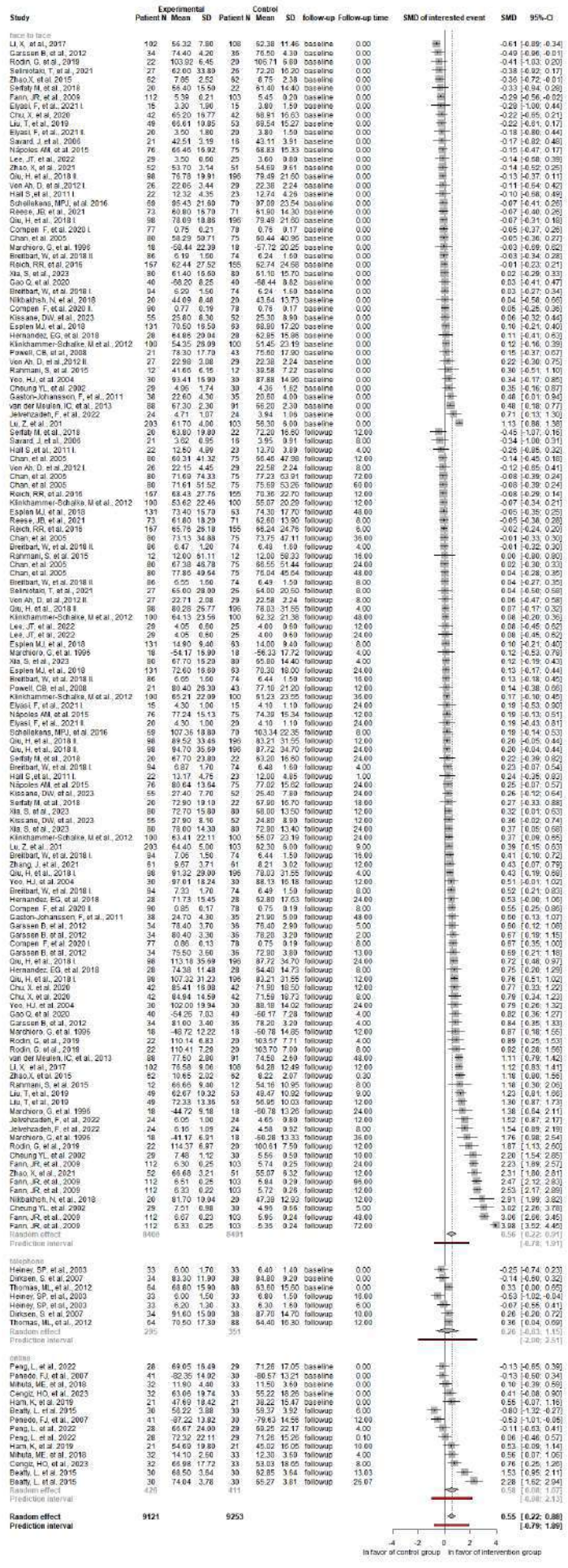


Figure S4.1.Subgroup analysis of the Global QoL Forest plot represents the difference between the intervention vs. control group in the Global QoL domain with the environment subgroups as predicted at week 0 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S4.2.T12

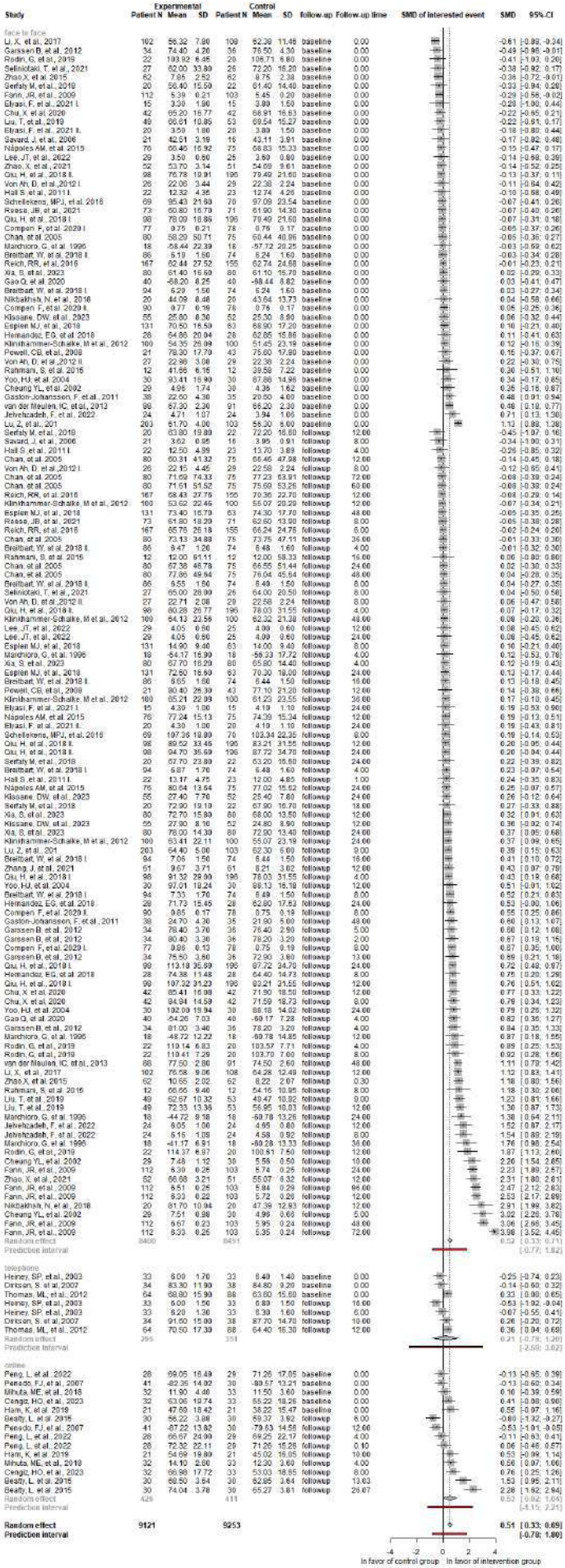


Figure S4.2. Subgroup analysis of the Global QoL. Forest plot represents the difference between the intervention vs. control group in the Global QoL domain with the environment subgroups as predicted at week 12 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S4.3.T24

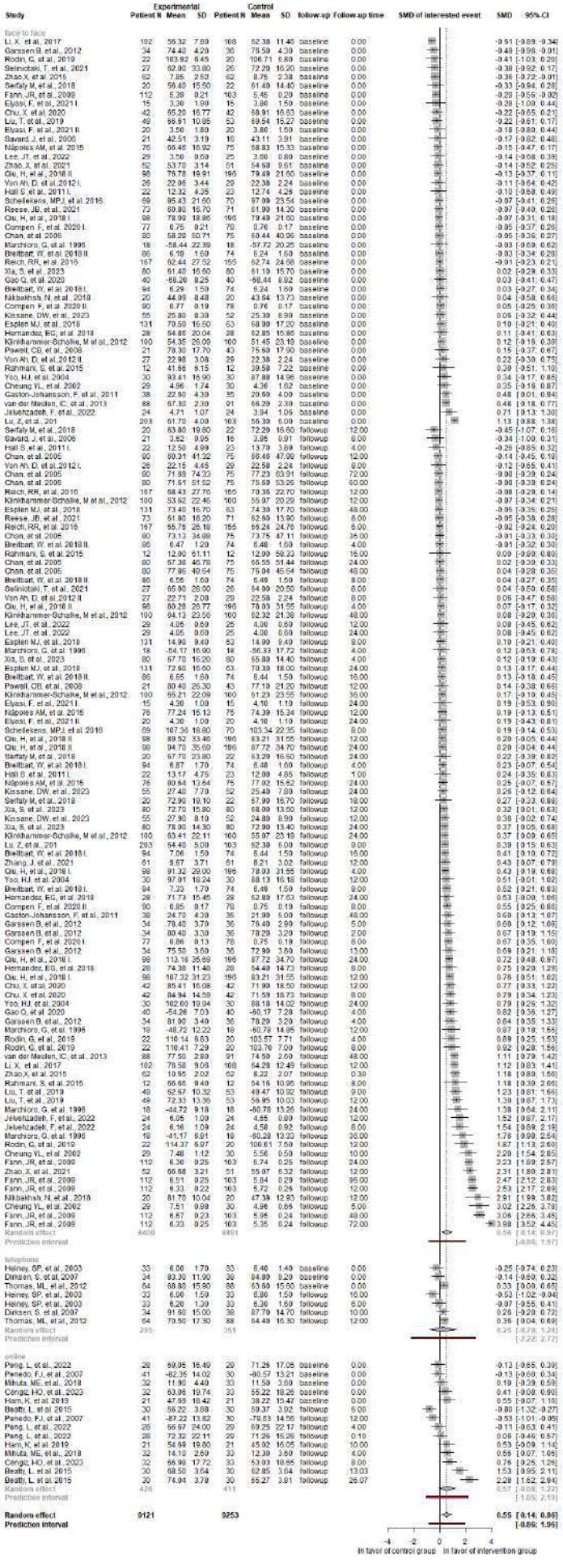


Figure S4.3. Subgroup analysis of the Global QoL. Forest plot represents the difference between the intervention vs. control group in the Global QoL domain with the environment subgroups as predicted at week 24 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S4.4.T48

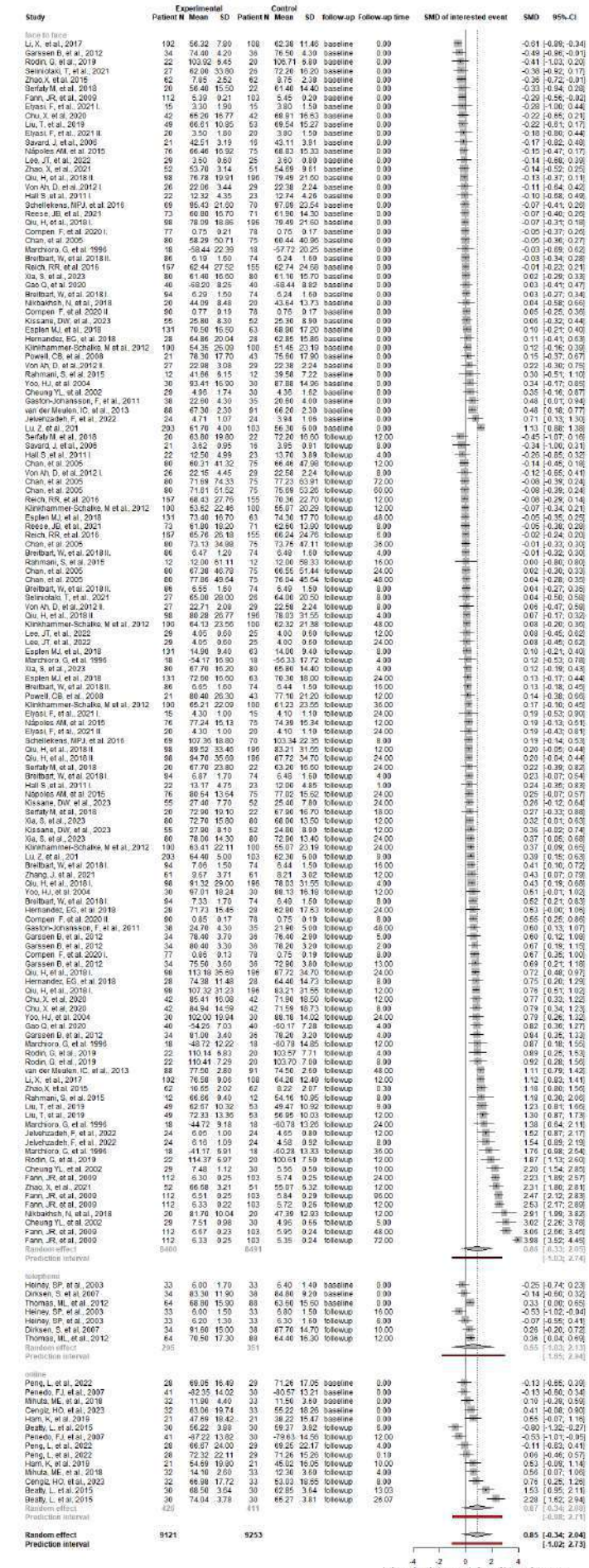


Figure S4.4.Subgroup analysis of the Global QoL Forest plot represents the difference between the intervention vs. control group in the Global QoL domain with the environment subgroups as predicted at week 48 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

S5.Subgroup analysis of Global QoL: Type

Figure S5.1.T0

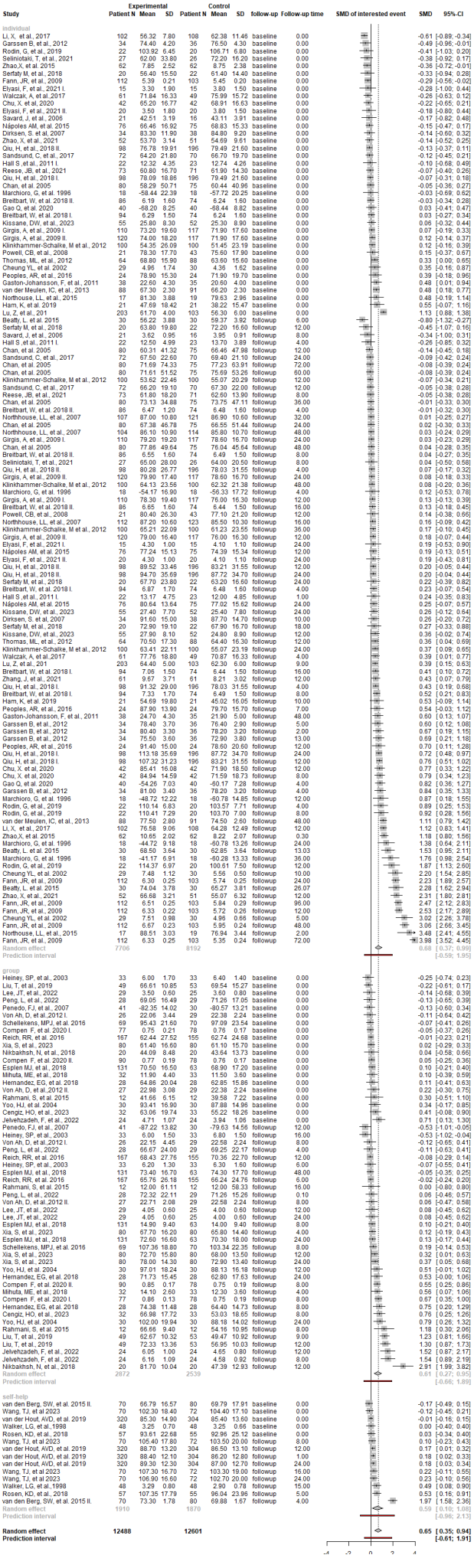


Figure S5.1. Subgroup analysis of the Global QoL Forest plot represents the difference between the intervention vs. control group in the Global QoL domain with the type subgroups as predicted at week 0 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S5.2.T12

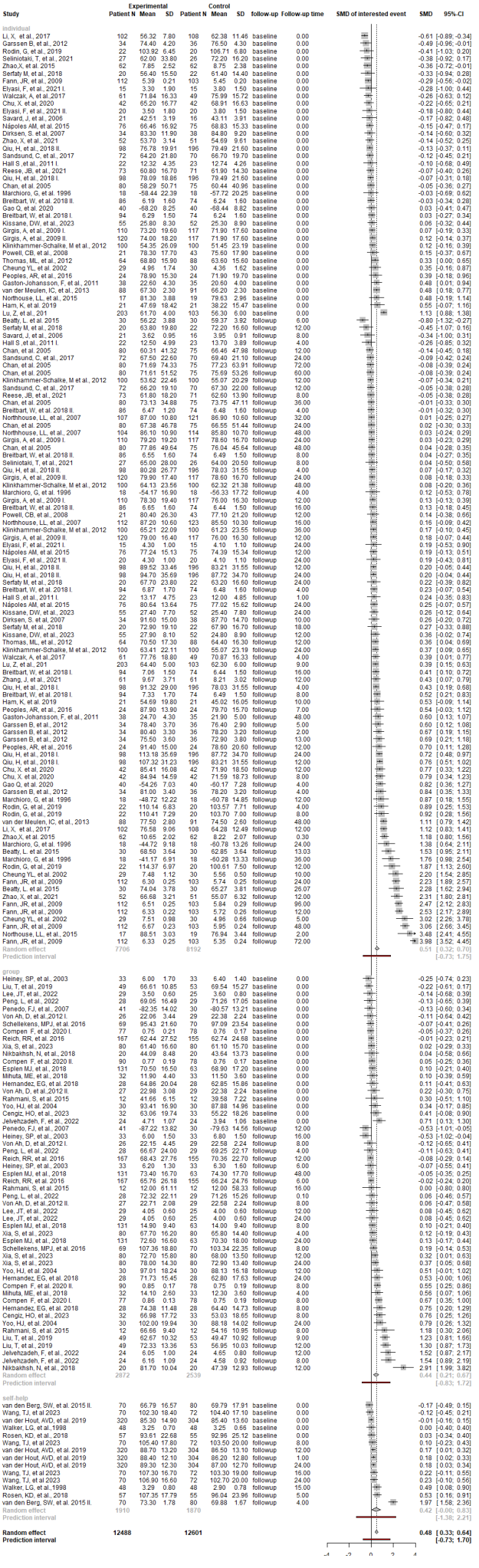


Figure S5.2. Forest plot represents the difference between the intervention vs. control group in the Global QoL domain with the type subgroups as predicted at week 12 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S5.3.T24

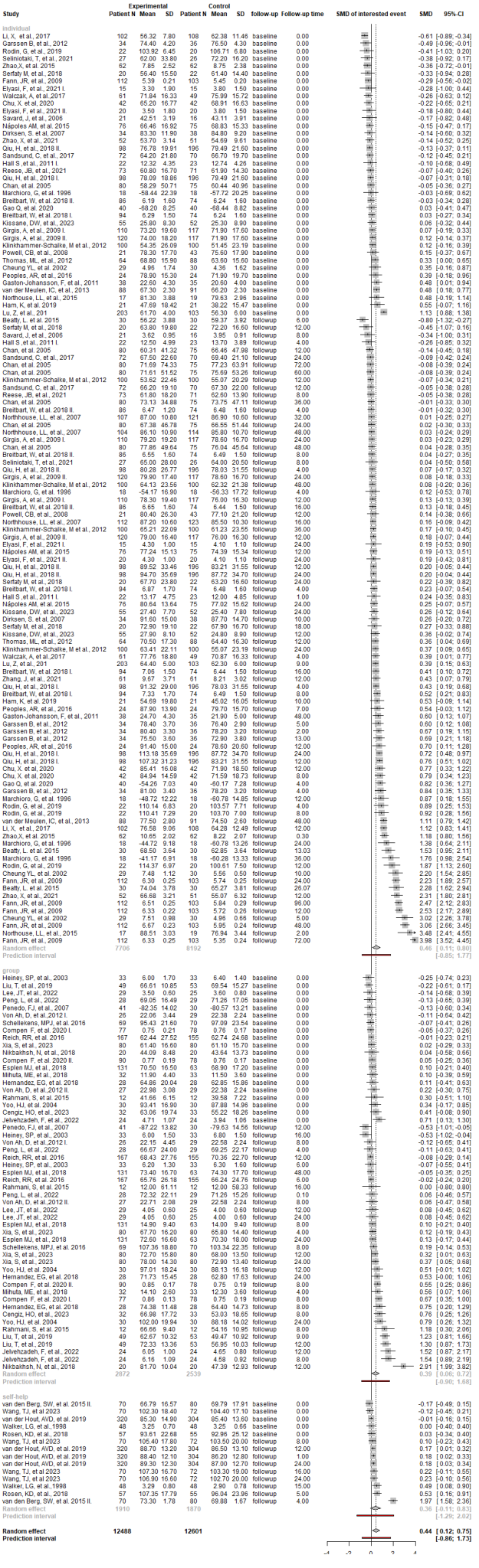


Figure S5.3. Forest plot represents the difference between the intervention vs. control group in the Global QoL domain with the type subgroups as predicted at week 24 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S5.4.T48

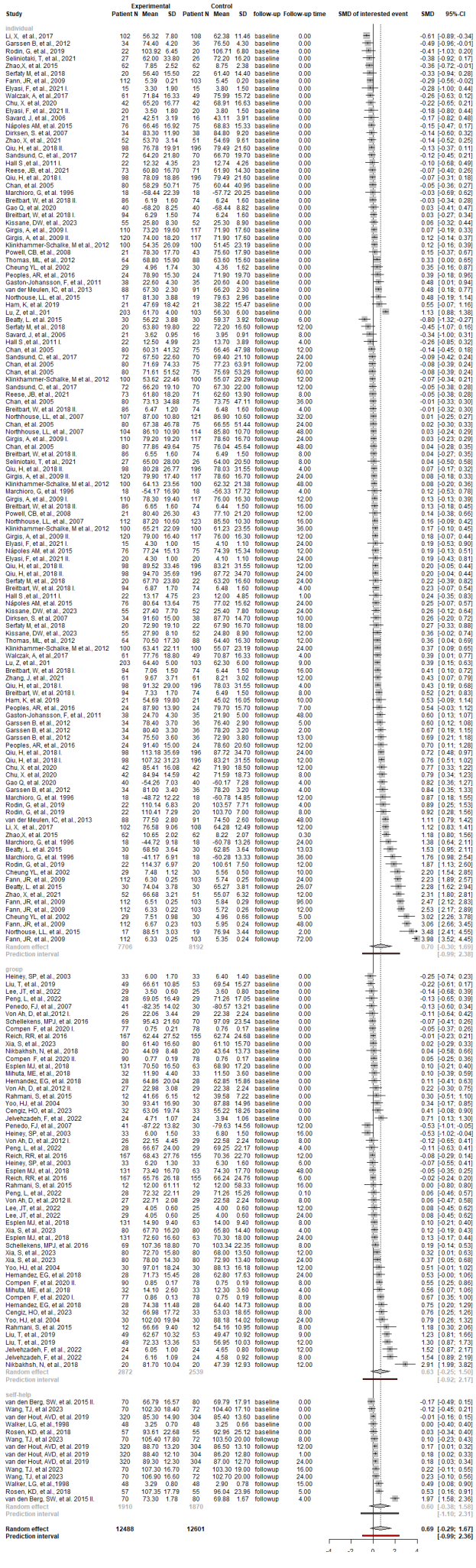


Figure S5.4. Forest plot represents the difference between the intervention vs. control group in the Global QoL domain with the type subgroups as predicted at week 48 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

S6. Subgroup analysis of Global QoL: Cancer Stage

Figure S6.1.T0

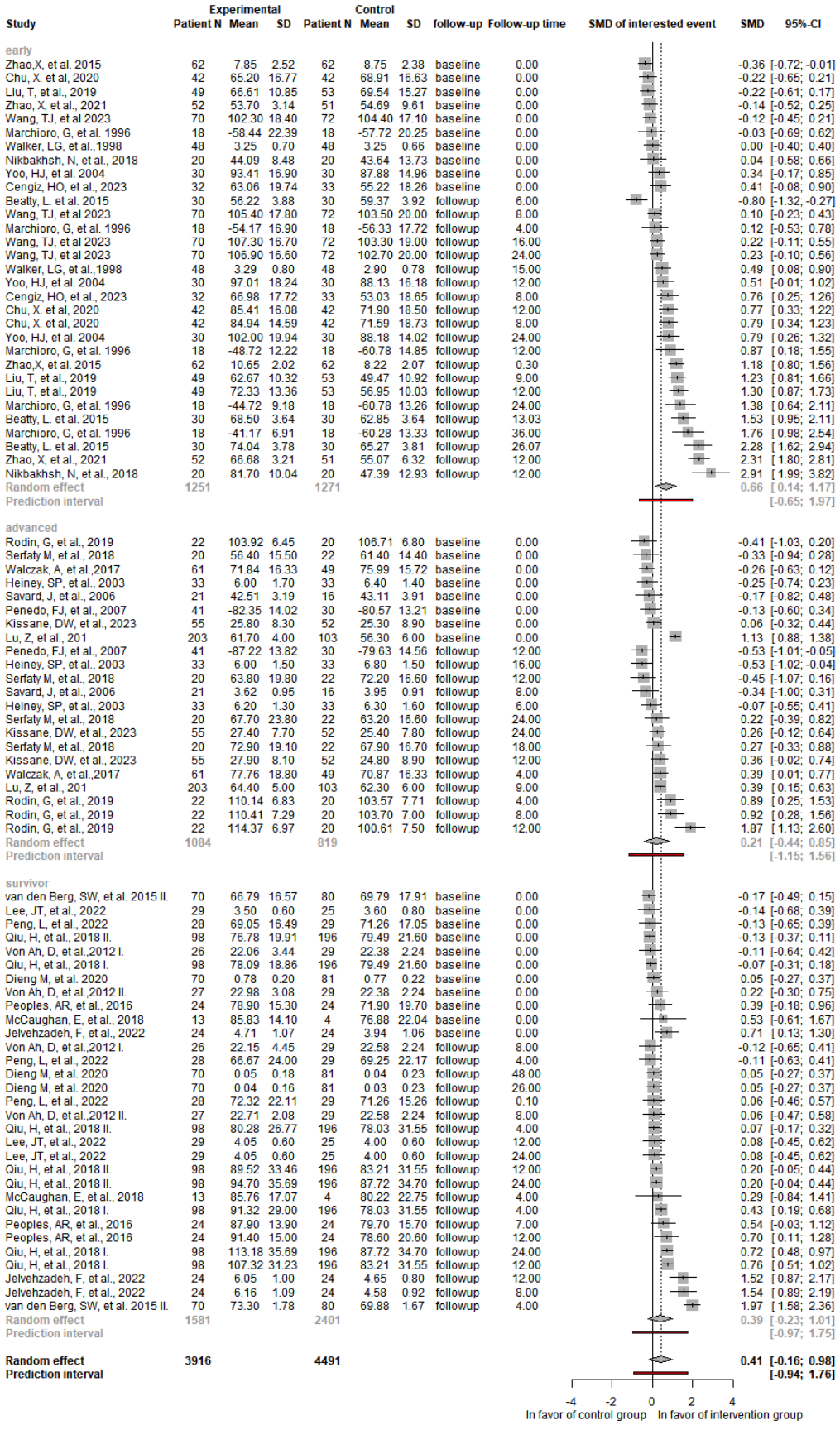


Figure S6.1. Subgroup analysis of the Global QoL. Forest plot represents the difference between the intervention vs. control group in the Global QoL domain with the cancer stage subgroups as predicted at week 0 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S6.2.T12

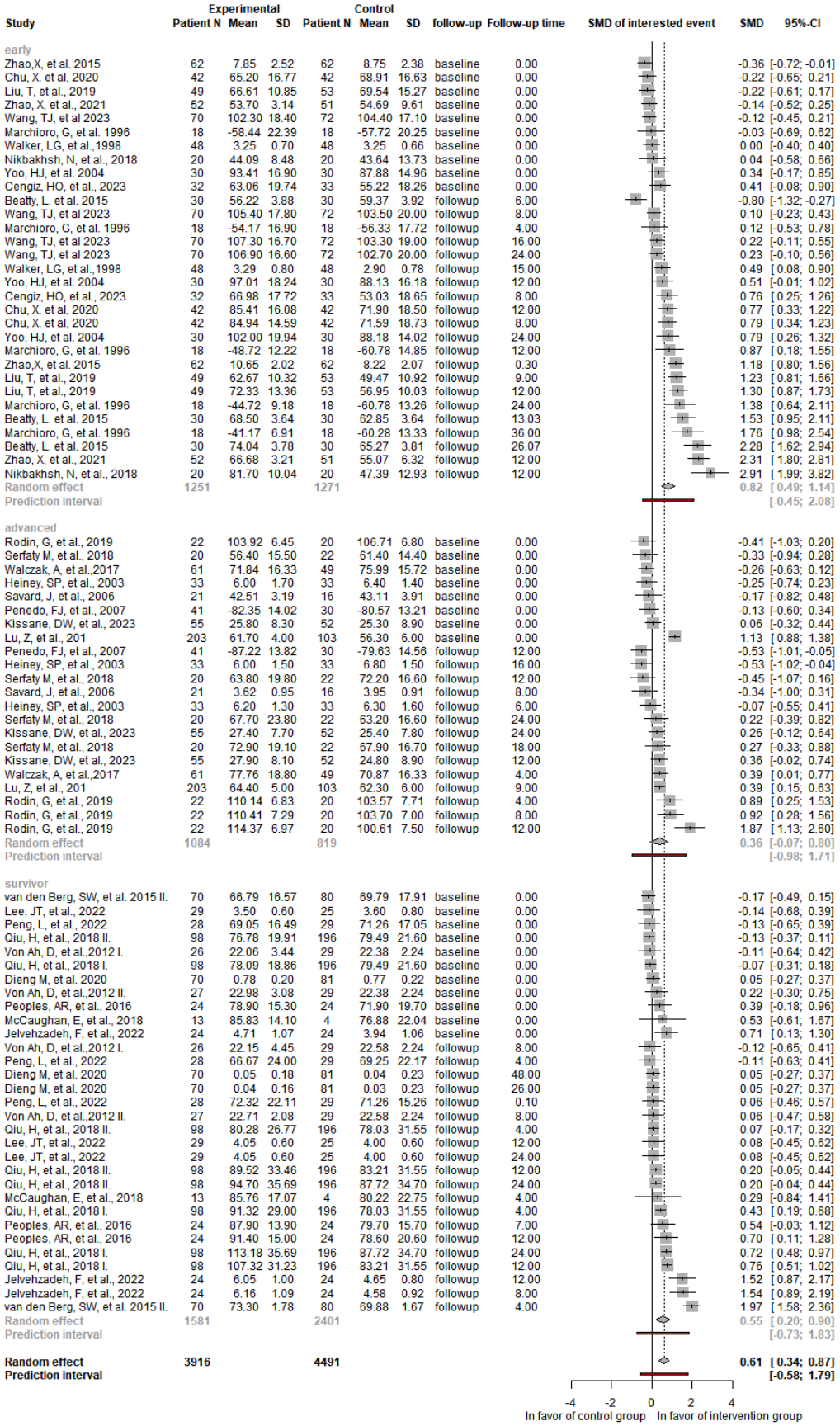


Figure S6.2. Forest plot represents the difference between the intervention vs. control group in the Global QoL domain with the cancer stage subgroups as predicted at week 12 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S6.3.T24

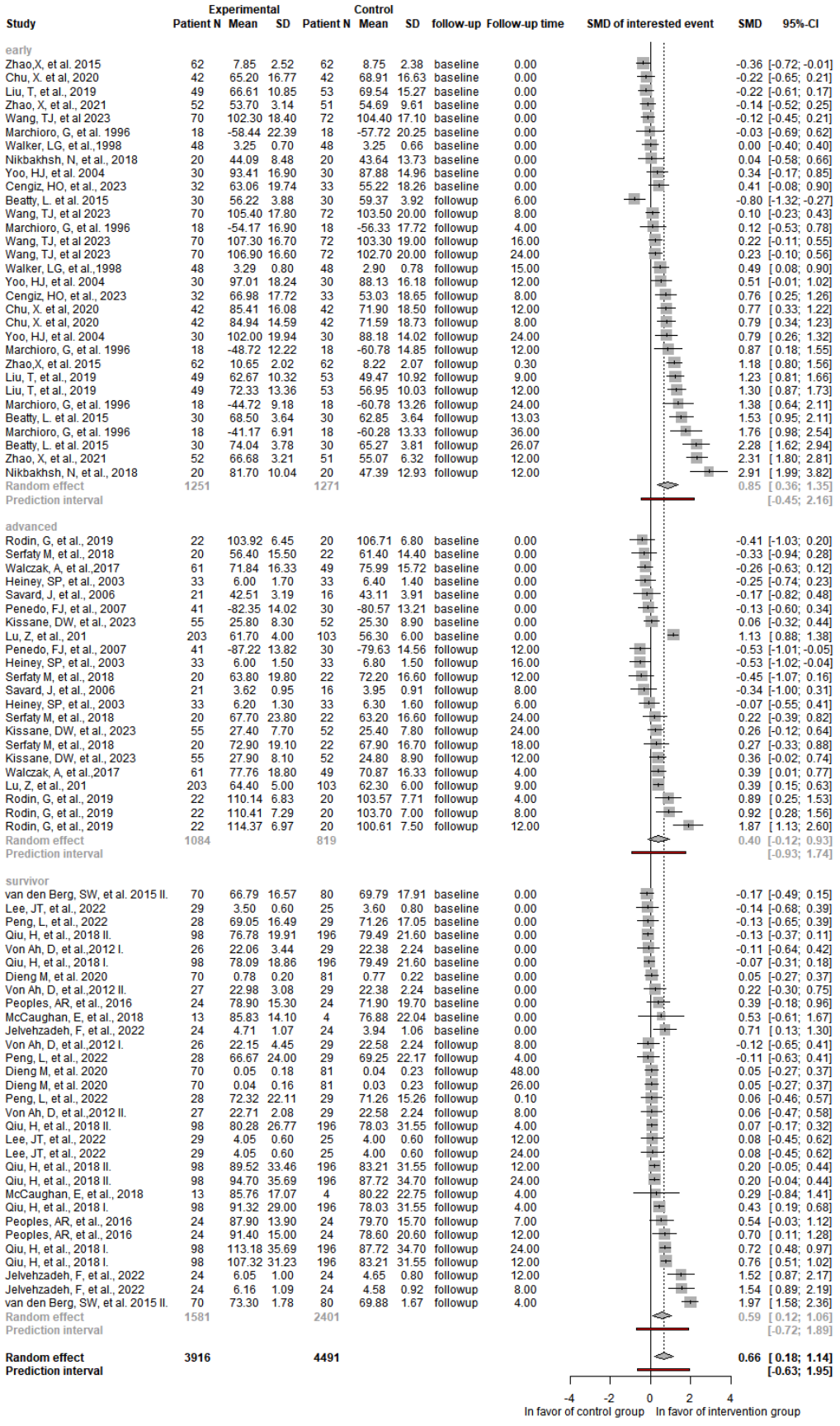


Figure S6.3.Subgroup analysis of the Global QoL Forest plot represents the difference between the intervention vs. control group in the Global QoL domain with the cancer stage subgroups as predicted at week 24 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S6.4.T48

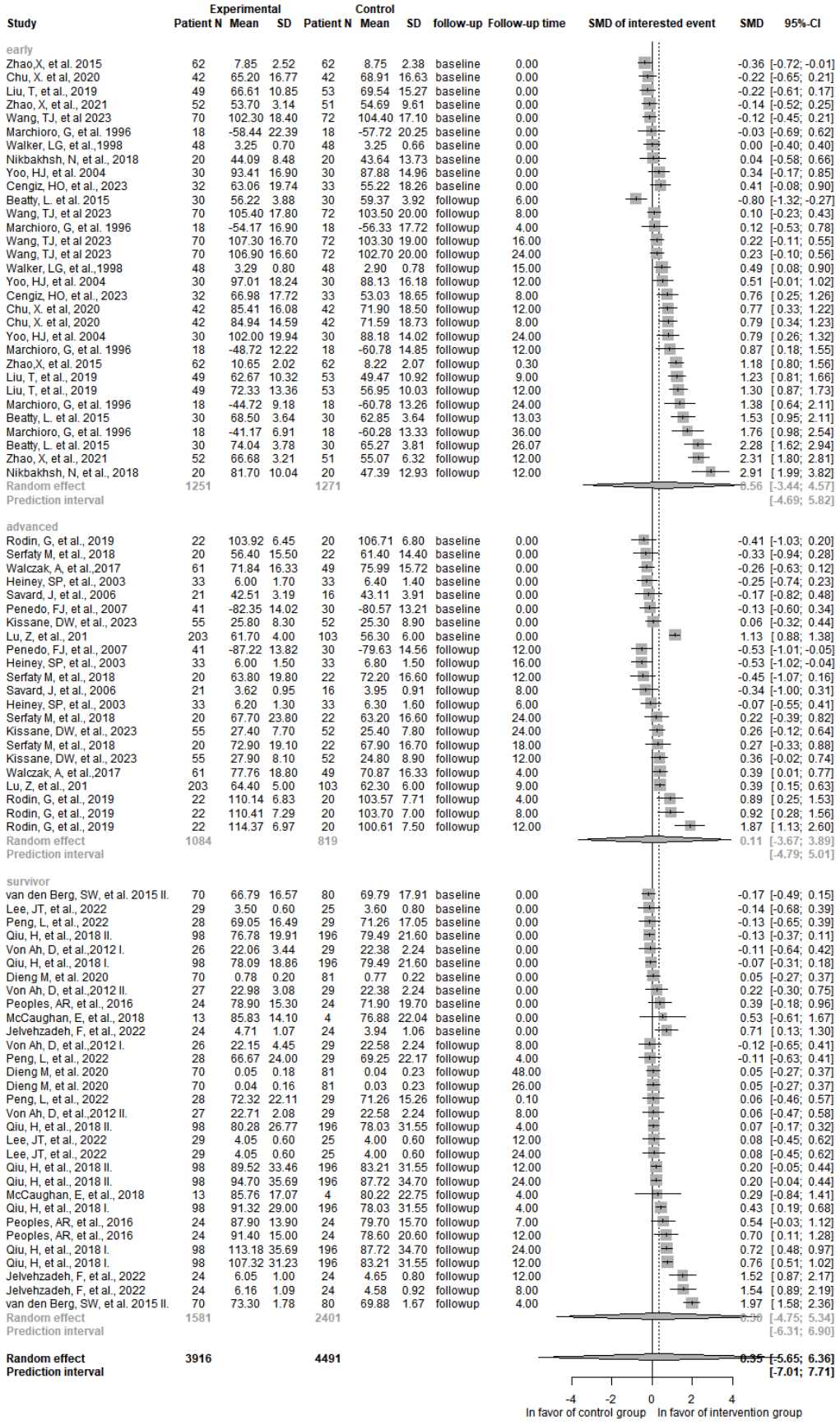


Figure S6.4.Subgroup analysis of the Global QoL Forest plot represents the difference between the intervention vs. control group in the Global QoL domain with the cancer stage subgroups as predicted at week 48 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

S7. Subgroup analysis of Global QoL: Cancer type

Figure S7.1.T0

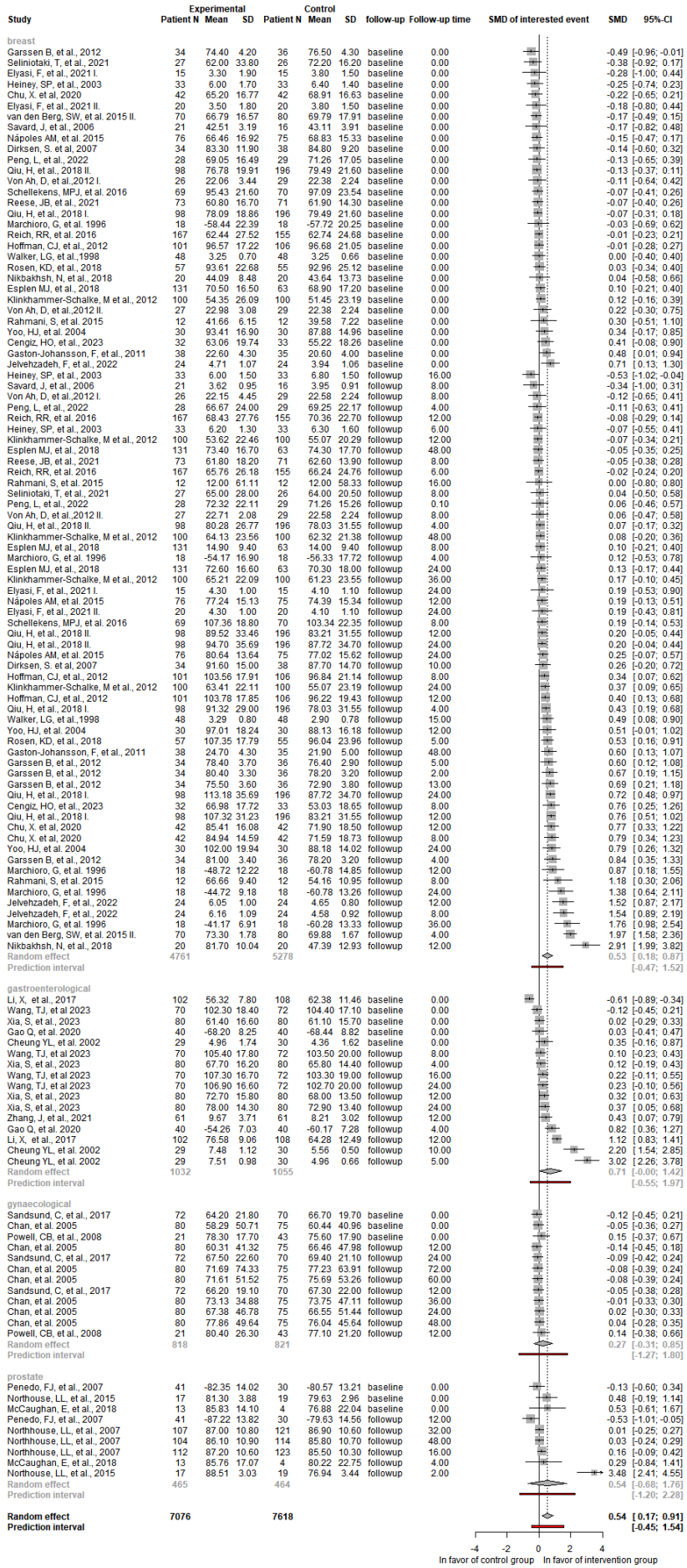


Figure S7.1. Subgroup analysis of the Global QoL. Forest plot represents the difference between the intervention vs. control group in the Global QoL domain with the cancer type subgroups as predicted at week 0 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S7.2.T12

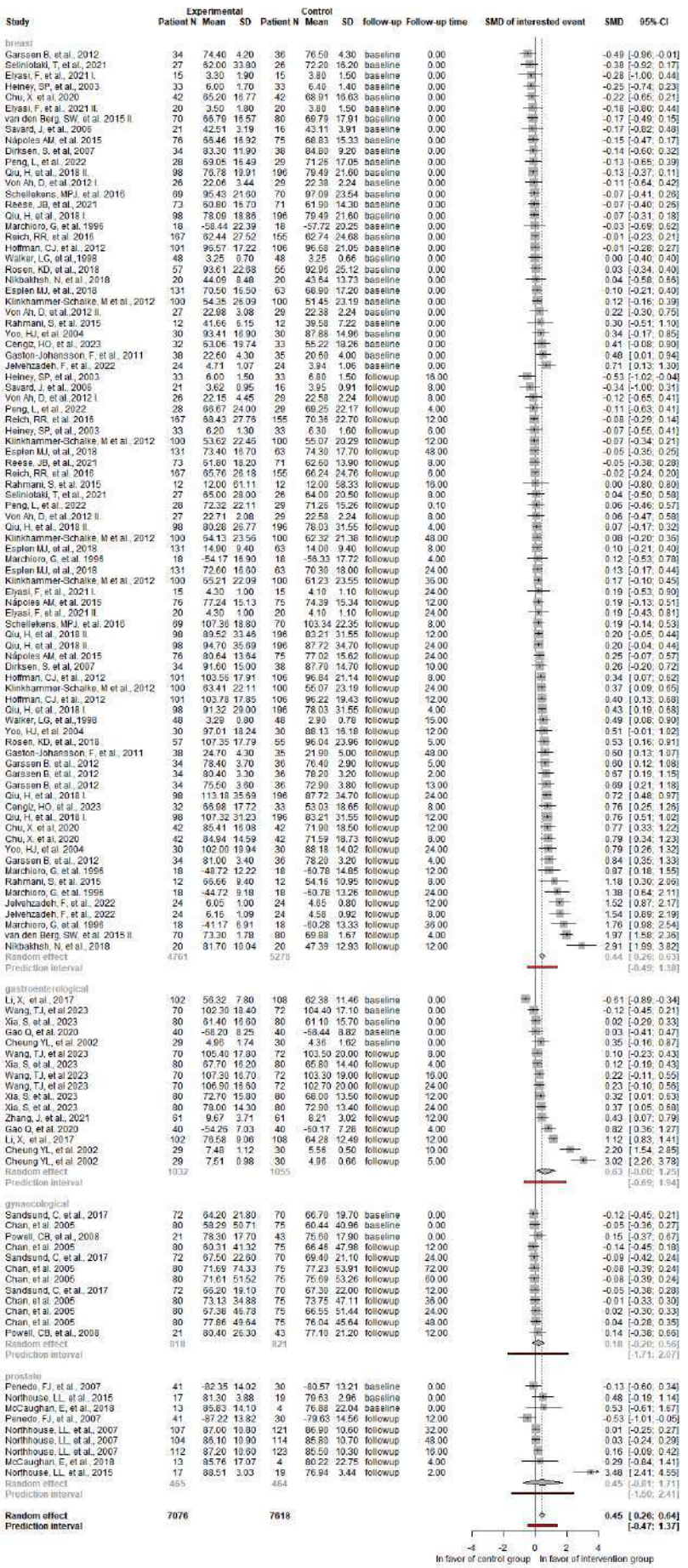


Figure S7.2. Subgroup analysis of the Global QoL. Forest plot represents the difference between the intervention vs. control group in the Global QoL domain with the cancer type subgroups as predicted at week 12 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S7.3.T24

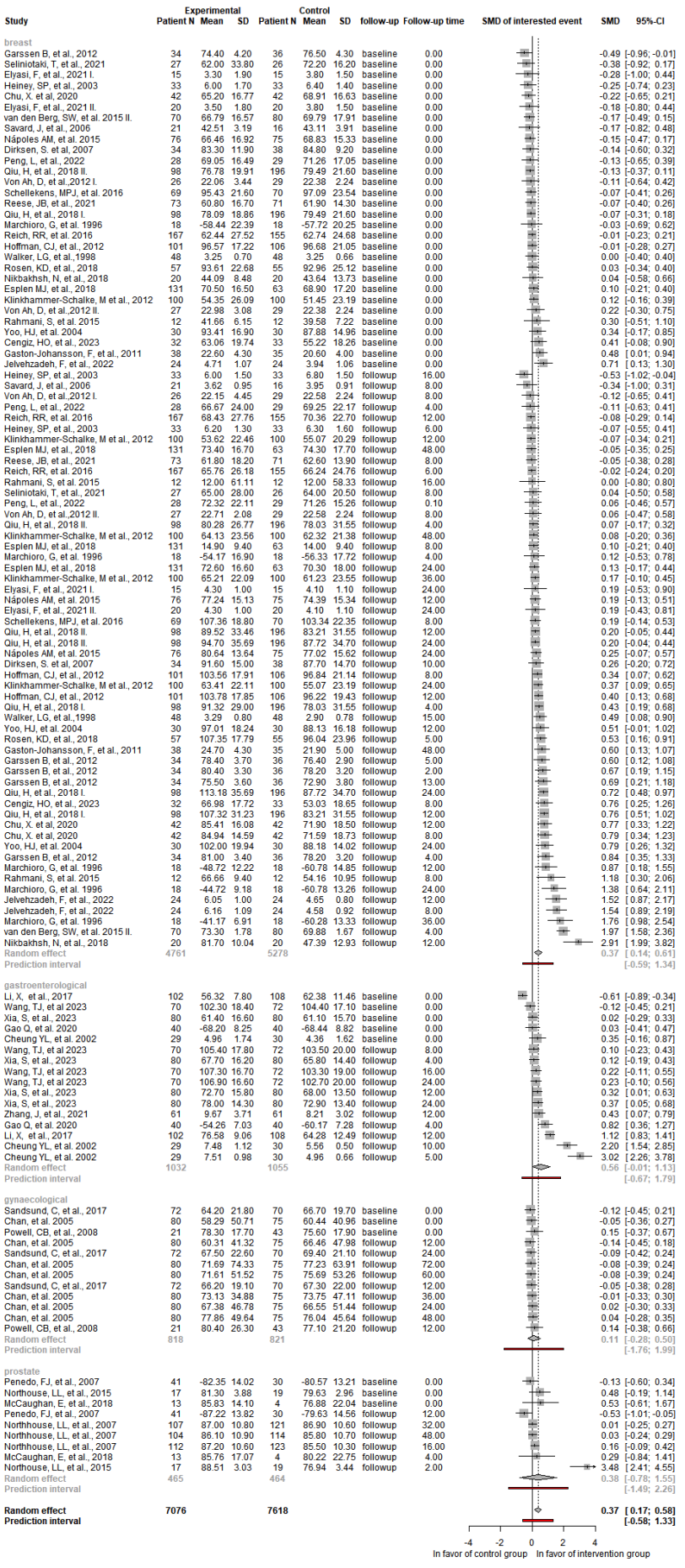


Figure S7.3. Subgroup analysis of the Global QoL. Forest plot represents the difference between the intervention vs. control group in the Global QoL domain with the cancer type subgroups as predicted at week 24 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S7.4.T48

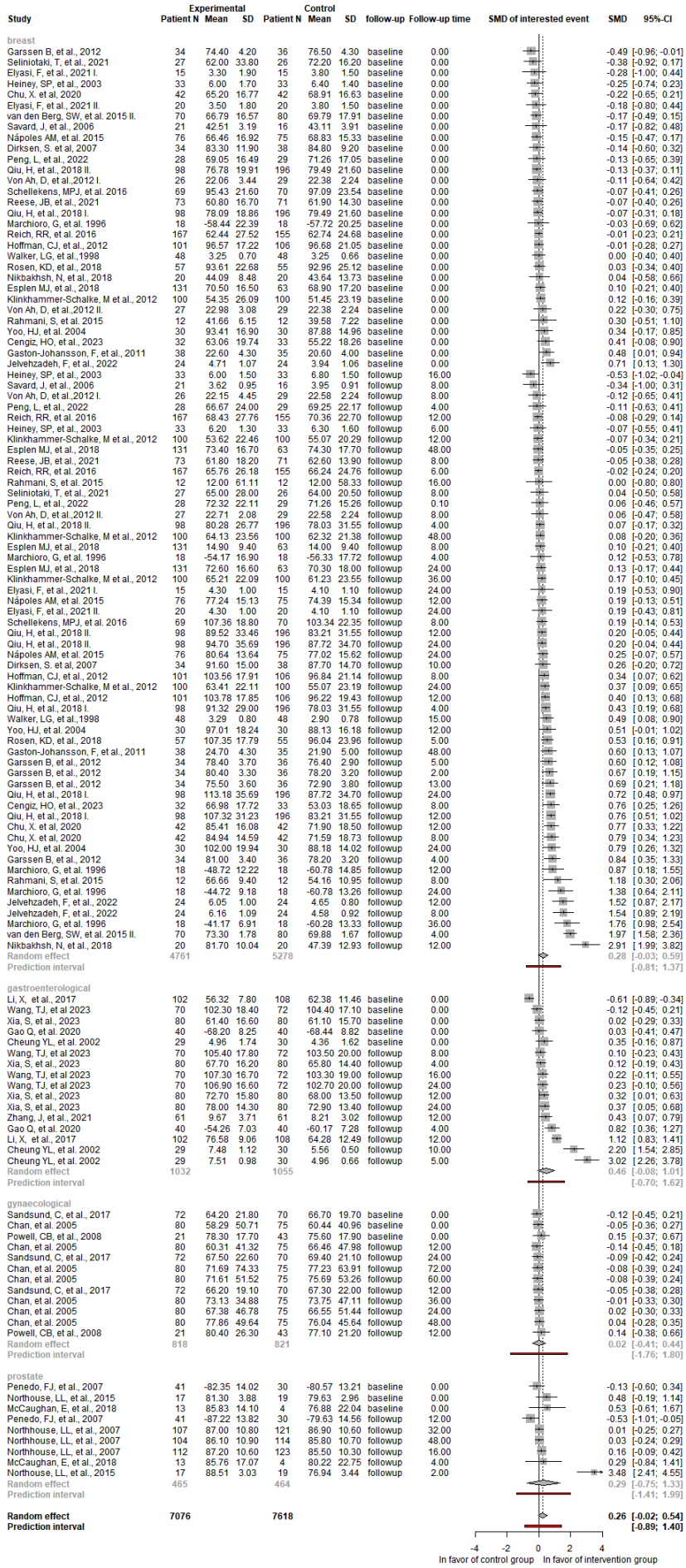


Figure S7.4. Subgroup analysis of the Global QoL. Forest plot represents the difference between the intervention vs. control group in the Global QoL domain with the cancer type subgroups as predicted at week 48 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

S8.Subgroup analysis of Emotional QoL: Provider

Figure S8.1.T0

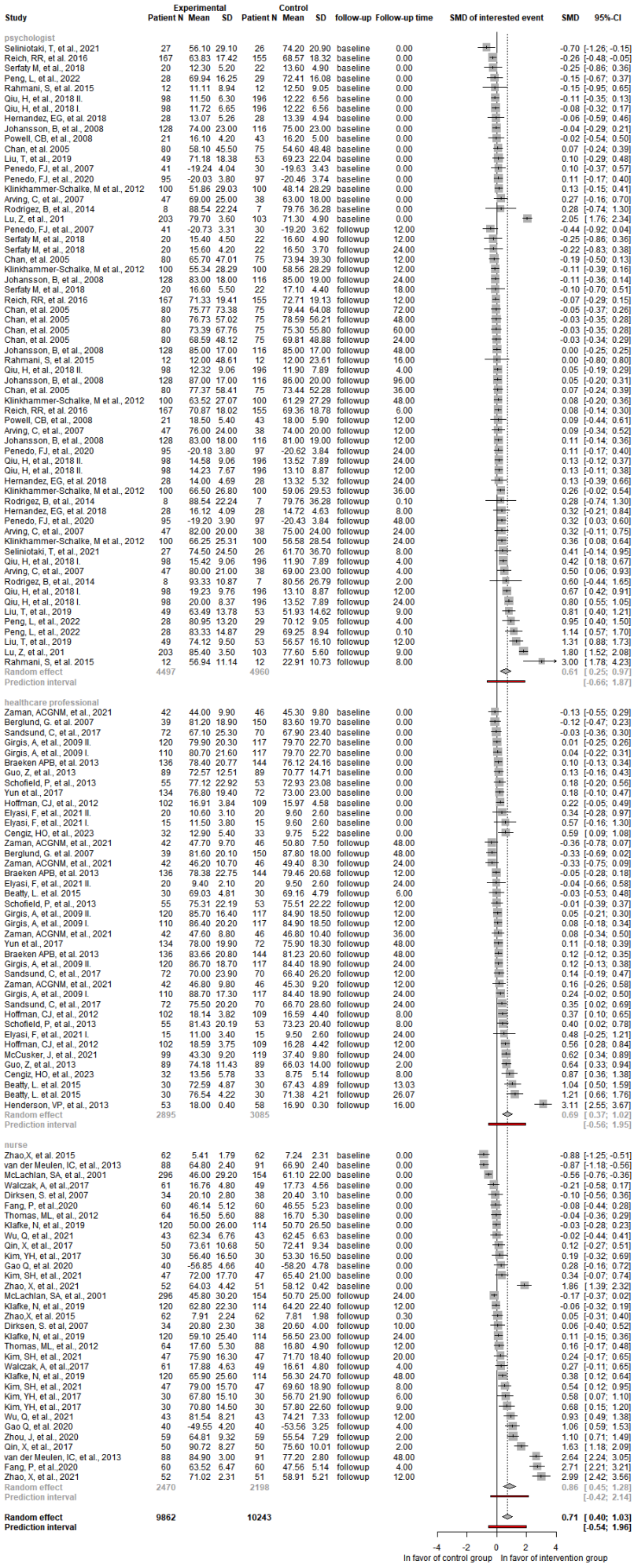


Figure S8.1. Forest plot represents the difference between the intervention vs. control group in the Emotional QoL domain with the provider subgroups as predicted at week 0 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S8.2.T12

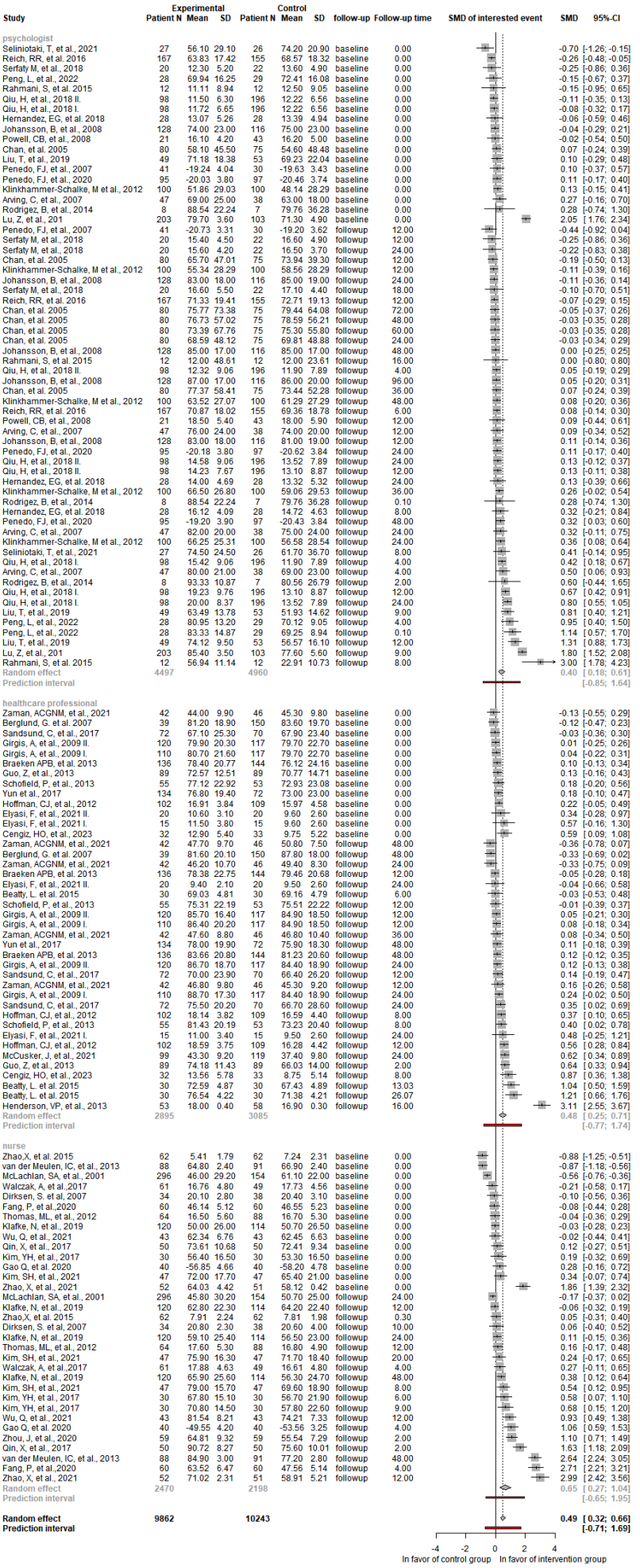


Figure S8.2. Forest plot represents the difference between the intervention vs. control group in the Emotional QoL domain with the provider subgroups as predicted at week 12 (post-intervention). SMD - Standardized mean difference, CI - confidence interval

Figure S8.3.T24

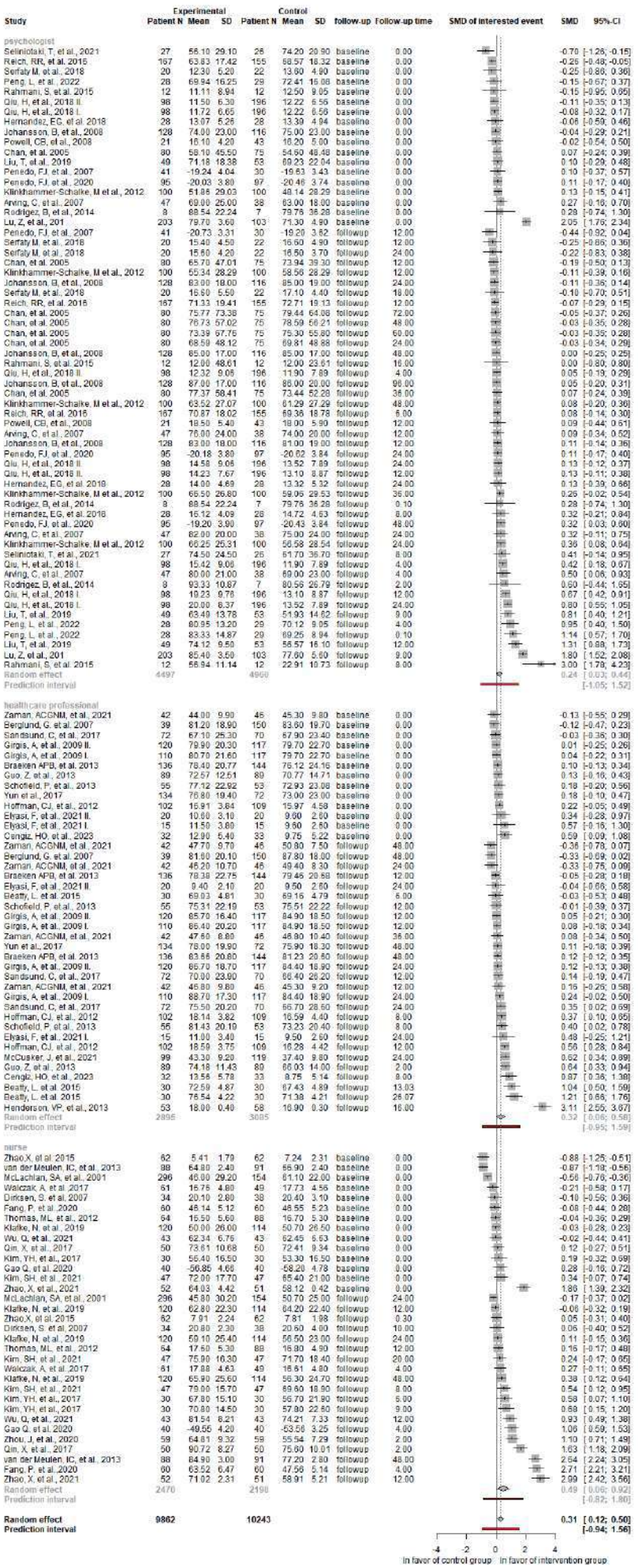


Figure S8.3. Forest plot represents the difference between the intervention vs. control group in the Emotional QoL domain with the provider subgroups as predicted at week 24 (post-intervention). SMD - Standardized mean difference, CI - confidence interval

Figure S8.4.T48

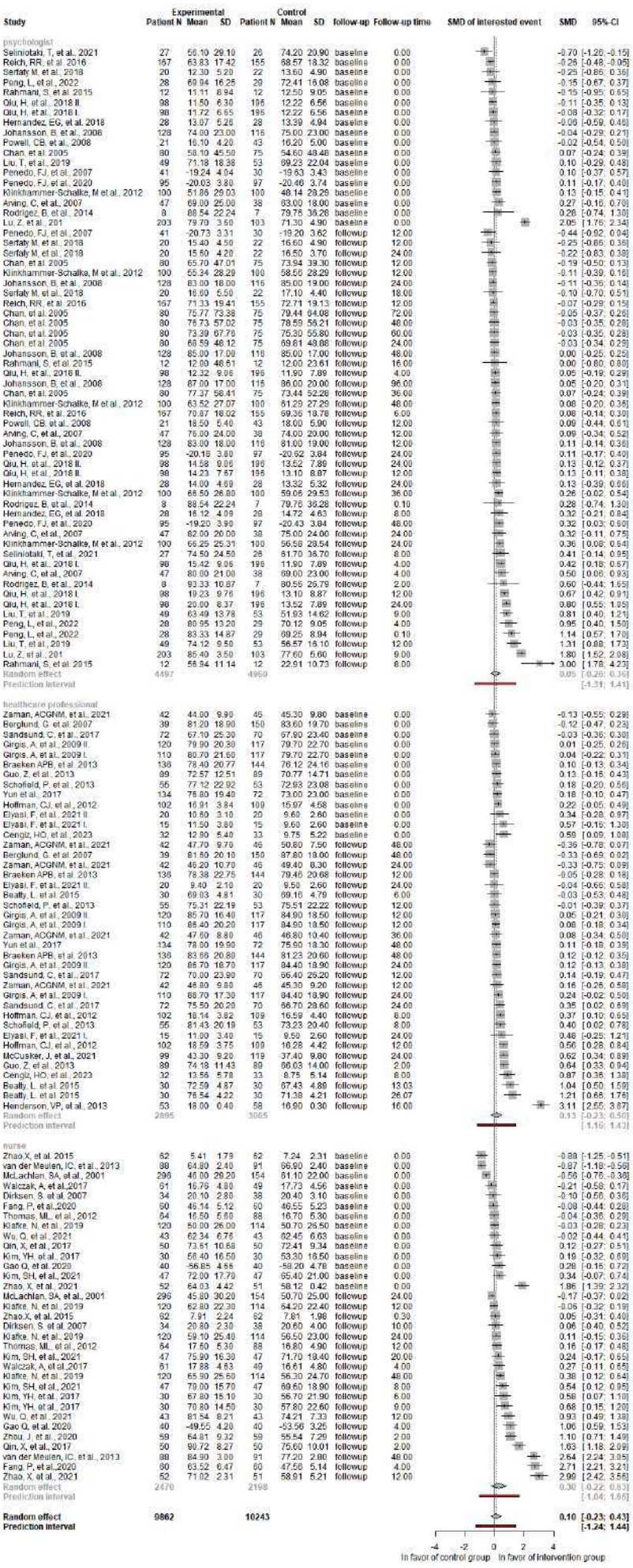


Figure S8.4. Forest plot represents the difference between the intervention vs. control group in the Emotional QoL domain with the provider subgroups as predicted at week 48 (post-intervention). SMD - Standardized mean difference, CI - confidence interval

S9.Subgroup analysis of Emotional QoL: Environment

Figure S9.1.T0

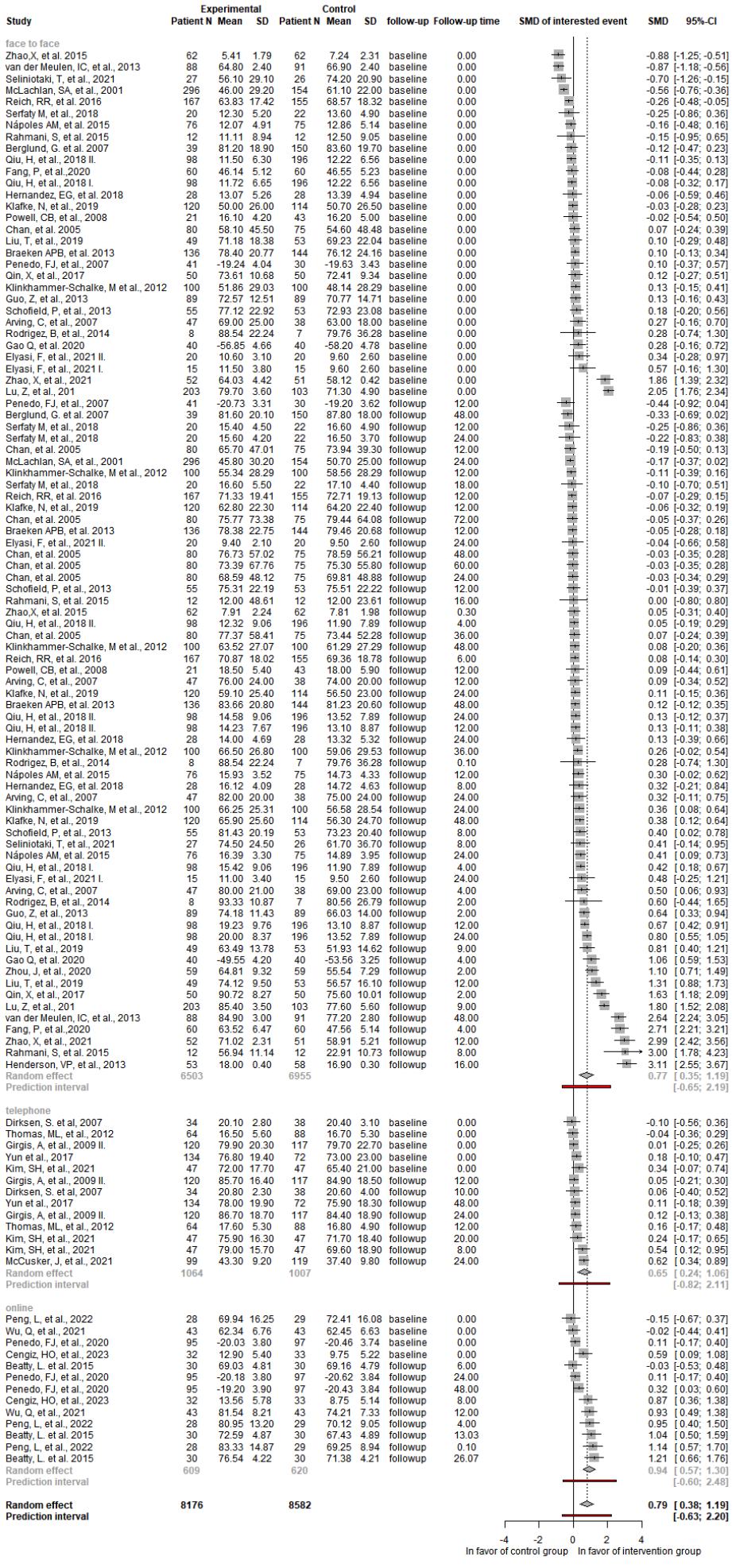


Figure S9.1. Forest plot represents the difference between the intervention vs. control group in the Emotional QoL domain with the environment subgroups as predicted at week 0 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S9.2.T12

Study	Experimental Patient N	Mean	SD	Control Patient N	Mean	SD	follow-up	Follow-up time	SMD	95%-CI
face to face										
Zhao,X, et al. 2015	62	5.41	1.79	62	7.24	2.31	baseline	0.00	-0.88	[-1.25; -0.51]
van der Meulen, IC, et al., 2013	88	64.80	2.40	91	66.90	2.40	baseline	0.00	-0.87	[-1.18; -0.56]
Seliniotaki, T, et al., 2021	27	56.10	29.10	26	74.20	20.90	baseline	0.00	-0.70	[-1.26; -0.15]
McLachlan, SA, et al., 2001	296	46.00	29.20	154	61.10	22.00	baseline	0.00	-0.56	[-0.76; -0.36]
Reich, RR, et al. 2016	167	63.83	17.42	155	68.57	18.32	baseline	0.00	-0.26	[-0.48; -0.05]
Serfaty M, et al., 2018	20	12.30	5.20	22	13.60	4.90	baseline	0.00	-0.25	[-0.86; 0.36]
Nápoles AM, et al. 2015	76	12.07	4.91	75	12.86	5.14	baseline	0.00	-0.16	[-0.48; 0.16]
Rahmani, S, et al. 2015	12	11.11	8.94	12	12.50	9.05	baseline	0.00	-0.15	[-0.95; 0.65]
Berglund, G. et al. 2007	39	81.20	18.90	150	83.60	19.70	baseline	0.00	-0.12	[-0.47; 0.23]
Qiu, H, et al., 2018 II.	98	11.50	6.30	196	12.22	6.56	baseline	0.00	-0.11	[-0.35; 0.13]
Fang, P, et al.,2020	60	46.14	5.12	60	46.55	5.23	baseline	0.00	-0.08	[-0.44; 0.28]
Qiu, H, et al., 2018 I.	98	11.72	6.65	196	12.22	6.56	baseline	0.00	-0.08	[-0.32; 0.17]
Hernandez, EG, et al. 2018	28	13.07	5.26	28	13.39	4.94	baseline	0.00	-0.06	[-0.59; 0.46]
Klafke, N, et al., 2019	120	50.00	26.00	114	50.70	26.50	baseline	0.00	-0.03	[-0.28; 0.23]
Powell, CB, et al., 2008	21	16.10	4.20	43	16.20	5.00	baseline	0.00	-0.02	[-0.54; 0.50]
Chan, et al. 2005	80	58.10	45.50	75	54.60	48.48	baseline	0.00	0.07	[-0.24; 0.39]
Liu, T, et al., 2019	49	71.18	18.38	53	69.23	22.04	baseline	0.00	0.10	[-0.29; 0.48]
Braeken APB, et al. 2013	136	78.40	20.77	144	76.12	24.16	baseline	0.00	0.10	[-0.13; 0.34]
Penedo, FJ, et al., 2007	41	-19.24	4.04	30	-19.63	3.43	baseline	0.00	0.10	[-0.37; 0.57]
Qin, X, et al., 2017	50	73.61	10.68	50	72.41	9.34	baseline	0.00	0.12	[-0.27; 0.51]
Klinkhammer-Schalke, M et al., 2012	100	51.86	29.03	100	48.14	28.29	baseline	0.00	0.13	[-0.15; 0.41]
Guo, Z, et al., 2013	89	72.57	12.51	89	70.77	14.71	baseline	0.00	0.13	[-0.16; 0.43]
Schofield, P, et al., 2013	55	77.12	22.92	53	72.93	23.08	baseline	0.00	0.18	[-0.20; 0.56]
Arving, C, et al., 2007	47	69.00	25.00	38	63.00	18.00	baseline	0.00	0.27	[-0.16; 0.70]
Rodrigez, B, et al., 2014	8	88.54	22.24	7	79.76	36.28	baseline	0.00	0.28	[-0.74; 1.30]
Gao Q, et al. 2020	40	-56.85	4.66	40	-58.20	4.78	baseline	0.00	0.28	[-0.16; 0.72]
Elyasi, F, et al., 2021 II.	20	10.60	3.10	20	9.60	2.60	baseline	0.00	0.34	[-0.28; 0.97]
Elyasi, F, et al., 2021 I.	15	11.50	3.80	15	9.60	2.60	baseline	0.00	0.57	[-0.16; 1.30]
Zhao, X, et al., 2021	52	64.03	4.42	51	58.12	0.42	baseline	0.00	1.86	[1.39; 2.32]
Lu, Z, et al., 201	203	79.70	3.60	103	71.30	4.90	baseline	0.00	2.05	[1.76; 2.34]
Penedo, FJ, et al., 2007	41	-20.73	3.31	30	-19.20	3.62	followup	12.00	-0.44	[-0.92; 0.04]
Berglund, G. et al. 2007	39	81.60	20.10	150	87.80	18.00	followup	48.00	-0.33	[-0.69; 0.02]
Serfaty M, et al., 2018	20	15.40	4.50	22	16.60	4.90	followup	12.00	-0.25	[-0.86; 0.36]
Serfaty M, et al., 2018	20	15.60	4.20	22	16.50	3.70	followup	24.00	-0.22	[-0.83; 0.38]
Chan, et al. 2005	80	65.70	47.01	75	73.94	39.30	followup	12.00	-0.19	[-0.50; 0.13]
McLachlan, SA, et al., 2001	296	45.80	30.20	154	50.70	25.00	followup	24.00	-0.17	[-0.37; 0.02]
Klinkhammer-Schalke, M et al., 2012	100	55.34	28.29	100	58.56	28.29	followup	12.00	-0.11	[-0.39; 0.16]
Serfaty M, et al., 2018	20	16.60	5.50	22	17.10	4.40	followup	18.00	-0.10	[-0.70; 0.51]
Reich, RR, et al. 2016	167	71.33	19.41	155	72.71	19.13	followup	12.00	-0.07	[-0.29; 0.15]
Klafke, N, et al., 2019	120	62.80	22.30	114	64.20	22.40	followup	12.00	-0.06	[-0.32; 0.19]
Chan, et al. 2005	80	75.77	73.38	75	79.44	64.08	followup	72.00	-0.05	[-0.37; 0.26]
Braeken APB, et al. 2013	136	78.38	22.75	144	79.46	20.68	followup	12.00	-0.05	[-0.28; 0.18]
Elyasi, F, et al., 2021 II.	20	9.40	2.10	20	9.50	2.60	followup	24.00	-0.04	[-0.66; 0.58]
Chan, et al. 2005	80	76.73	57.02	75	78.59	56.21	followup	48.00	-0.03	[-0.35; 0.28]
Chan, et al. 2005	80	73.39	67.76	75	75.30	55.80	followup	60.00	-0.03	[-0.35; 0.28]
Chan, et al. 2005	80	68.59	48.12	75	69.81	48.88	followup	24.00	-0.03	[-0.34; 0.29]
Schofield, P, et al., 2013	55	75.31	22.19	53	75.51	22.22	followup	12.00	-0.01	[-0.39; 0.37]
Rahmani, S, et al. 2015	12	12.00	48.61	12	12.00	23.61	followup	16.00	0.00	[-0.80; 0.80]
Zhao,X, et al. 2015	62	7.91	2.24	62	7.81	1.98	followup	0.30	0.05	[-0.31; 0.40]
Qiu, H, et al., 2018 II.	98	12.32	9.06	196	11.90	7.89	followup	4.00	0.05	[-0.19; 0.29]
Chan, et al. 2005	80	77.37	58.41	75	73.44	52.28	followup	36.00	0.07	[-0.24; 0.39]
Klinkhammer-Schalke, M et al., 2012	100	63.52	27.07	100	61.29	27.29	followup	48.00	0.08	[-0.20; 0.36]
Reich, RR, et al. 2016	167	70.87	18.02	155	69.36	18.78	followup	6.00	0.08	[-0.14; 0.30]
Powell, CB, et al., 2008	21	18.50	5.40	43	18.00	5.90	followup	12.00	0.09	[-0.44; 0.61]
Arving, C, et al., 2007	47	76.00	24.00	38	74.00	20.00	followup	12.00	0.09	[-0.34; 0.52]
Klafke, N, et al., 2019	120	59.10	25.40	114	56.50	23.00	followup	24.00	0.11	[-0.15; 0.36]
Braeken APB, et al. 2013	136	83.66	20.80	144	81.23	20.60	followup	48.00	0.12	[-0.12; 0.35]
Qiu, H, et al., 2018 II.	98	14.58	9.06	196	13.52	7.89	followup	24.00	0.13	[-0.12; 0.37]
Qiu, H, et al., 2018 II.	98	14.23	7.67	196	13.10	8.87	followup	12.00	0.13	[-0.11; 0.38]
Hernandez, EG, et al. 2018	28	14.00	4.69	28	13.32	5.32	followup	24.00	0.13	[-0.39; 0.66]
Klinkhammer-Schalke, M et al., 2012	100	66.50	26.80	100	59.06	29.53	followup	36.00	0.26	[-0.02; 0.54]
Rodrigez, B, et al., 2014	8	88.54	22.24	7	79.76	36.28	followup	0.10	0.28	[-0.74; 1.30]
Nápoles AM, et al. 2015	76	15.93	3.52	75	14.73	4.33	followup	12.00	0.30	[-0.02; 0.62]
Hernandez, EG, et al. 2018	28	16.12	4.09	28	14.72	4.63	followup	8.00	0.32	[-0.21; 0.84]
Arving, C, et al., 2007	47	82.00	20.00	38	75.00	24.00	followup	24.00	0.32	[-0.11; 0.75]
Klinkhammer-Schalke, M et al., 2012	100	66.25	25.31	100	56.58	28.54	followup	24.00	0.36	[0.08; 0.64]
Klafke, N, et al., 2019	120	65.90	25.60	114	56.30	24.70	followup	48.00	0.38	[0.12; 0.64]
Schofield, P, et al., 2013	55	81.43	20.19	53	73.23	20.40	followup	8.00	0.40	[0.02; 0.78]
Seliniotaki, T, et al., 2021	27	74.50	24.50	26	61.70	36.70	followup	8.00	0.41	[-0.14; 0.95]
Nápoles AM, et al. 2015	76	16.39	3.30	75	14.89	3.95	followup	24.00	0.41	[0.09; 0.73]
Qiu, H, et al., 2018 I.	98	15.42	9.06	196	11.90	7.89	followup	4.00	0.42	[0.18; 0.67]
Elyasi, F, et al., 2021 I.	15	11.00	3.40	15	9.50	2.60	followup	24.00	0.48	[-0.25; 1.21]
Arving, C, et al., 2007	47	80.00	21.00	38	69.00	23.00	followup	4.00	0.50	[0.06; 0.93]
Rodrigez, B, et al., 2014	8	93.33	10.87	7	80.56	26.79	followup	2.00	0.60	[-0.44; 1.65]
Guo, Z, et al., 2013	89	74.18	11.43	89	66.03	14.00	followup	2.00	0.64	[0.33; 0.94]
Qiu, H, et al., 2018 I.	98	19.23	9.76	196	13.10	8.87	followup	12.00	0.67	[0.42; 0.91]
Qiu, H, et al., 2018 I.	98	20.00	8.37	196	13.52	7.89	followup	24.00	0.80	[0.55; 1.05]
Liu, T, et al., 2019	49	63.49	13.78	53	51.93	14.62	followup	9.00	0.81	[0.40; 1.21]
Gao Q, et al. 2020	40	-49.55	4.20	40	-53.56	3.25	followup	4.00	1.06	[0.59; 1.53]
Zhou, J, et al., 2020	59	64.81	9.32	59	55.54	7.29	followup	2.00	1.10	[0.71; 1.49]
Liu, T, et al., 2019	49	74.12	9.50	53	56.57	16.10	followup	12.00	1.31	[0.88; 1.73]
Qin, X, et al., 2017	50	90.72	8.27	50	75.60	10.01	followup	2.00	1.63	[1.18; 2.09]
Lu, Z, et al., 201	203	85.40	3.50	103	77.60	5.60	followup	9.00	1.80	[1.52; 2.08]
van der Meulen, IC, et al., 2013	88	84.90	3.00	91	77.20	2.80	followup	48.00	2.64	[2.24; 3.05]
Fang, P, et al.,2020	60	63.52	6.47	60	47.56	5.14	followup	4.00	2.71	[2.21; 3.21]
Zhao, X, et al., 2021	52	71.02	2.31	51	58.91	5.21	followup	12.00	2.99	[2.42; 3.56]
Rahmani, S, et al. 2015	12	56.94	11.14	12	22.91	10.73	followup	8.00	3.00	[1.78; 4.23]
Henderson, VP, et al., 2013	53	18.00	0.40	58	16.90	0.30	followup	16.00	3.11	[2.55; 3.67]
Random effect	6503			6955					0.52	[0.28; 0.76]
Prediction interval										[-0.82; 1.86]
telephone										
Dirksen, S. et al, 2007	34	20.10	2.80	38	20.40	3.10	baseline	0.00	-0.10	[-0.56; 0.36]
Thomas, ML, et al., 2012	64	16.50	5.60	88	16.70	5.30	baseline	0.00	-0.04	[-0.36; 0.29]
Girgis, A, et al., 2009 II.	120	79.90	20.30	117	79.70	22.70	baseline	0.00	0.01	[-0.25; 0.26]
Yun et al., 2017	134	76.80	19.40	72	73.00	23.00	baseline	0.00	0.18	[-0.10; 0.47]
Kim, SH, et al., 2021	47	72.00	17.70	47	65.40	21.00	baseline	0.00	0.34	[-0.07; 0.74]
Girgis, A, et al., 2009 II.	120	85.70	16.40	117	84.90	18.50	followup	12.00	0.05	[-0.21; 0.30]
Dirksen, S. et al, 2007	34	20.80	2.30	38	20.60	4.00	followup	10.00	0.06	[-0.40; 0.52]
Yun et al., 2017	134	78.00	19.90	72	75.90	18.30	followup	48.00	0.11	[-0.18; 0.39]
Girgis, A, et al., 2009 II.	120	86.70	18.70	117	84.40	18.90	followup	24.00	0.12	[-0.13; 0.38]
Thomas, ML, et al., 2012	64	17.60	5.30	88	16.80	4.90	followup	12.00	0.16	[-0.17; 0.48]
Kim, SH, et al., 2021	47	75.90	16.30	47	71.70	18.40	followup	20.00	0.24	[-0.17; 0.65]
Kim, SH, et al., 2021	47	79.00	15.70	47	69.60	18.90	followup	8.00	0.54	[0.12; 0.95]
McCusker, J, et al., 2021	99	43.30	9.20	119	37.40	9.80	followup	24.00	0.62	[0.34; 0.89]
Random effect	1064			1007					0.40	[0.16; 0.63]
Prediction interval										[-1.24; 2.04]
online										
Peng, L, et al., 2022	28	69.94	16.25	29	72.41	16.08	baseline	0.00	-0.15	[-0.67; 0.37]
Wu, Q, et al., 2021	43	62.34	6.76	43	62.45	6.63	baseline	0.00	-0.02	[-0.44; 0.41]
Penedo, FJ, et al., 2020	95	-20.03	3.80	97	-20.46	3.74	baseline	0.00	0.11	[-0.17; 0.40]
Cengiz, HO, et al., 2023	32	12.90	5.40	33	9.75	5.22	baseline	0.00	0.59	[0.09; 1.08]
Beatty, L. et al. 2015	30	69.03	4.81	30	69.16	4.79	followup	6.00	-0.03	[-0.53; 0.48]
Penedo, FJ, et al., 2020	95	-20.18	3.80	97	-20.62	3.84	followup	24.00	0.11	[-0.17; 0.40]
Penedo, FJ, et al., 2020	95	-19.20	3.90	97	-20.43	3.84	followup	48.00	0.32	[0.03; 0.60]
Cengiz, HO, et al., 2023	32	13.56	5.78	33	8.75	5.14	followup	8.00	0.87	[0.36; 1.38]
Wu, Q, et al., 2021	43	81.54	8.21	43	74.21	7.33	followup	12.00	0.93	[0.49; 1.38]
Peng, L, et al., 2022	28	80.95	13.20	29	70.12	9.05	followup	4.00	0.95	[0.40; 1.50]
Beatty, L. et al. 2015	30	72.59	4.87	30	67.43	4.89	followup	13.03	1.04	[0.50; 1.59]
Peng, L, et al., 2022	28	83.33	14.87	29	69.25	8.94	followup	0.10	1.14	[0.57; 1.70]
Beatty, L. et al. 2015	30	76.54	4.22	30	71.38	4.21	followup	26.07	1.21	[0.66; 1.76]
Random effect	609			620					0.69	[0.45; 0.92]
Prediction interval										[-1.08; 2.45]
Random effect	**8176**			**8582**					**0.53**	**[0.33; 0.72]**
Prediction interval										**[-0.80; 1.85]**

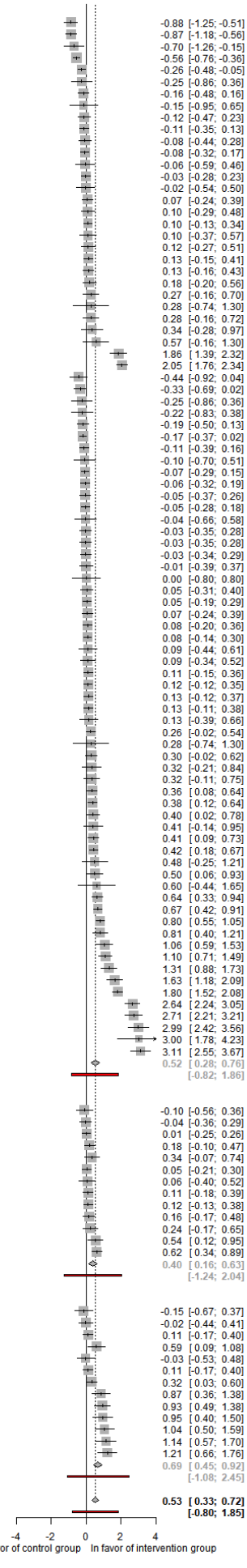


Figure S9.2. Forest plot represents the difference between the intervention vs. control group in the Emotional QoL domain with the environment subgroups as predicted at week 12 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S9.3.T24

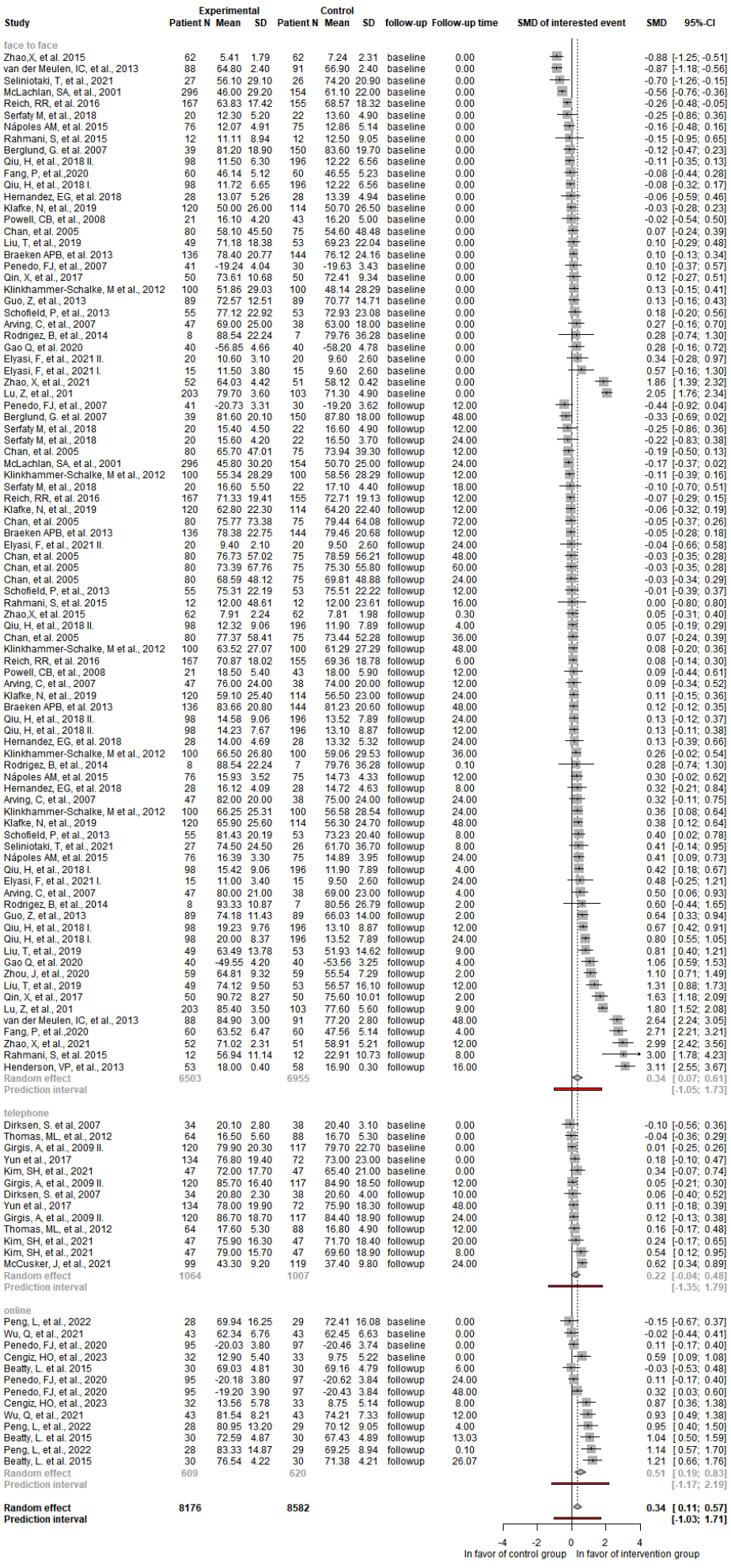


Figure S9.3. Forest plot represents the difference between the intervention vs. control group in the Emotional QoL domain with the environment subgroups as predicted at week 24 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S9.4.T48

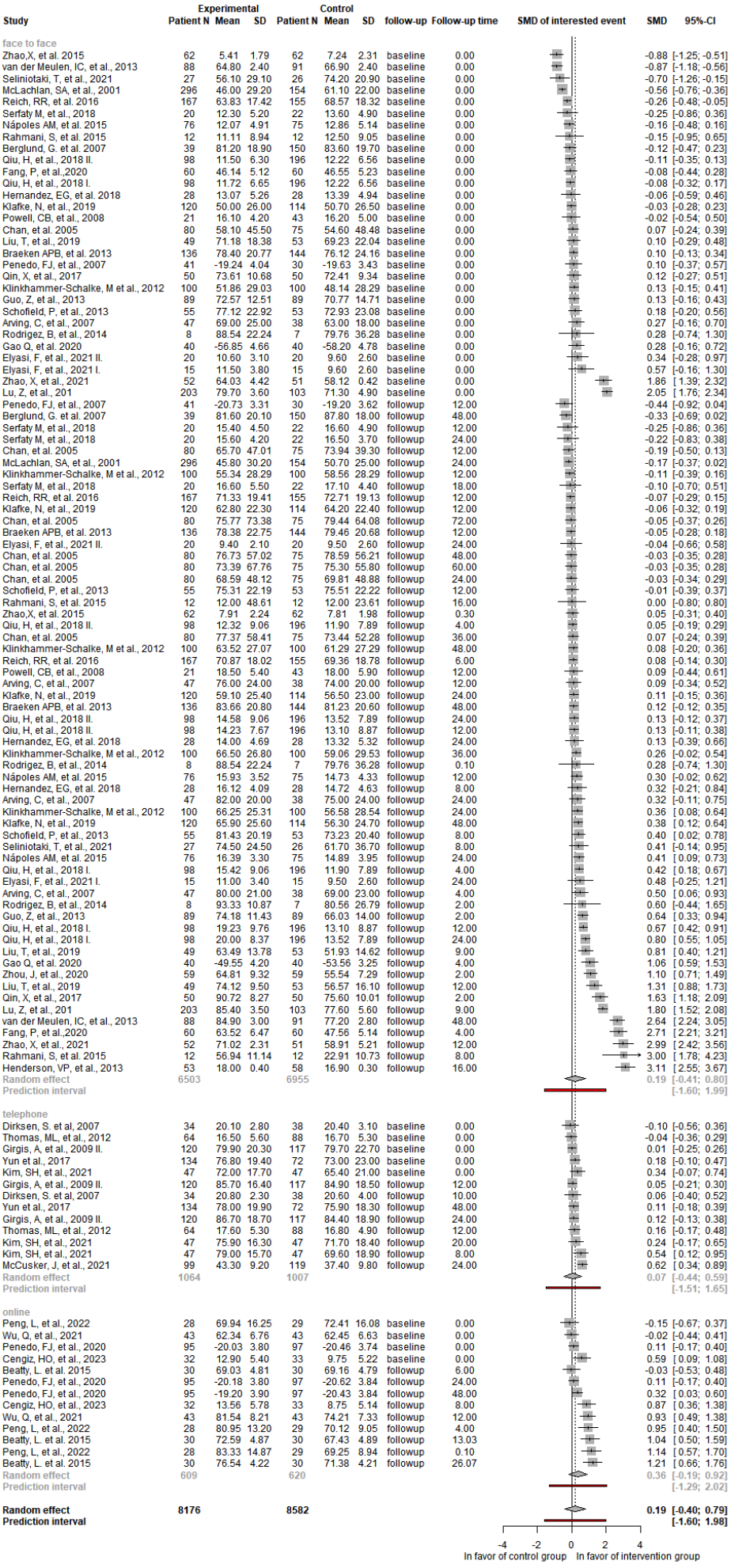


Figure S9.4. Forest plot represents the difference between the intervention vs. control group in the Emotional QoL domain with the environment subgroups as predicted at week 48 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

S10.Subgroup analysis of Emotional QoL: Type

Figure S10.1.T0

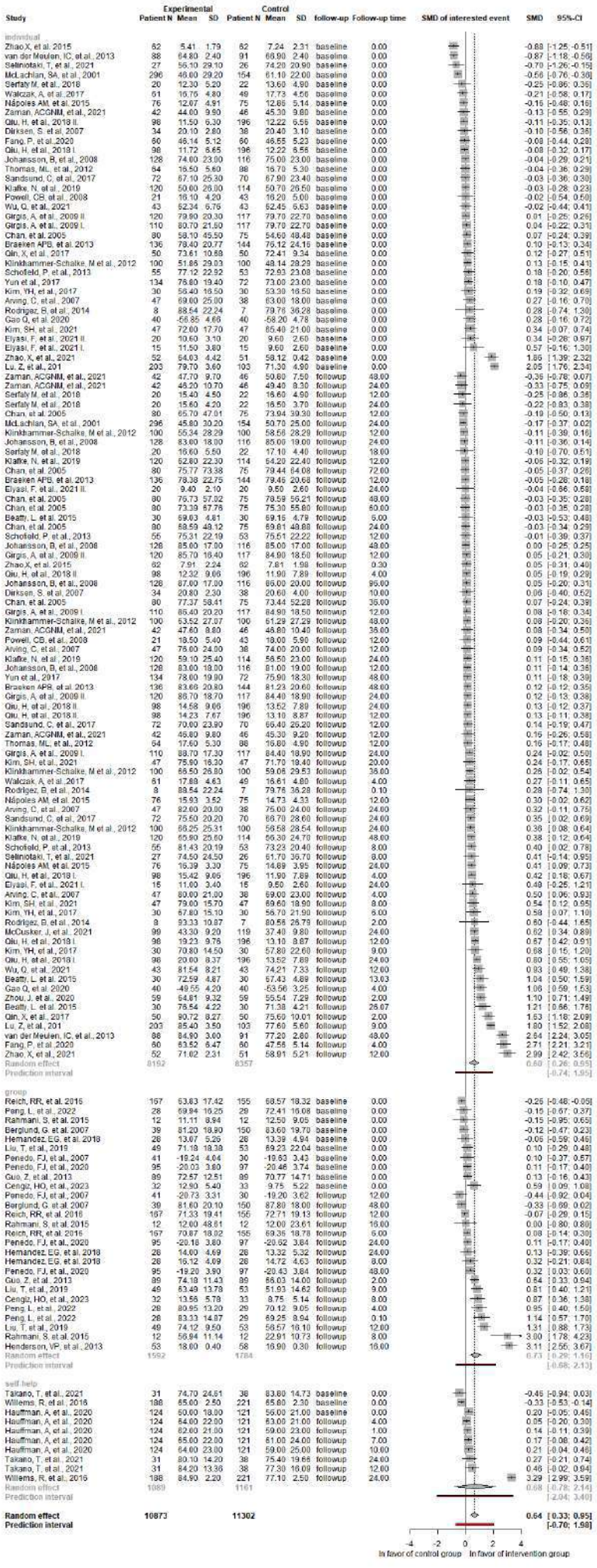


Figure S10.1. Forest plot represents the difference between the intervention vs. control group in the Emotional QoL domain with the type subgroups as predicted at week 0 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S10.2.T12

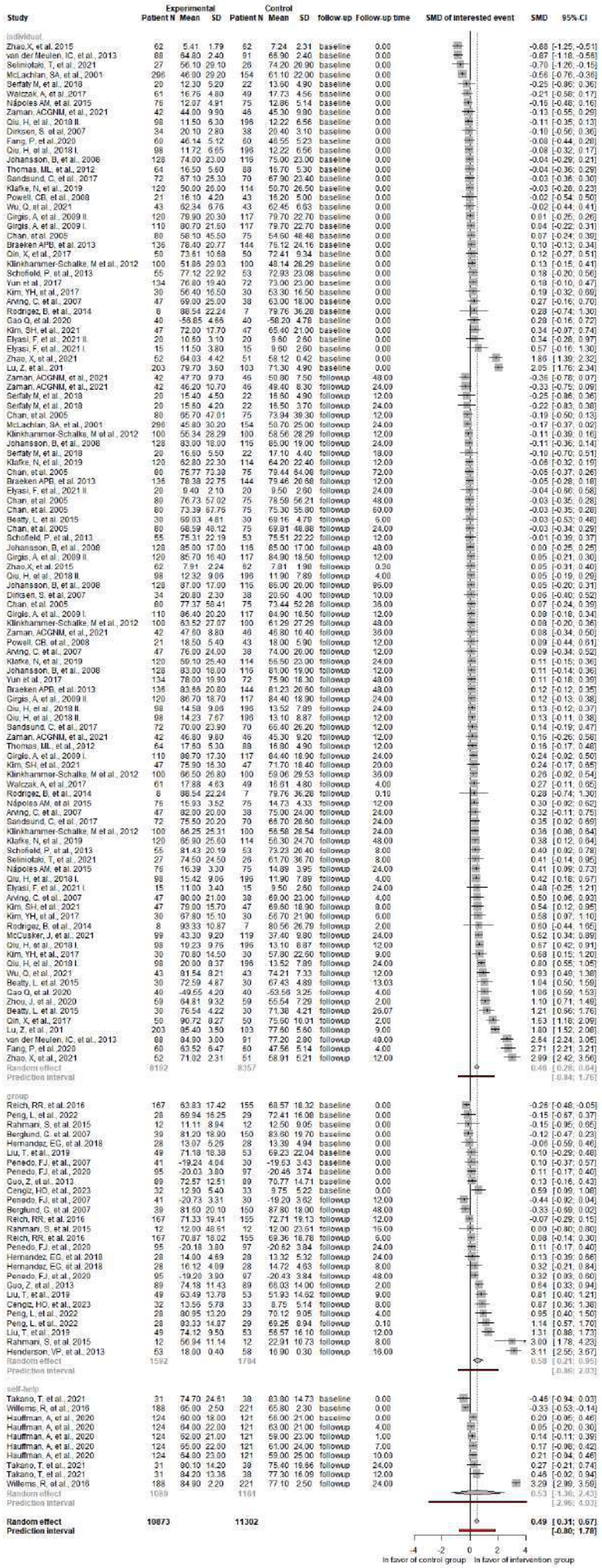


Figure S10.2. Forest plot represents the difference between the intervention vs. control group in the Emotional QoL domain with the type subgroups as predicted at week 12 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S10.3.T24

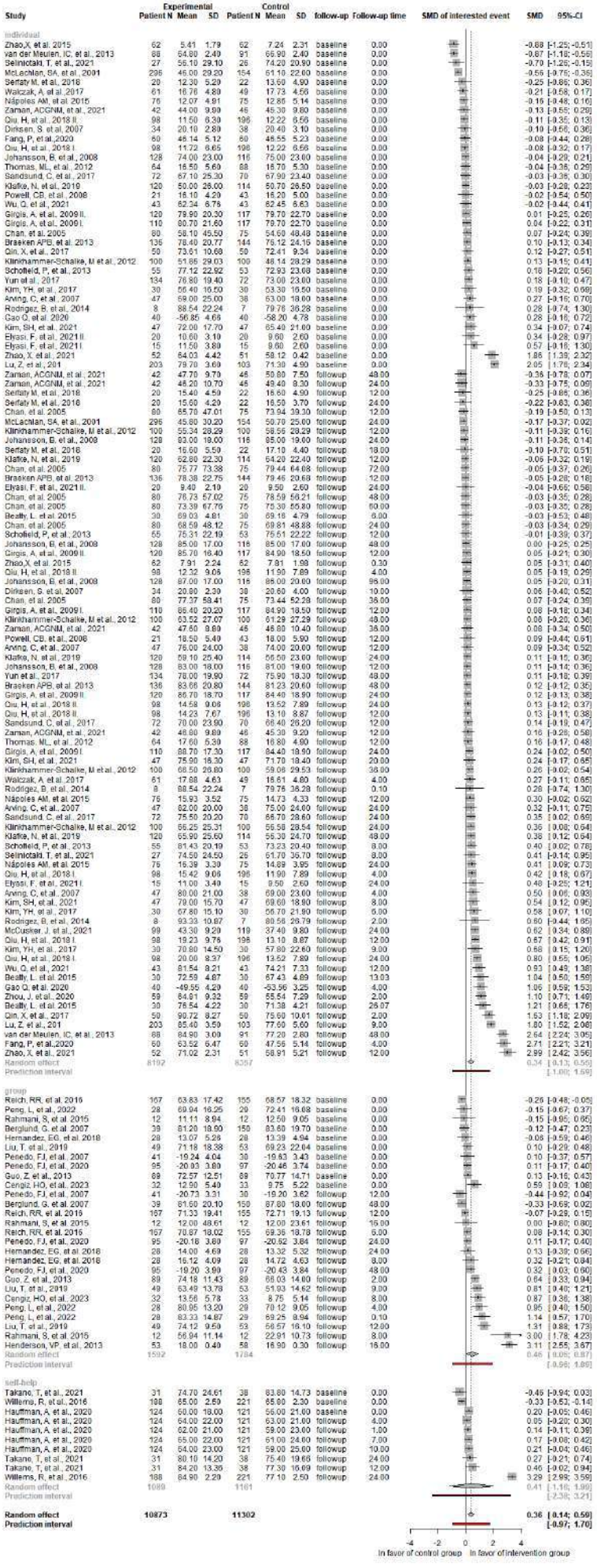


Figure S10.3. Forest plot represents the difference between the intervention vs. control group in the Emotional QoL domain with the type subgroups as predicted at week 24 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S10.4.T48

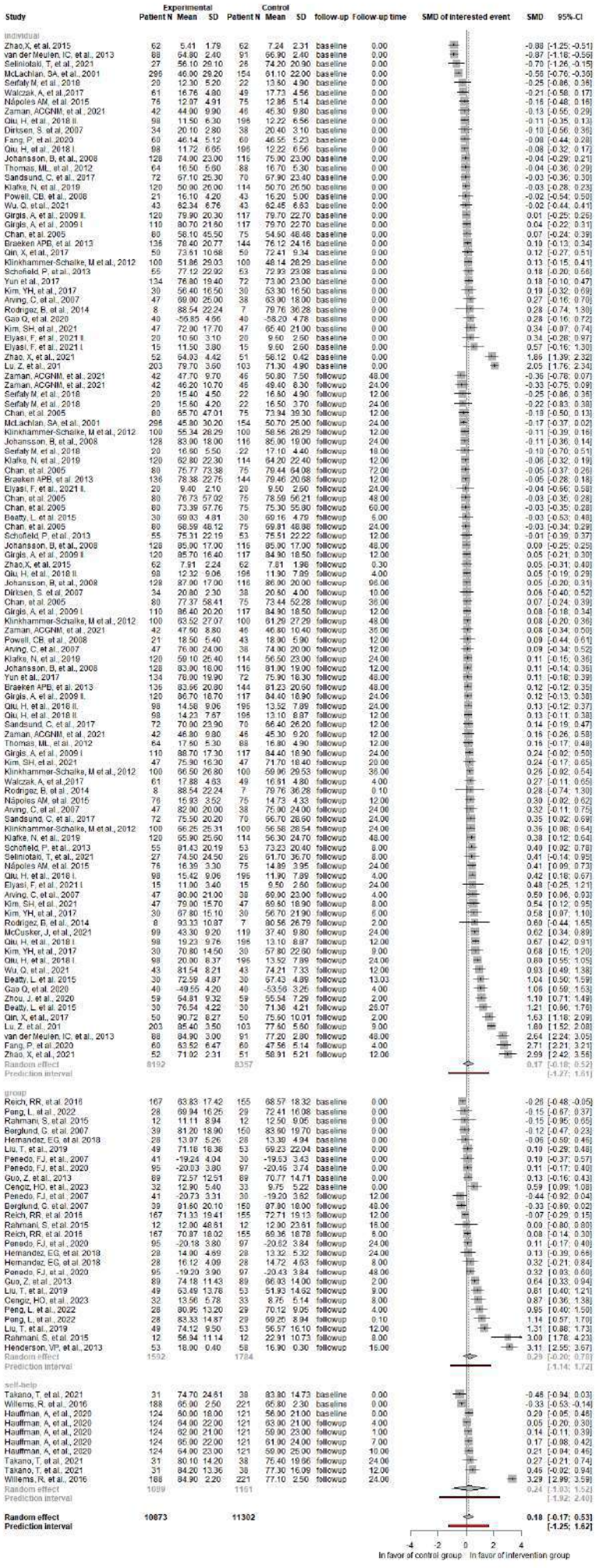


Figure S10.4. Forest plot represents the difference between the intervention vs. control group in the Emotional QoL domain with the type subgroups as predicted at week 48 (post-intervention). SMD - Standardized mean difference, CI - confidence interval

S11.Subgroup analysis of Emotional QoL: Cancer stage

Figure S11.1.T0

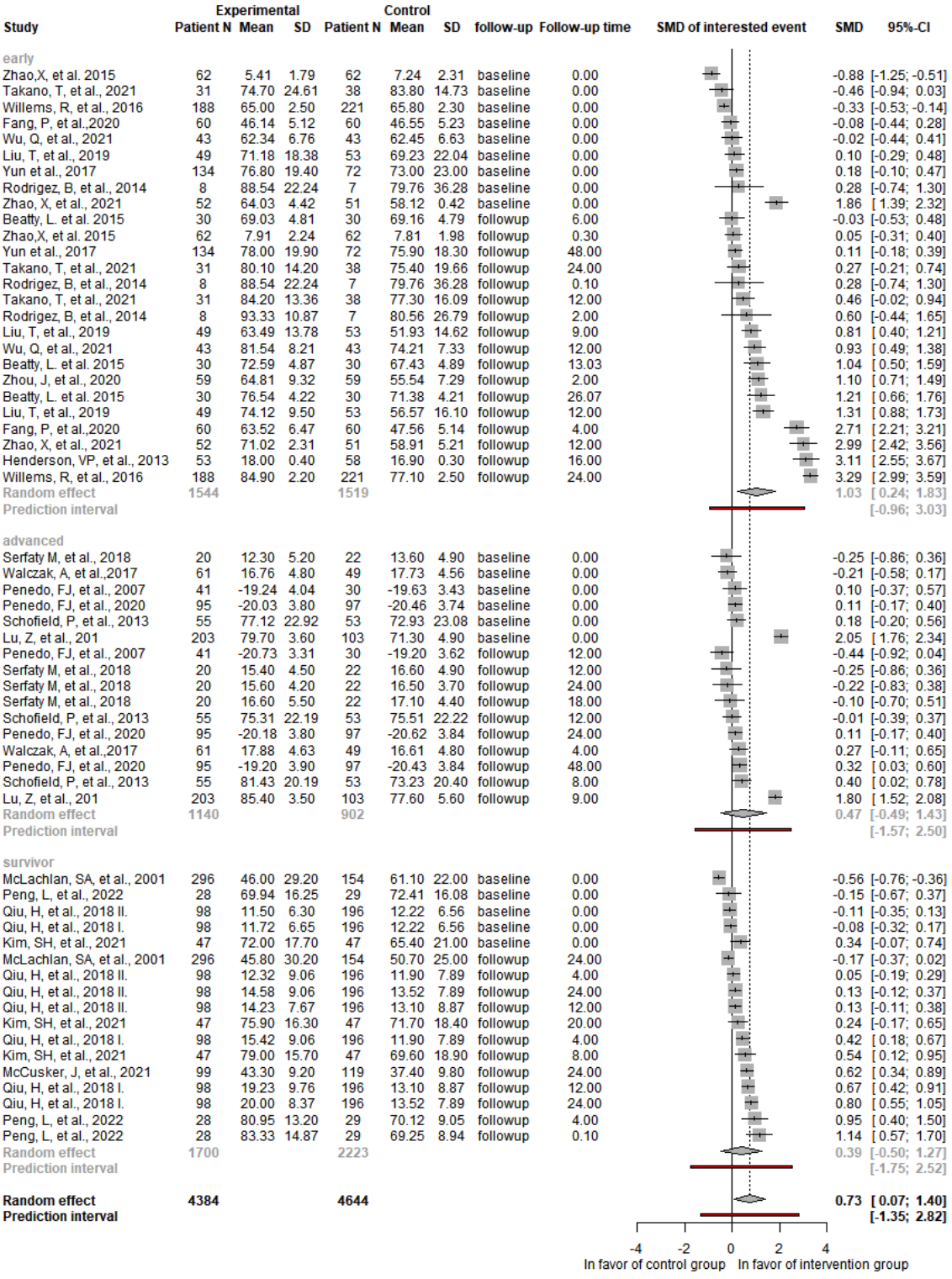


Figure S11.1. Forest plot represents the difference between the intervention vs. control group in the Emotional QoL domain with the cancer stage subgroups as predicted at week 0 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S11.2.T12

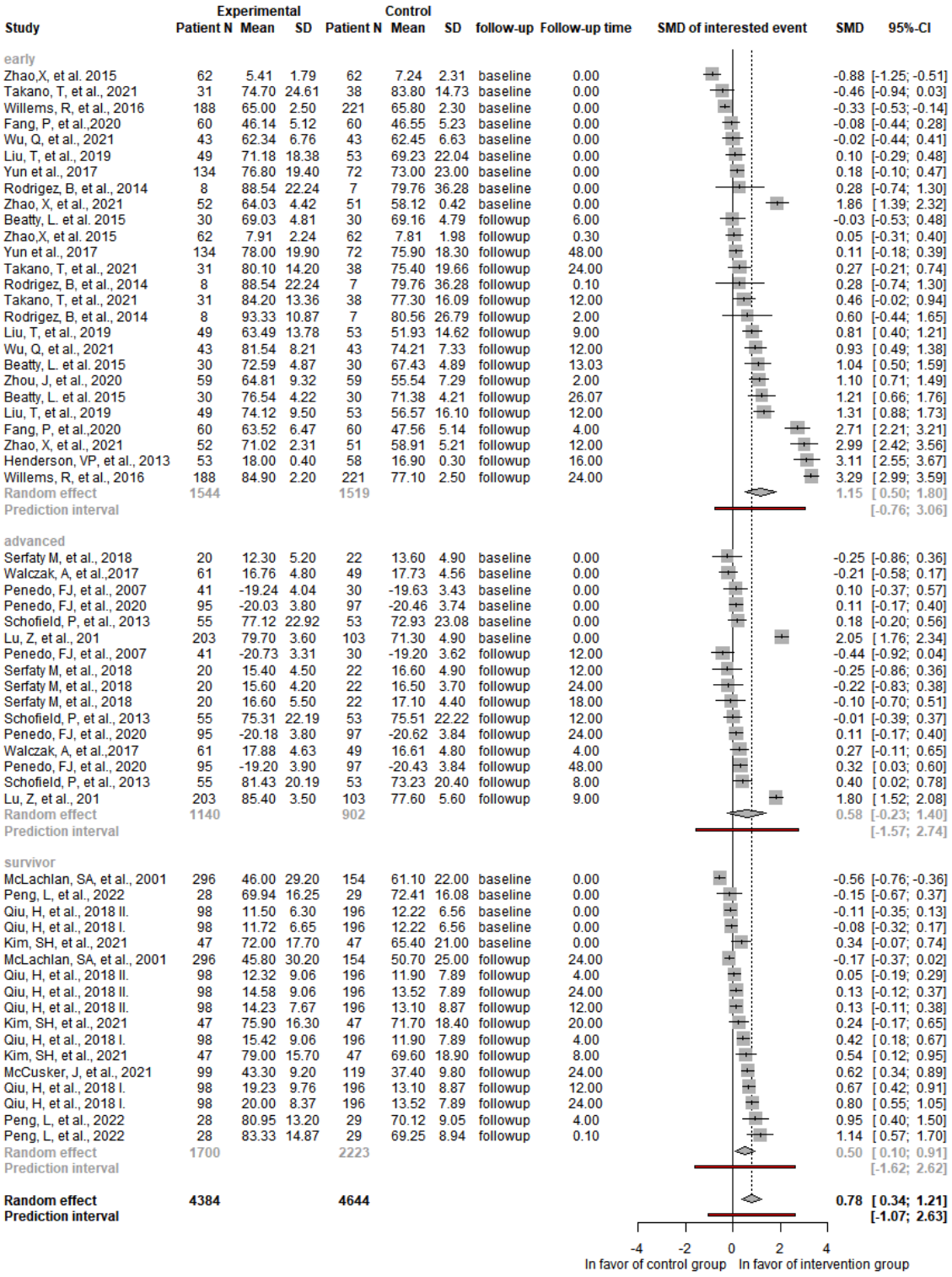


Figure S11.2. Forest plot represents the difference between the intervention vs. control group in the Emotional QoL domain with the cancer stage subgroups as predicted at week 12 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S11.3.T24

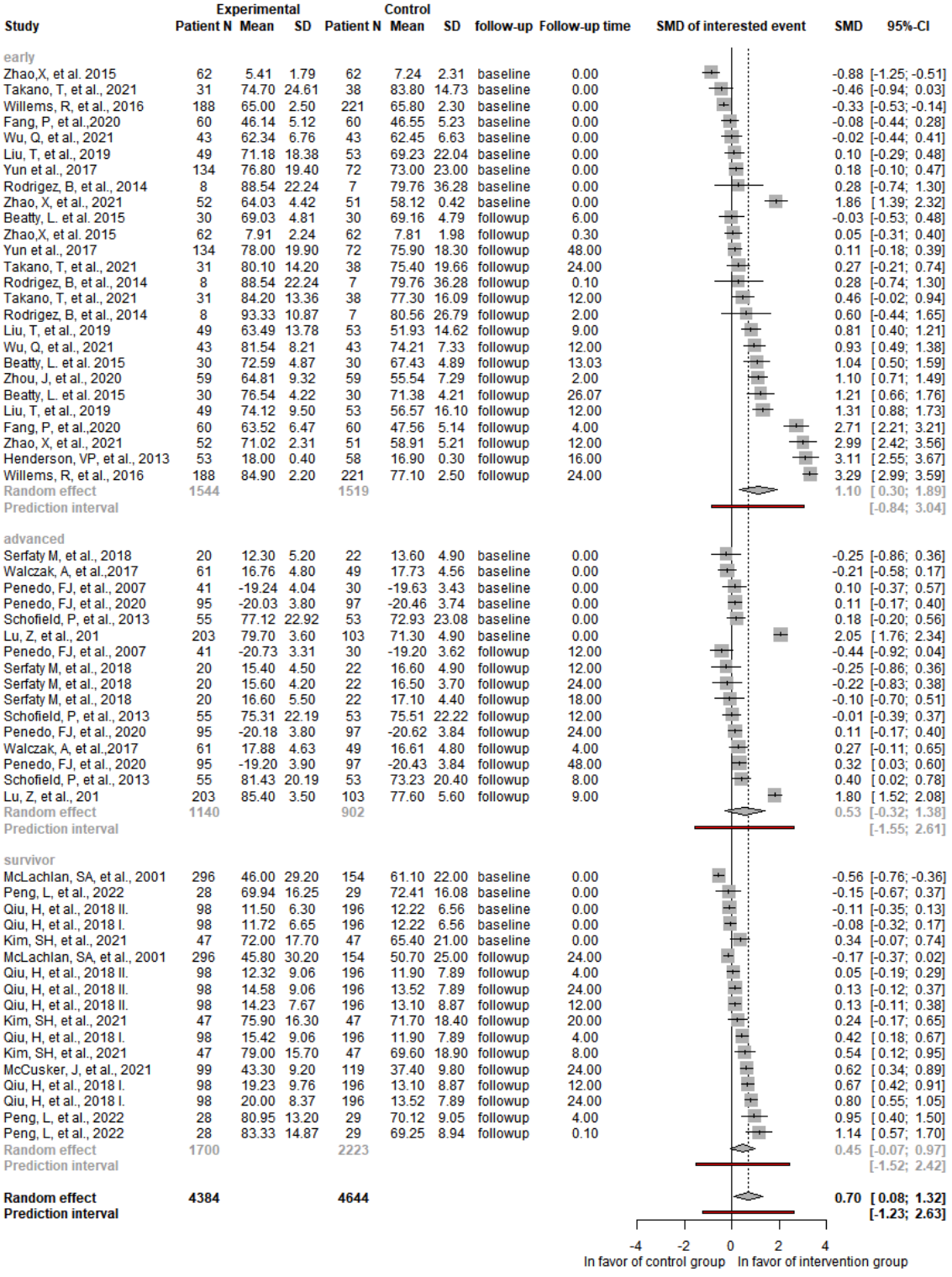


Figure S11.3. Forest plot represents the difference between the intervention vs. control group in the Emotional QoL domain with the cancer stage subgroups as predicted at week 24 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S11.4.T48

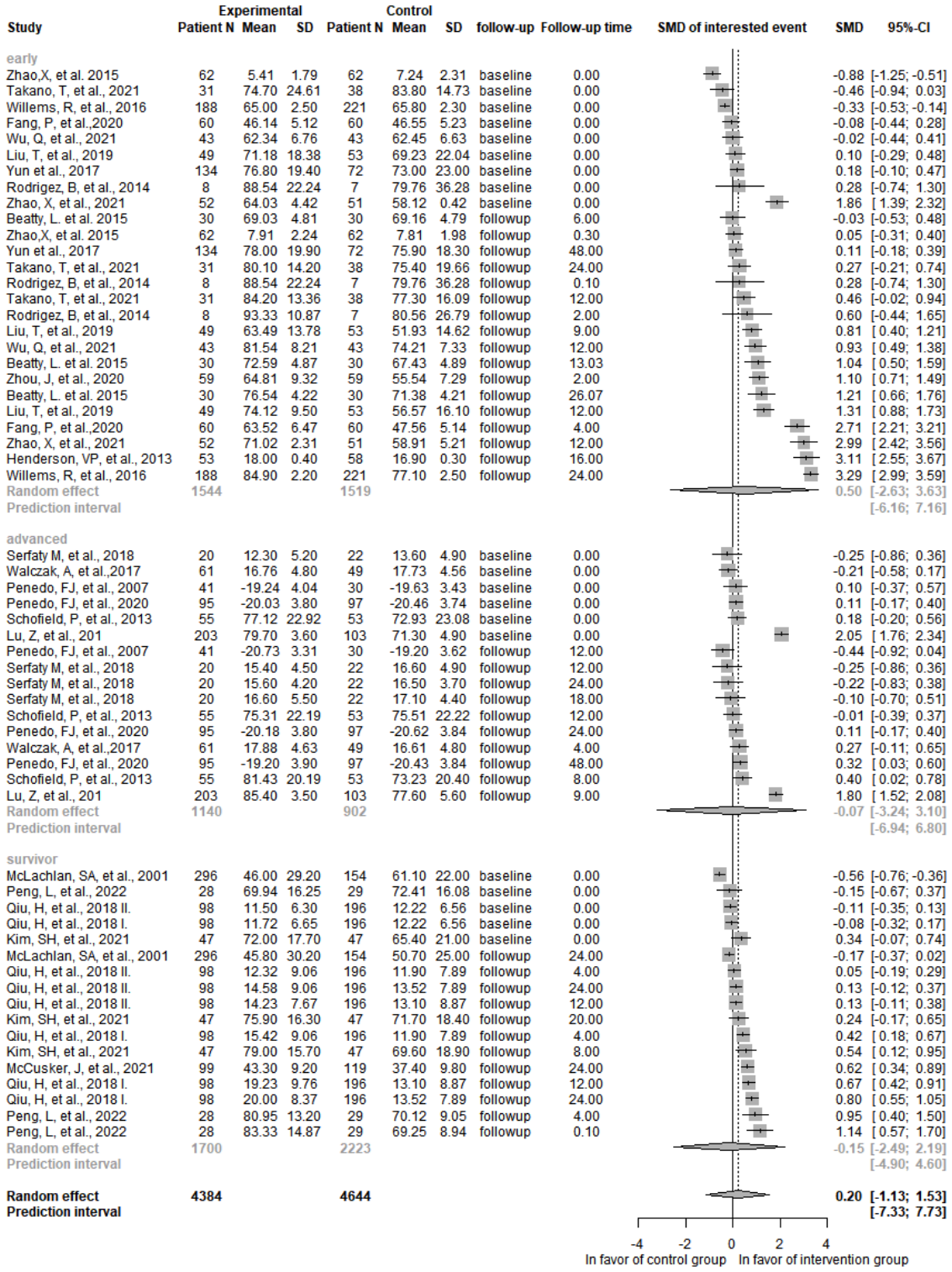


Figure S11.4. Forest plot represents the difference between the intervention vs. control group in the Emotional QoL domain with the cancer stage subgroups as predicted at week 48 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

S12.Subgroup analysis of Emotional QoL: Cancer type

Figure S12.1.T0

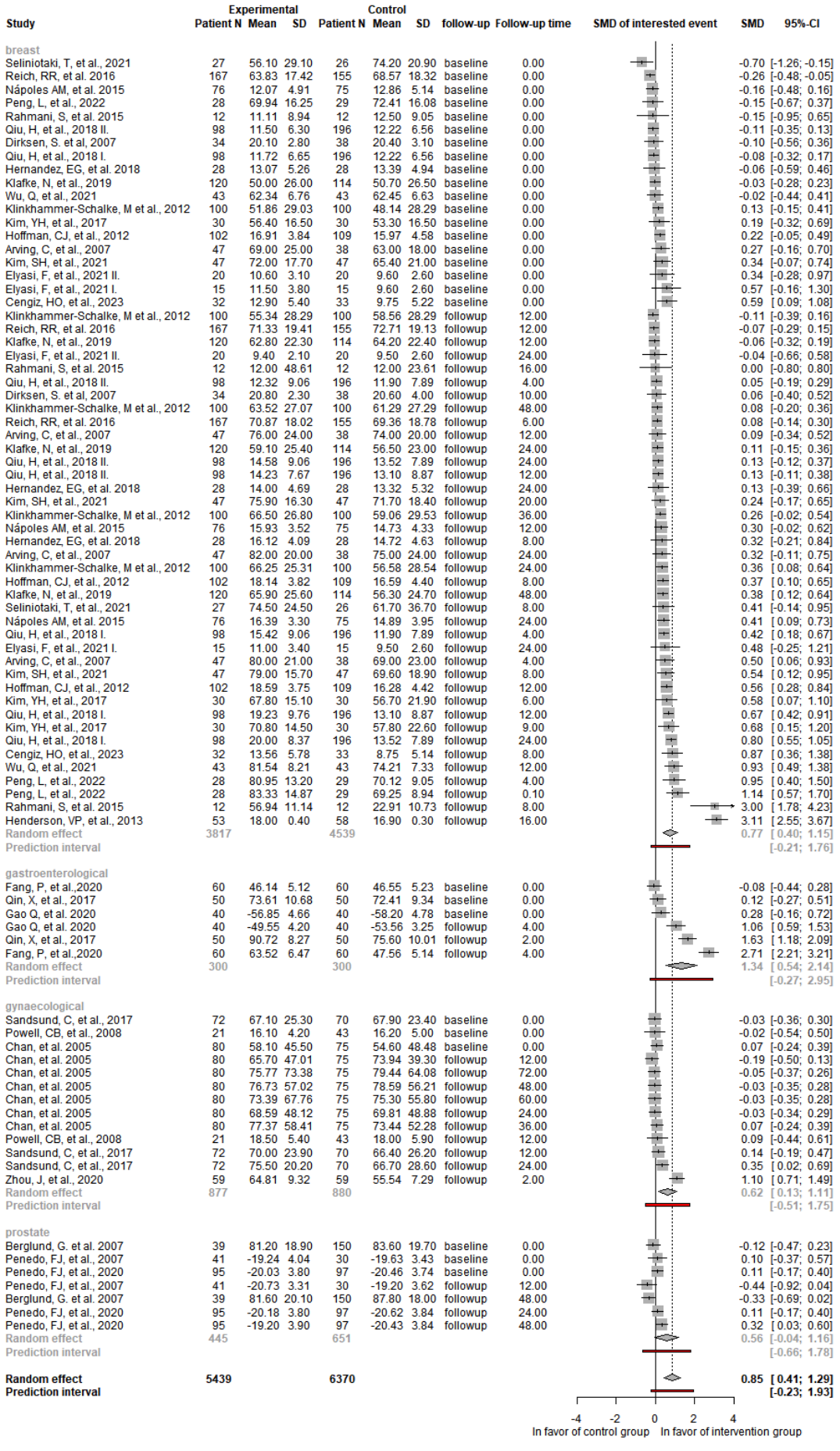


Figure S12.1. Subgroup analysis of the Emotional QoL. Forest plot represents the difference between the intervention vs. control group in the Emotional QoL domain with the cancer type subgroups as predicted at week 0 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S12.2.T12

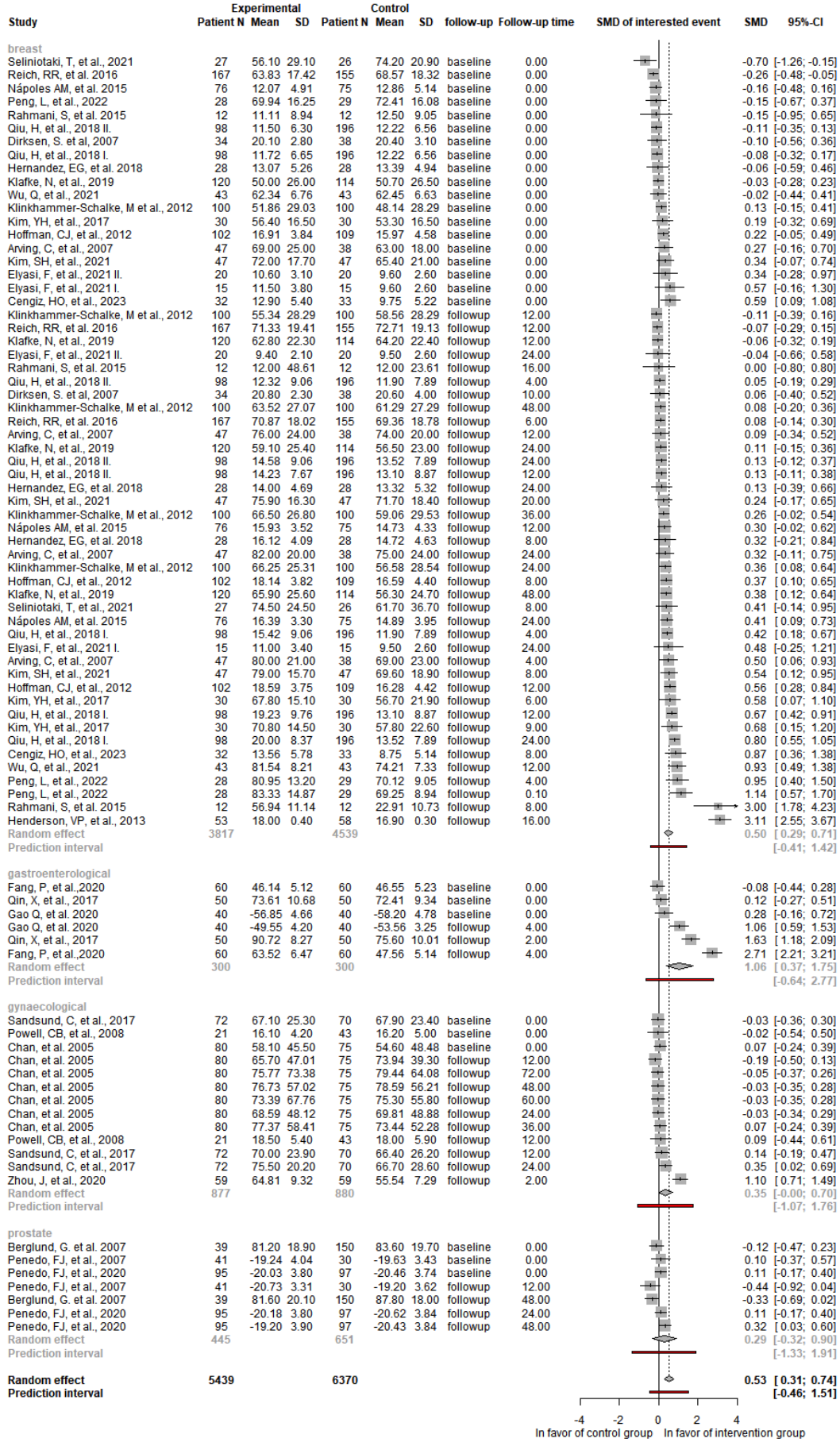


Figure S12.2. Subgroup analysis of the Emotional QoL. Forest plot represents the difference between the intervention vs. control group in the Emotional QoL domain with the cancer type subgroups as predicted at week 12 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S12.3.T24

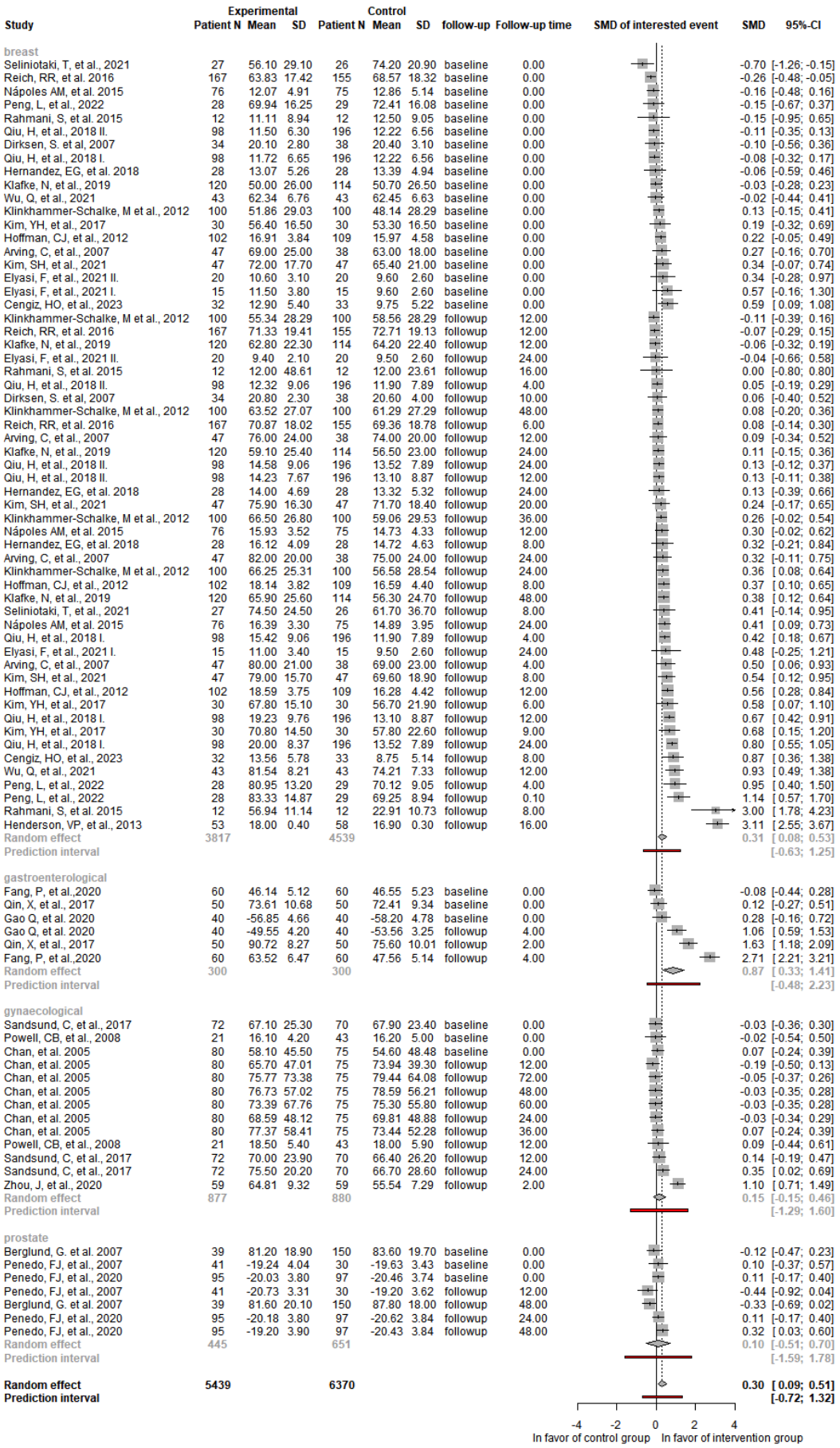


Figure S12.3.Subgroup analysis of the Emotional QoL. Forest plot represents the difference between the intervention vs. control group in the Emotional QoL domain with the cancer type subgroups as predicted at week 24 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S12.4.T48

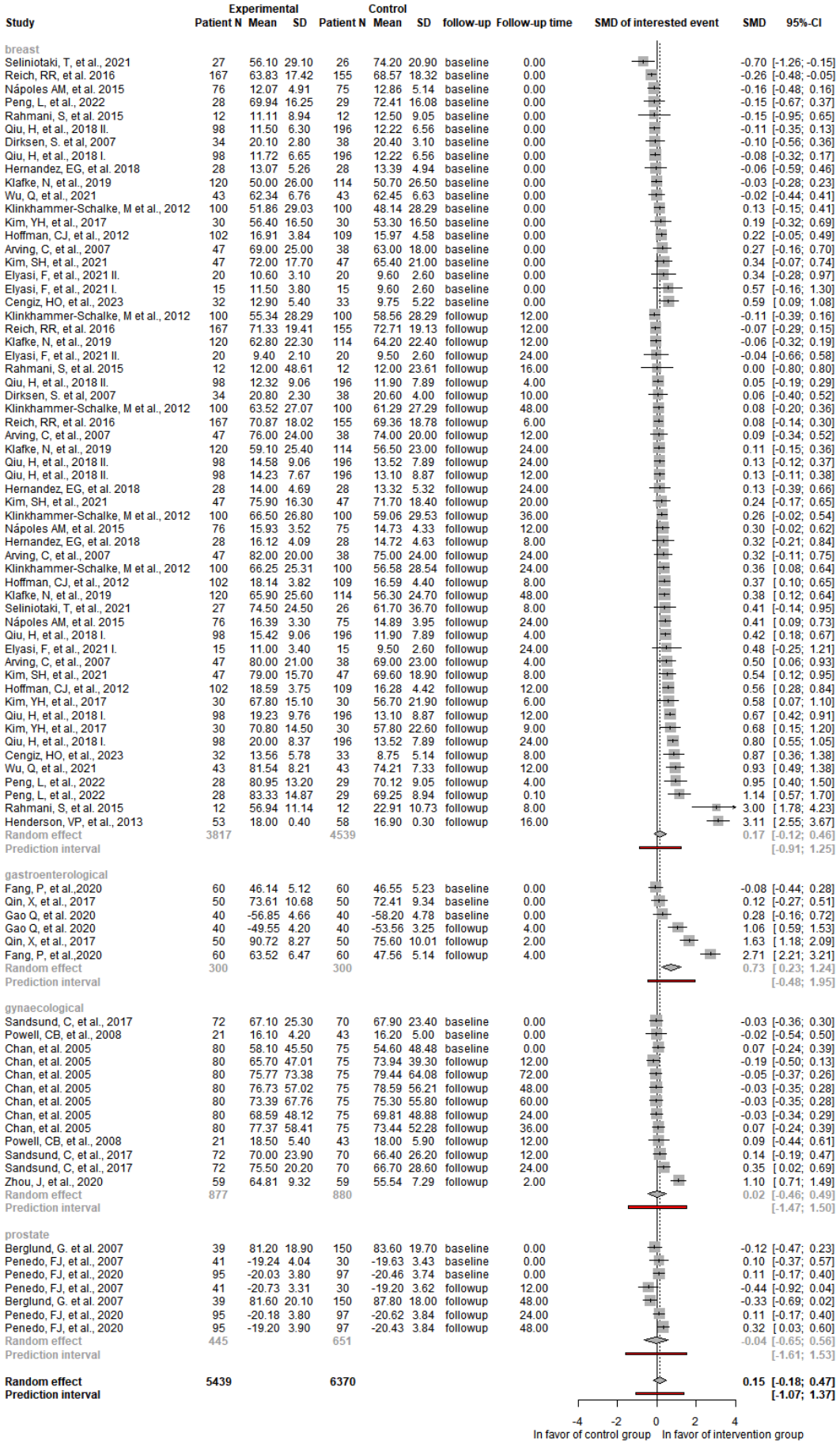


Figure S12.4. Subgroup analysis of the Emotional QoL. Forest plot represents the difference between the intervention vs. control group in the Emotional QoL domain with the cancer type subgroups as predicted at week 48 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

S13.Subgroup analysis of Social QoL: Provider

Figure S13.1.T0

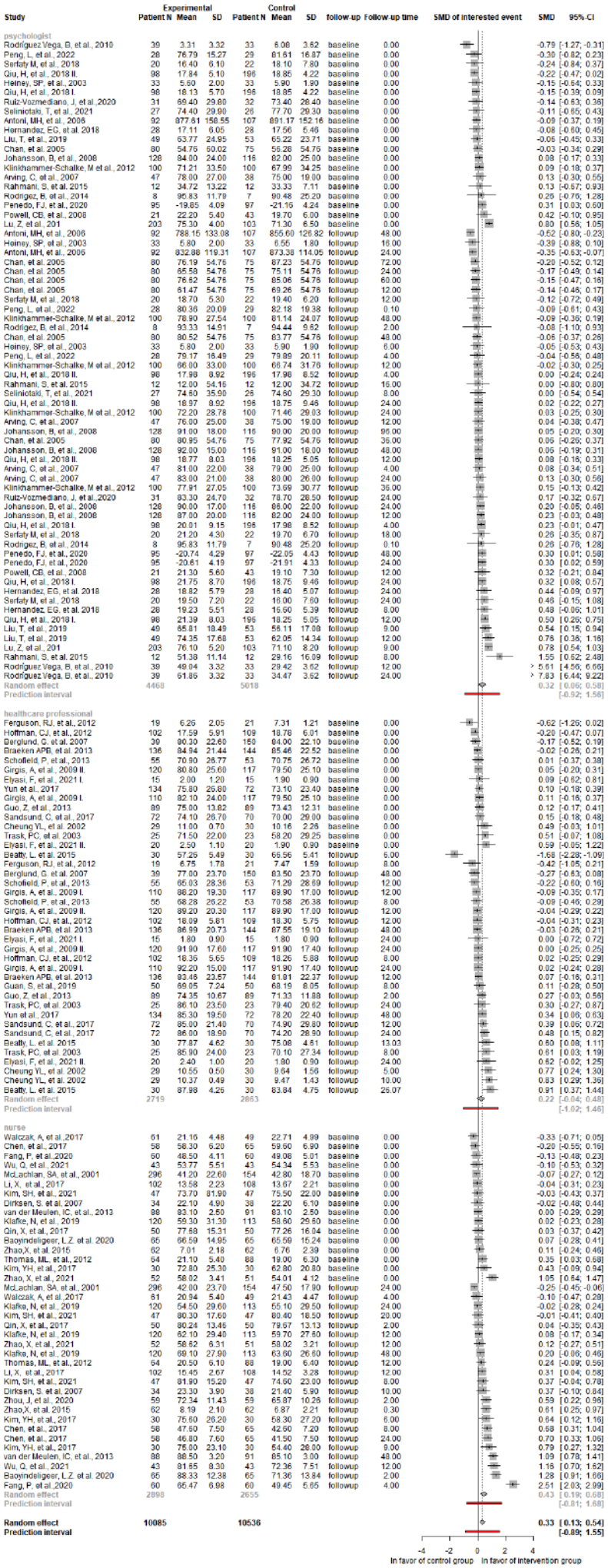


Figure S13.1. Forest plot represents the difference between the intervention vs. control group in the Social QoL domain with the provider subgroups as predicted at week 0 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S13.2.T12

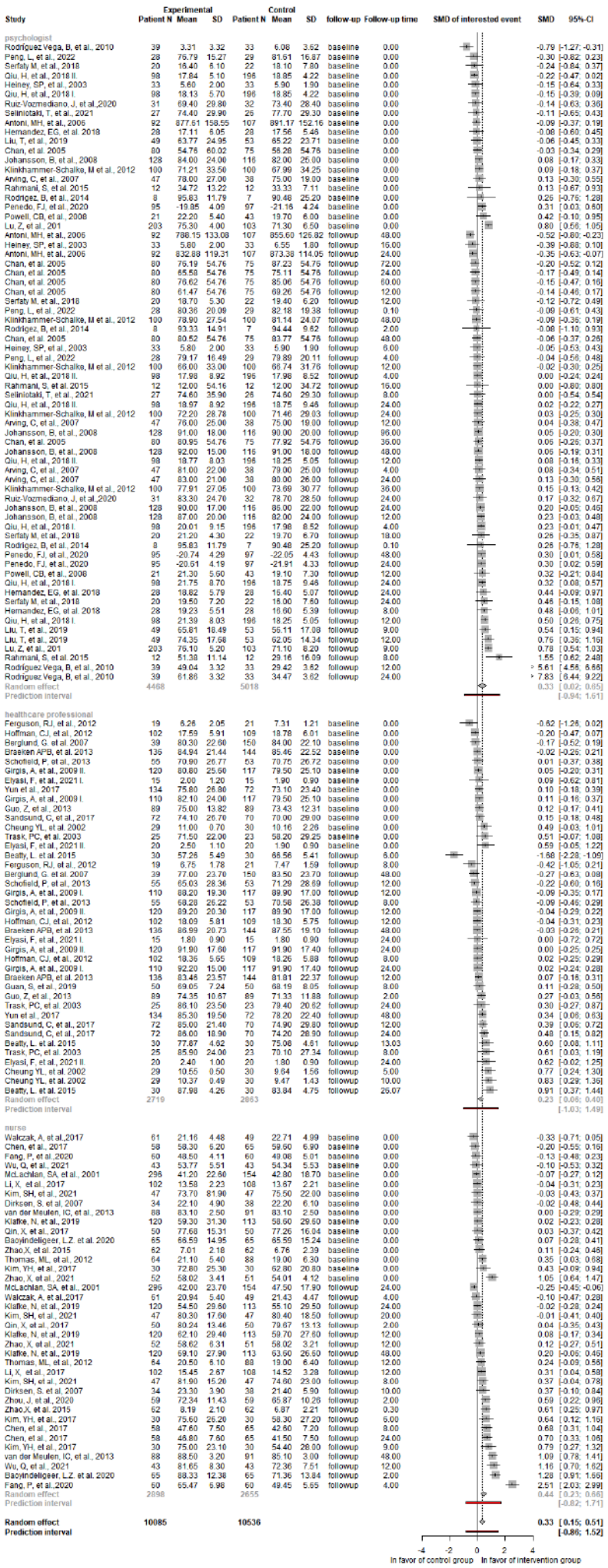


Figure S13.2. Forest plot represents the difference between the intervention vs. control group in the Social QoL domain with the provider subgroups as predicted at week 12 (post-intervention). SMD - Standardized mean difference, CI - confidence interval

Figure S13.3.T24

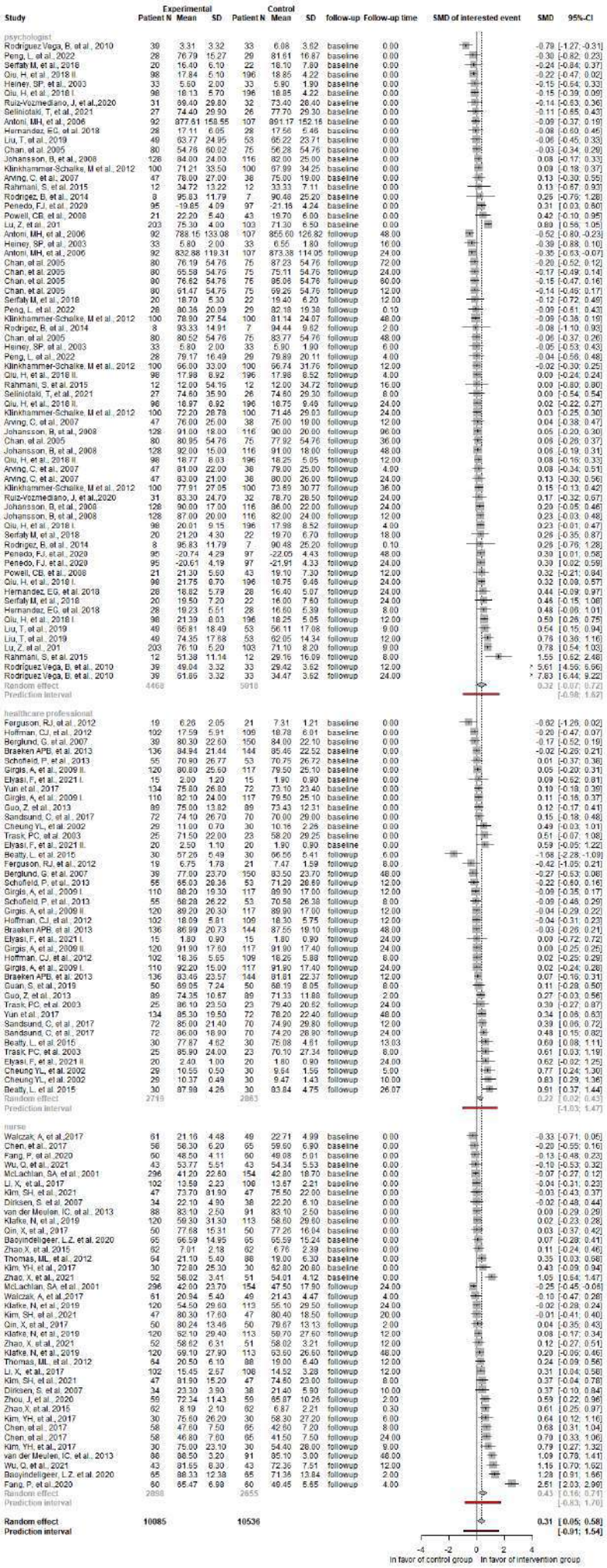


Figure S13.3.. Forest plot represents the difference between the intervention vs. control group in the Social QoL domain with the provider subgroups as predicted at week 24 (post-intervention). SMD - Standardized mean difference, CI - confidence interval

Figure S13.4.T48

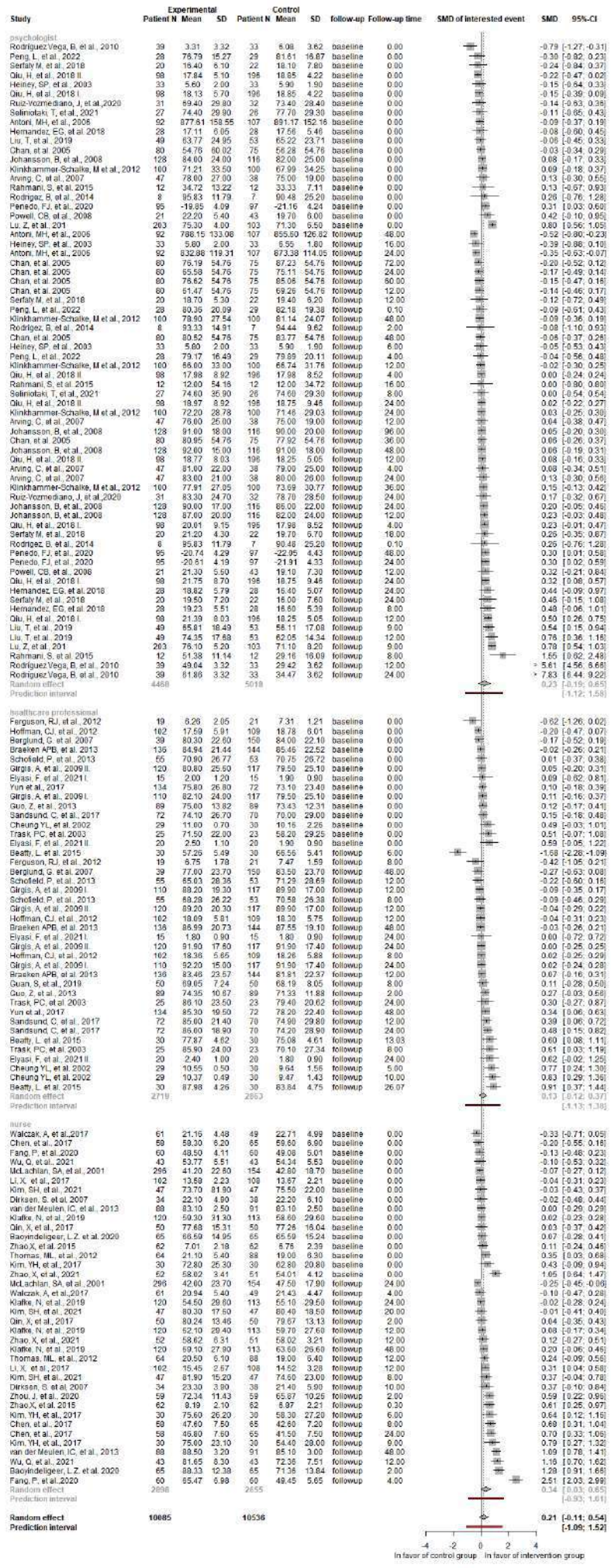


Figure S13.4.. Forest plot represents the difference between the intervention vs. control group in the Social QoL domain with the provider subgroups as predicted at week 48 (post-intervention). SMD - Standardized mean difference, CI - confidence interval

S14.Subgroup analysis of Social QoL: Environment

Figure S14.1.T0

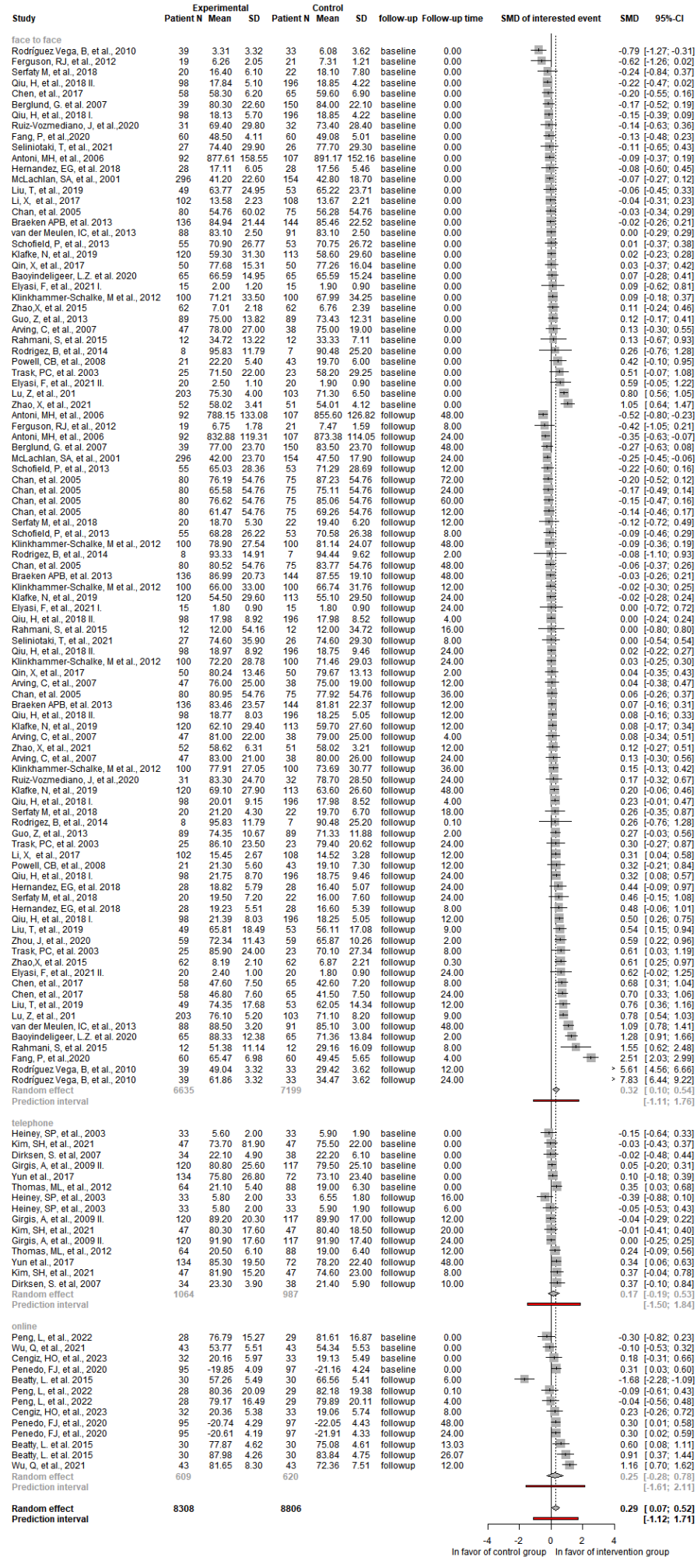


Figure S14.1. Forest plot represents the difference between the intervention vs. control group in the Social QoL domain with the environment subgroups as predicted at week 0 (post-intervention). SMD - Standardized mean difference, CI - confidence interval

Figure S14.2.T12

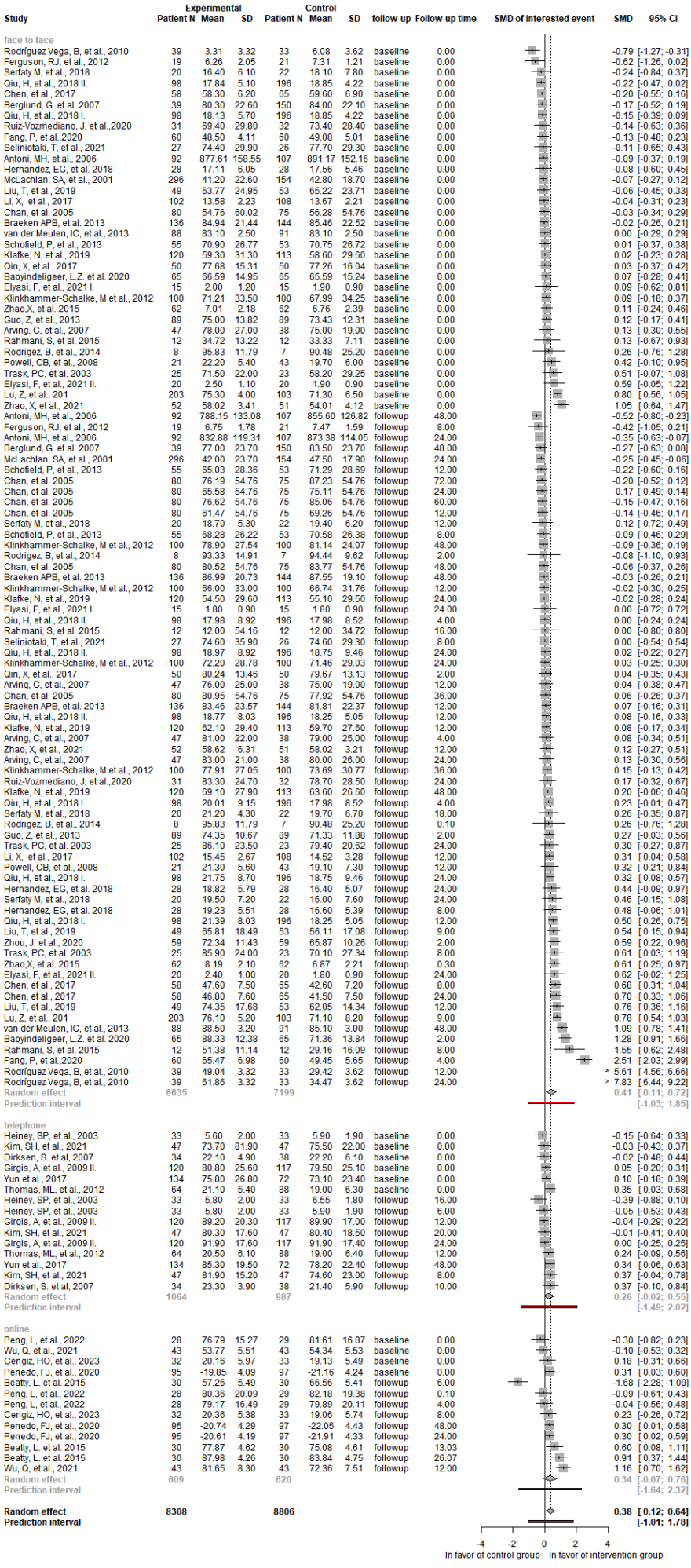


Figure S14.2. Forest plot represents the difference between the intervention vs. control group in the Social QoL domain with the environment subgroups as predicted at week 12 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S14.3.T24

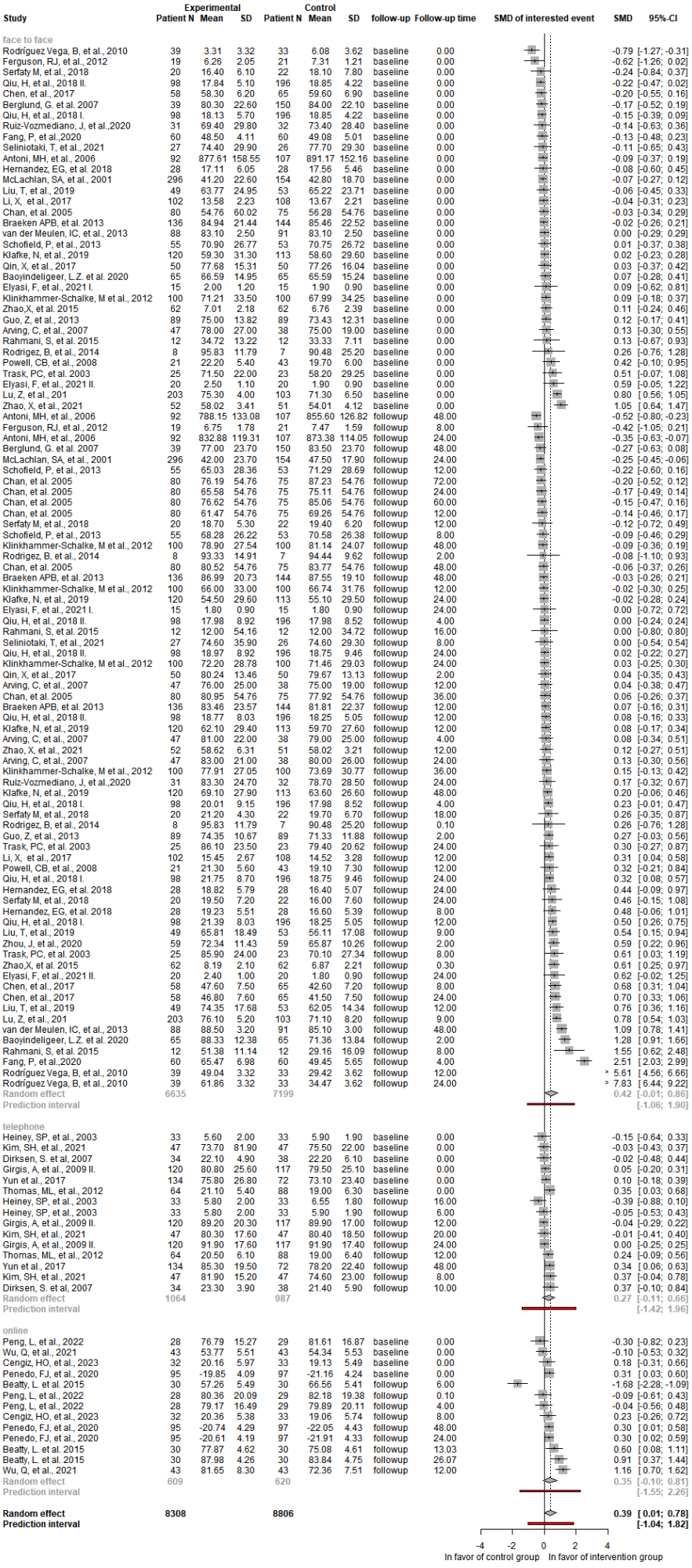


Figure S14.3. Forest plot represents the difference between the intervention vs. control group in the Social QoL domain with the environment subgroups as predicted at week 24 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S14.4.T48

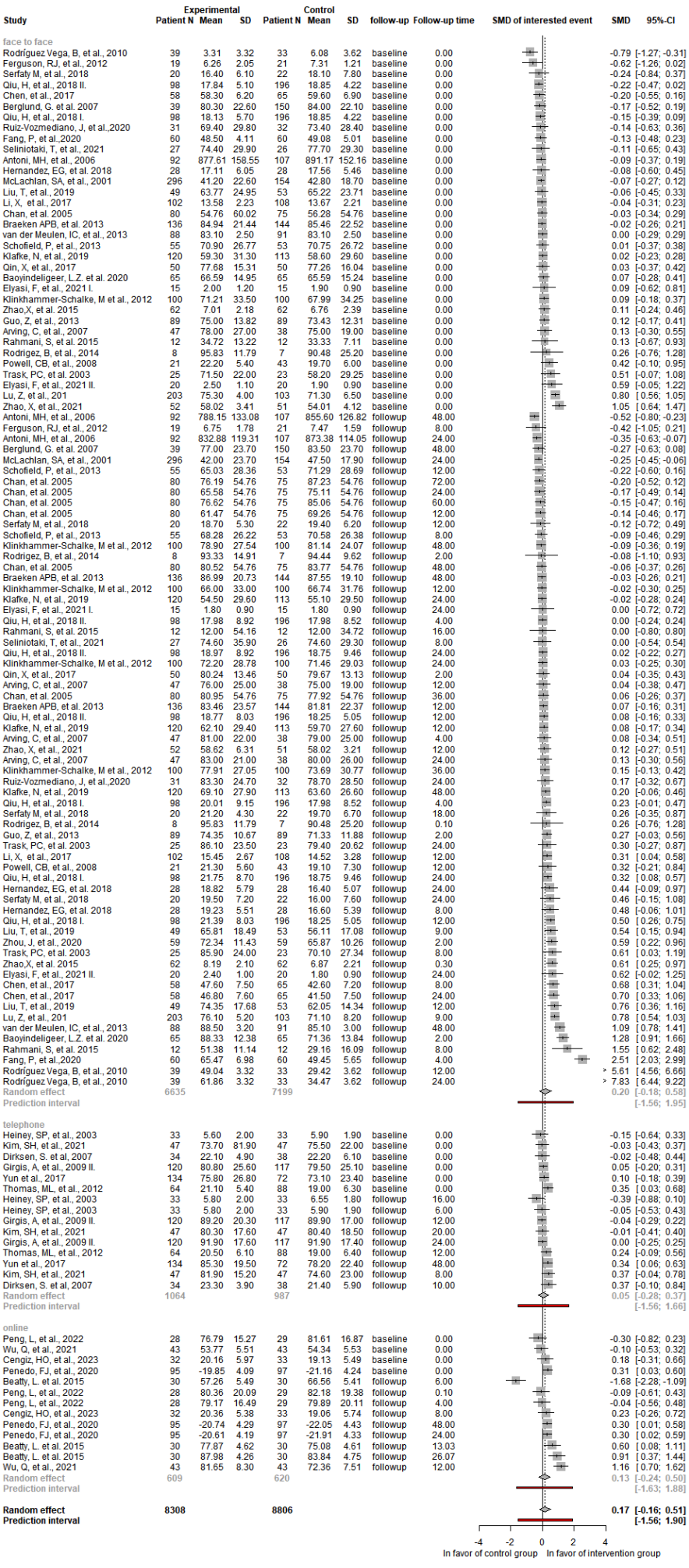


Figure S14.4. Forest plot represents the difference between the intervention vs. control group in the Social QoL domain with the environment subgroups as predicted at week 48 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

S15.Subgroup analysis of Social QoL: Type

Figure S15.1.T0

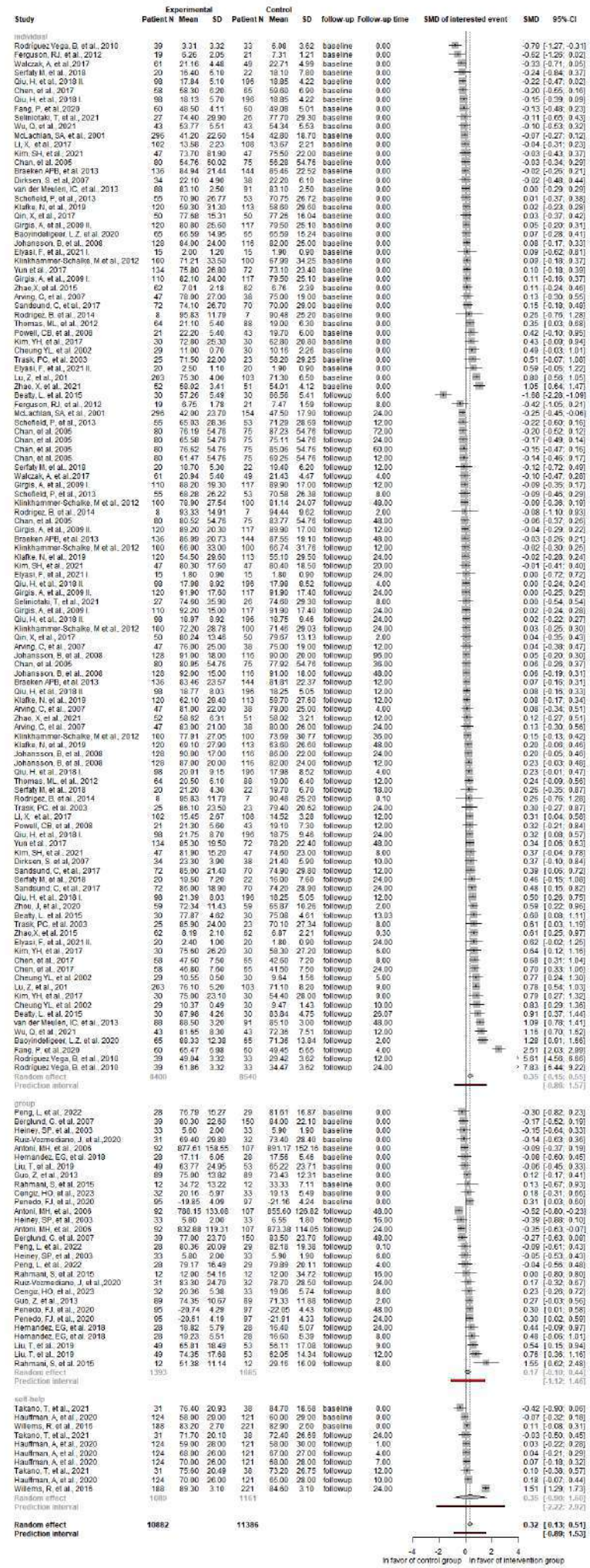


Figure S15.1. Forest plot represents the difference between the intervention vs. control group in the Social QoL domain with the type subgroups as predicted at week 0 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S15.2.T12

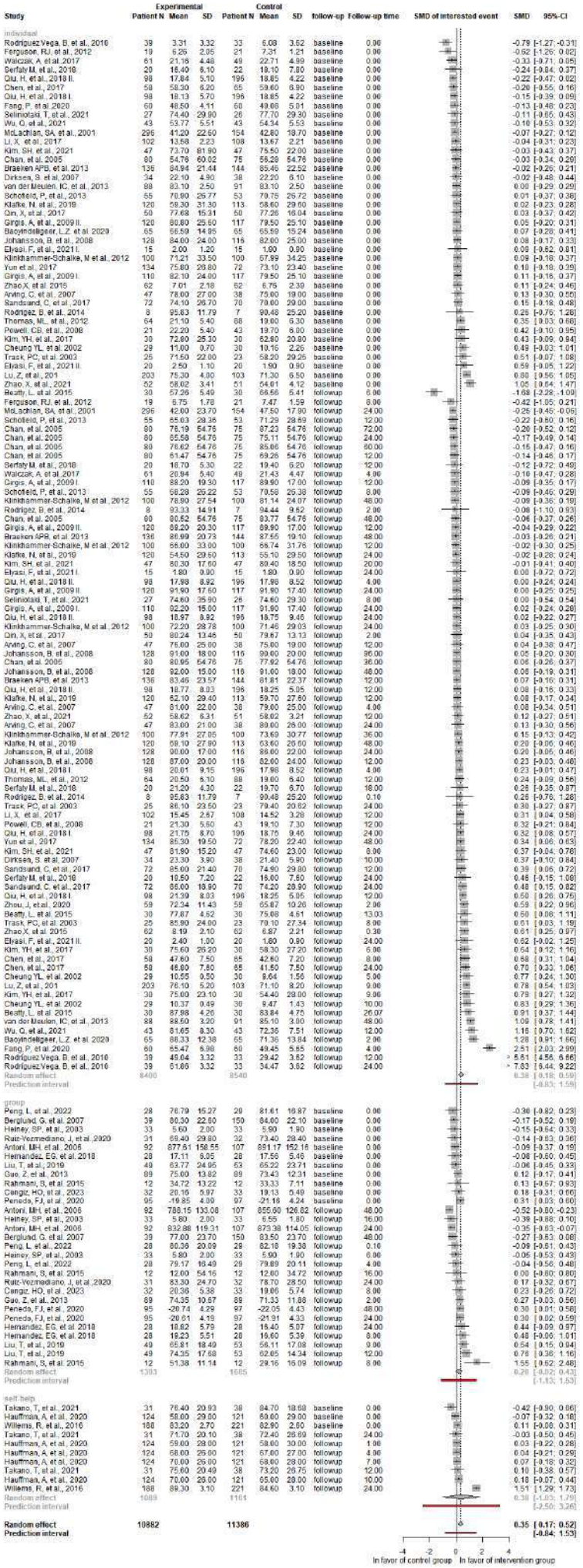


Figure S15.2. Forest plot represents the difference between the intervention vs. control group in the Social QoL domain with the type subgroups as predicted at week 12 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S15.3.T24

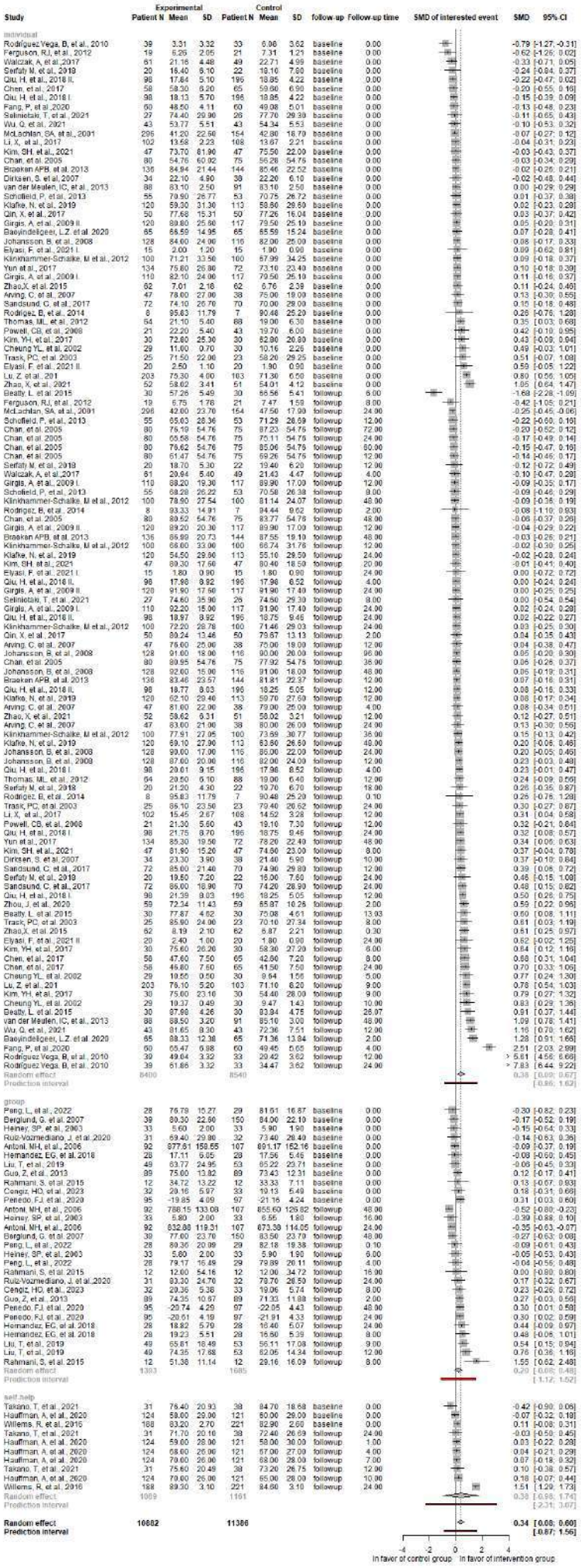


Figure S15.3. Forest plot represents the difference between the intervention vs. control group in the Social QoL domain with the type subgroups as predicted at week 24 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S15.4.T48

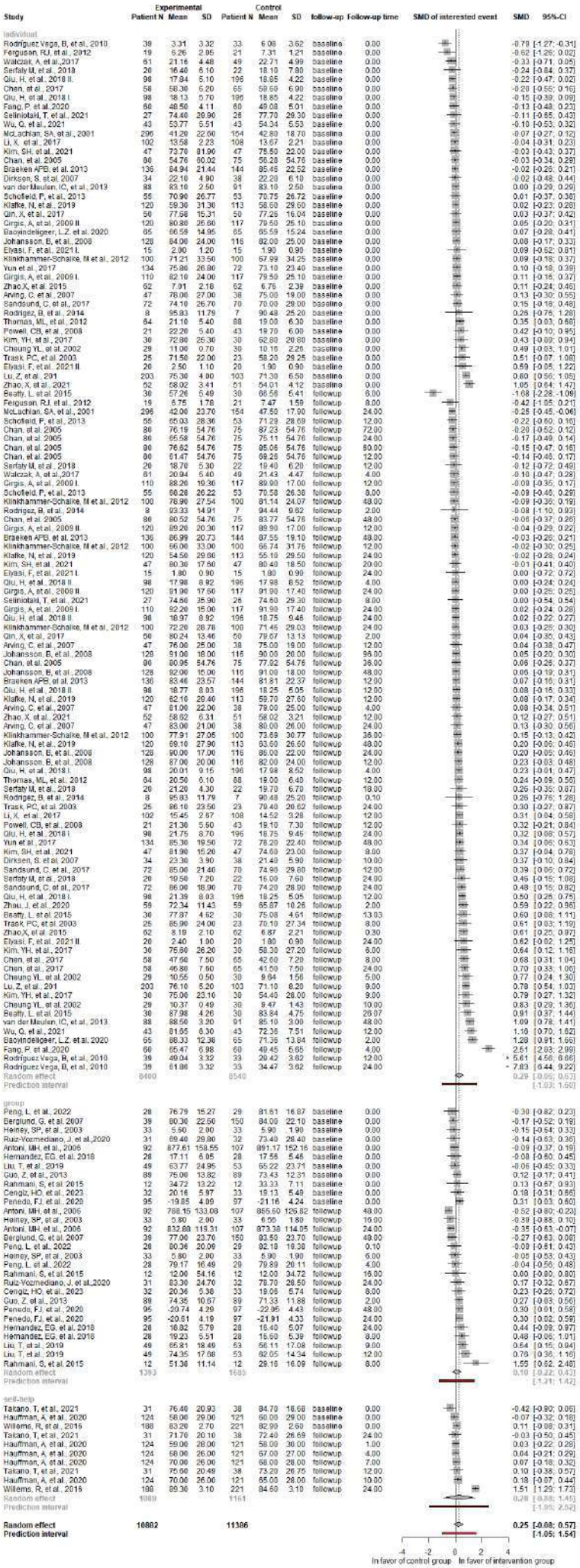


Figure S15.4. Forest plot represents the difference between the intervention vs. control group in the Social QoL domain with the type subgroups as predicted at week 48 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

S16.Subgroup analysis of Social QoL: Cancer stage

Figure S16.1.T0

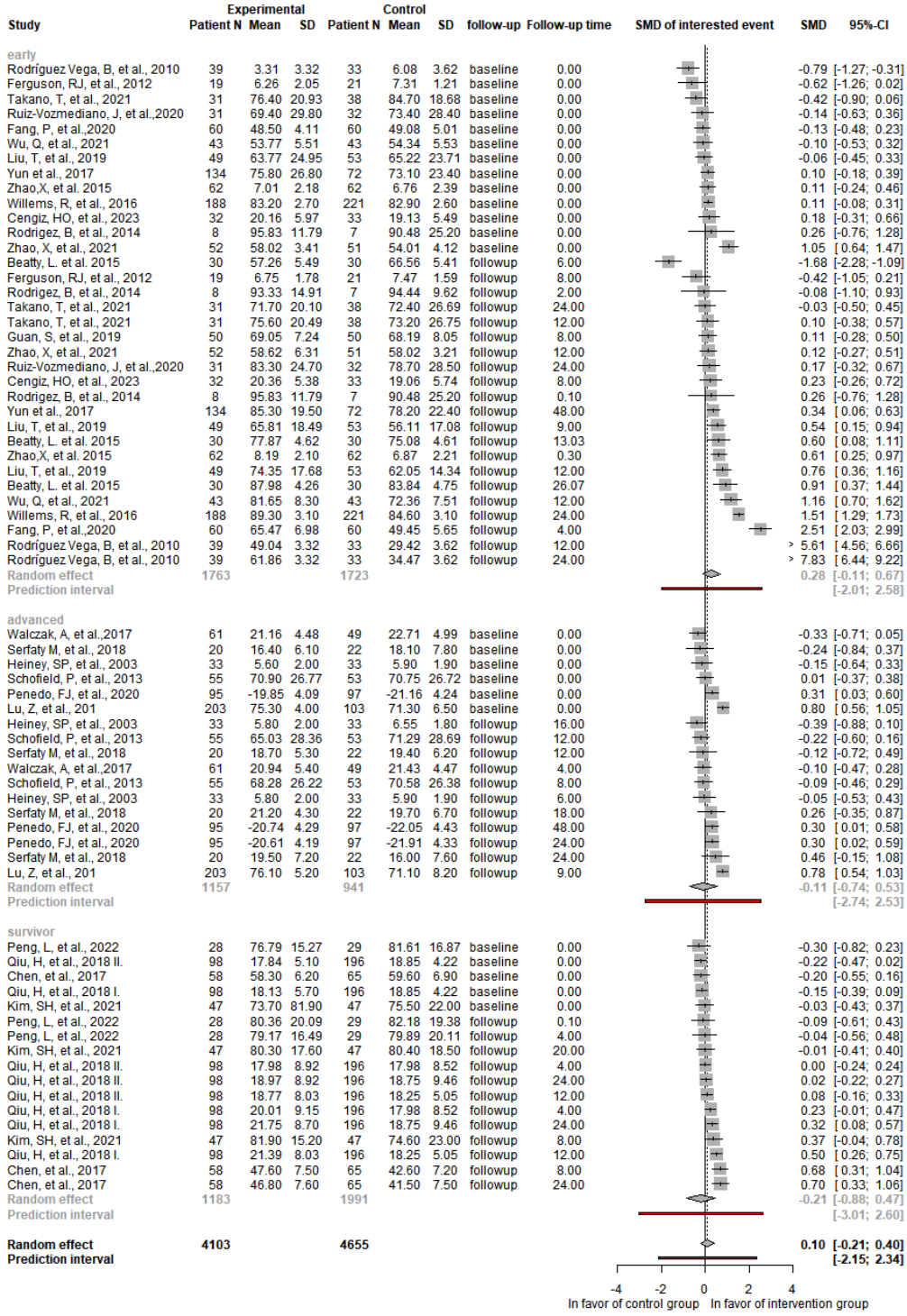


Figure S16.1. Forest plot represents the difference between the intervention vs. control group in the Social QoL domain with the cancer stage subgroups as predicted at week 0 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S16.2.T12

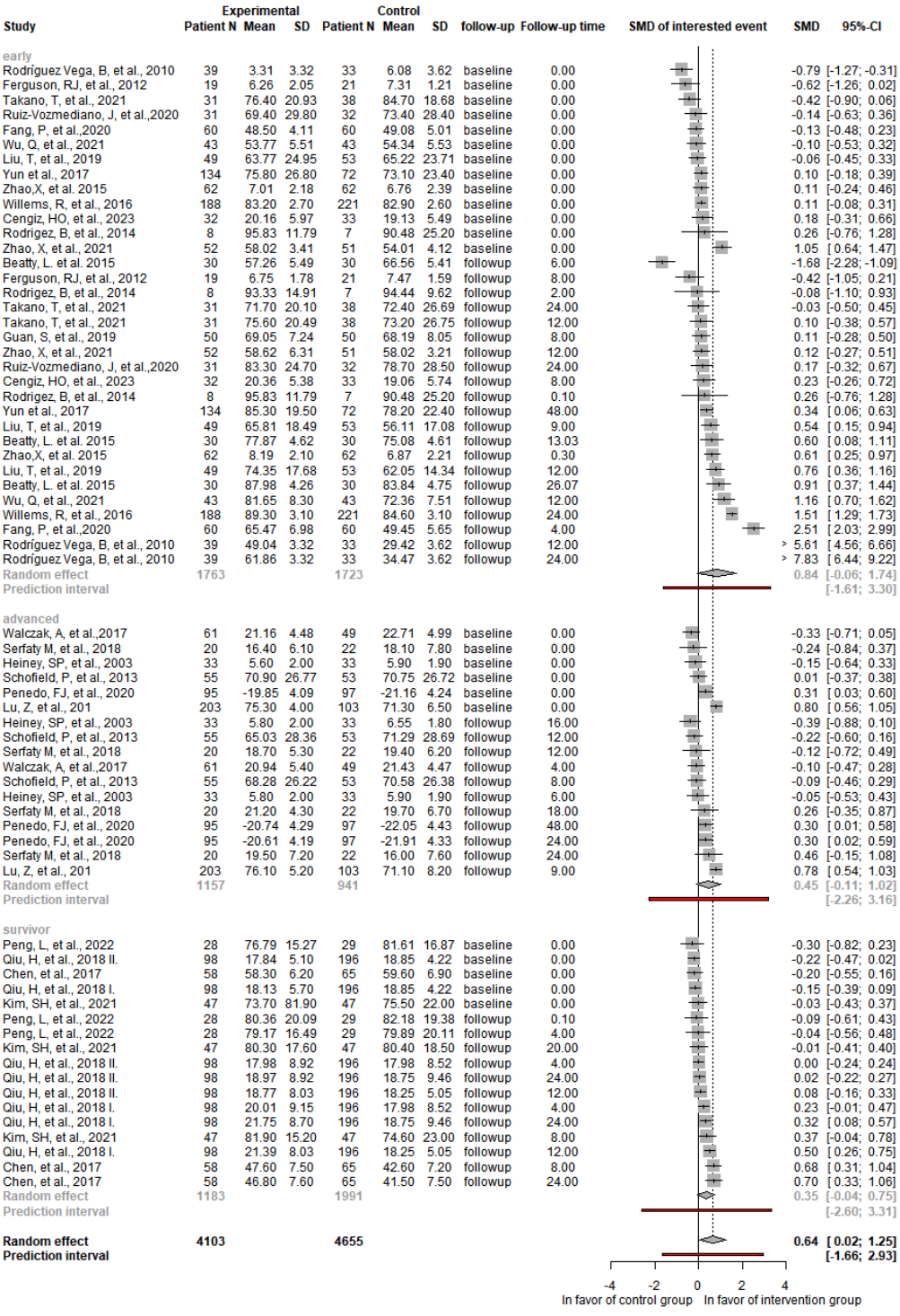


Figure S16.2. Forest plot represents the difference between the intervention vs. control group in the Social QoL domain with the cancer stage subgroups as predicted at week 12 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S16.3.T24

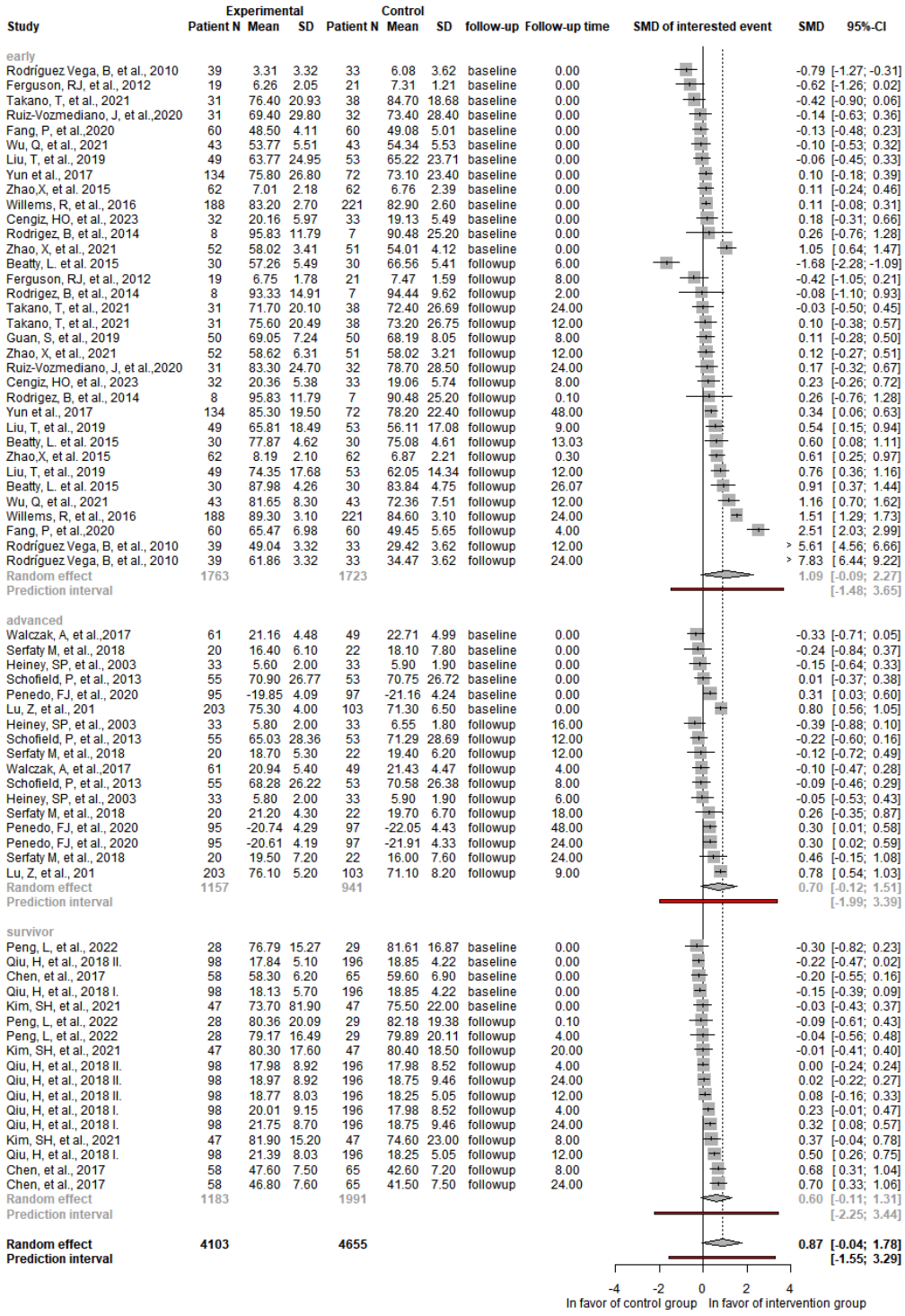


Figure S16.3. Forest plot represents the difference between the intervention vs. control group in the Social QoL domain with the cancer stage subgroups as predicted at week 24 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S16.4.T48

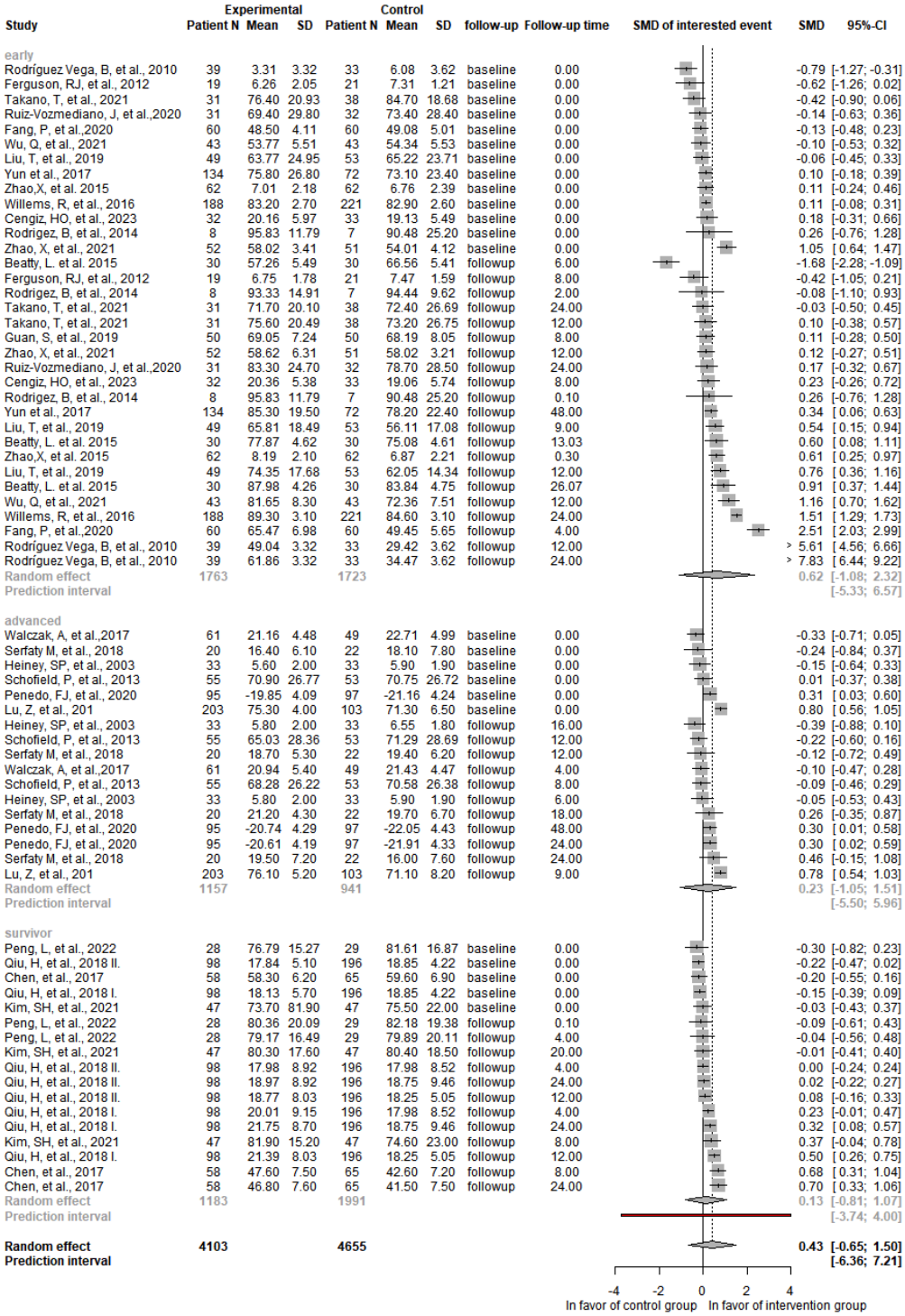


Figure S16.4. Forest plot represents the difference between the intervention vs. control group in the Social QoL domain with the cancer stage subgroups as predicted at week 48 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

S17.Subgroup analysis of Social QoL: Cancer type

Figure S17.1.T0

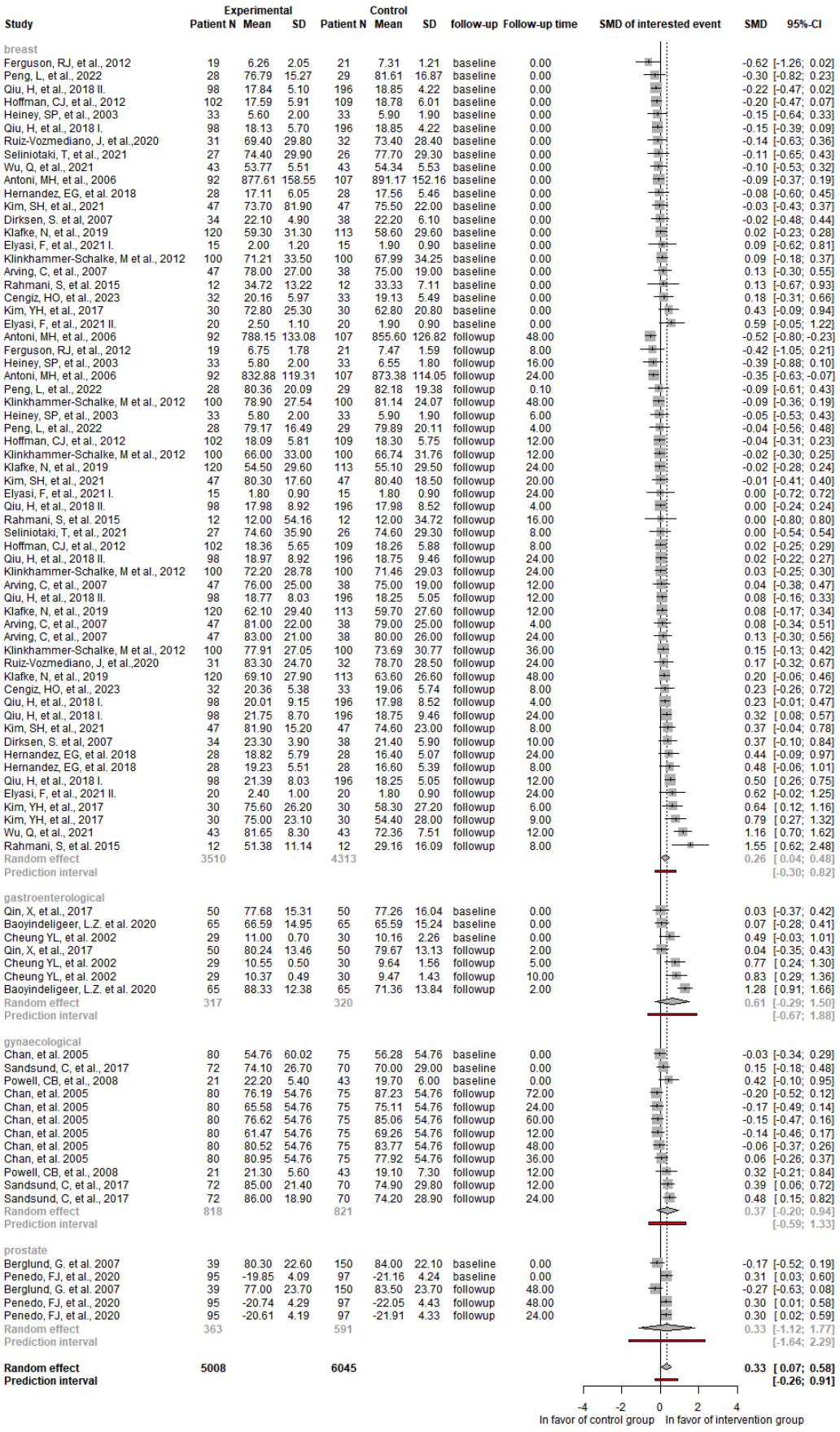


Figure S17.1. Subgroup analysis of the Social QoL. Forest plot represents the difference between the intervention vs. control group in the Social QoL domain with the cancer type subgroups as predicted at week 0 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S17.2.T12

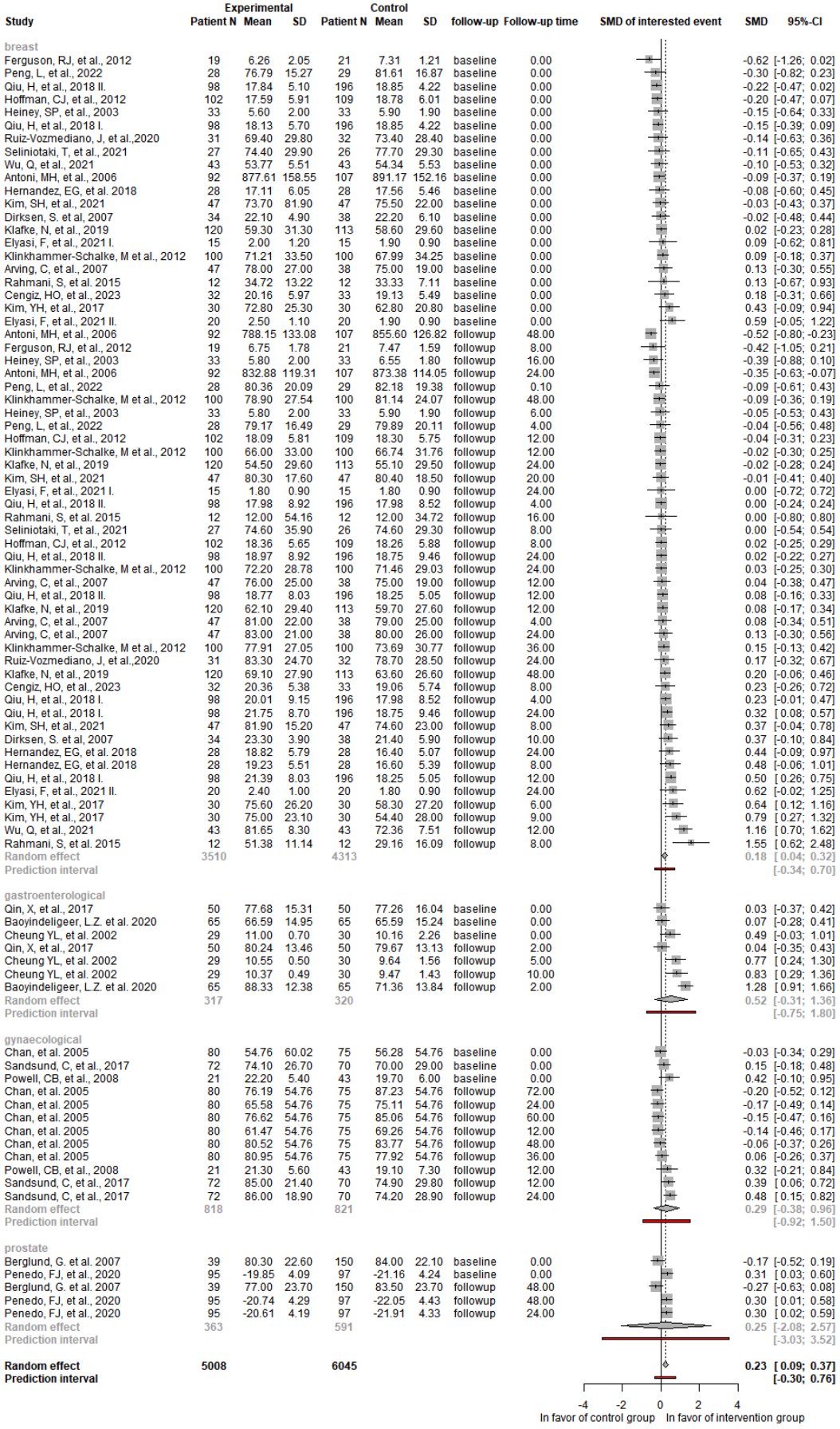


Figure S17.2. Subgroup analysis of the Social QoL. Forest plot represents the difference between the intervention vs. control group in the Social QoL domain with the cancer type subgroups as predicted at week 12 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S17.3.T24

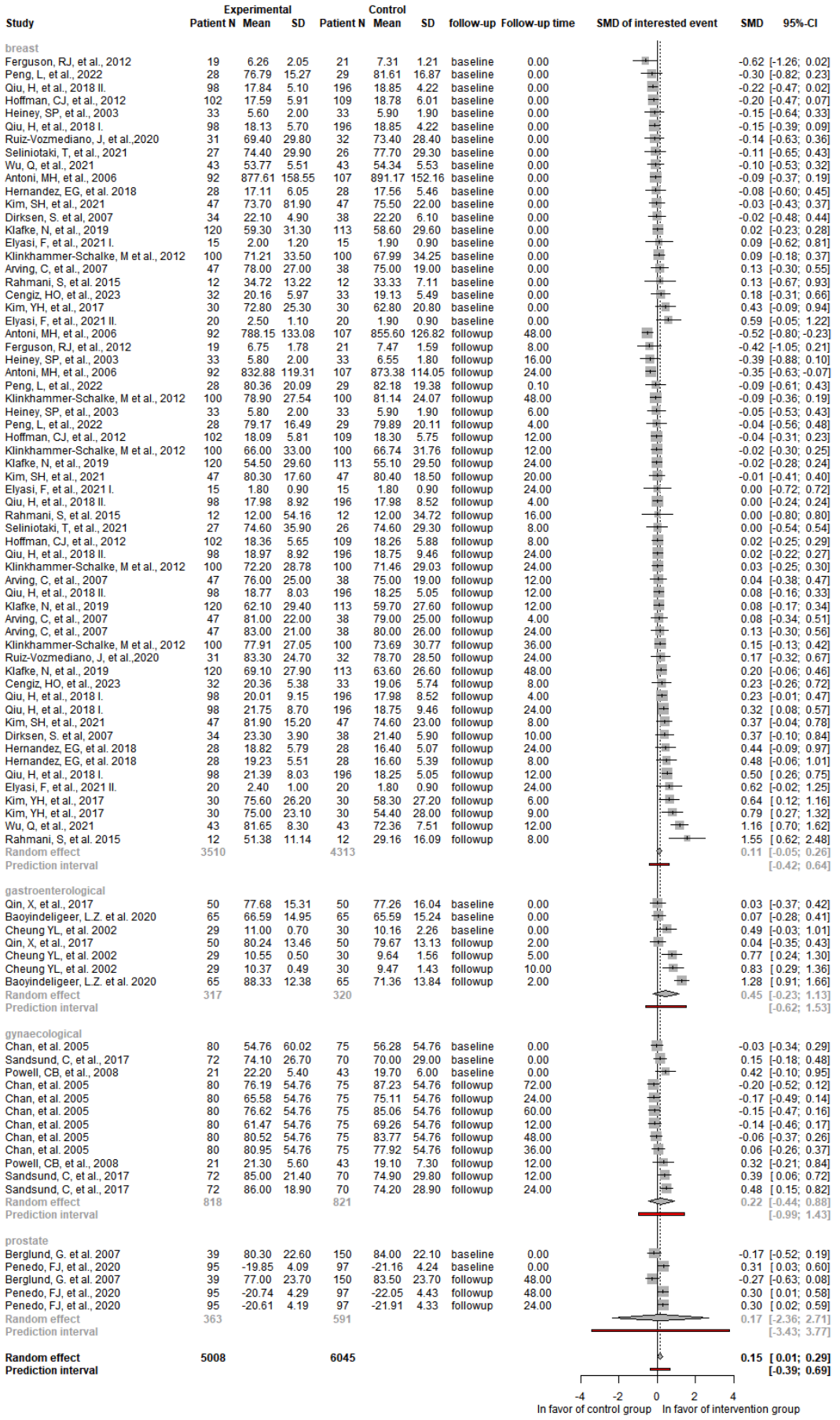


Figure S17.1. Subgroup analysis of the Social QoL. Forest plot represents the difference between the intervention vs. control group in the Social QoL domain with the cancer type subgroups as predicted at week 0 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S17.4.T48

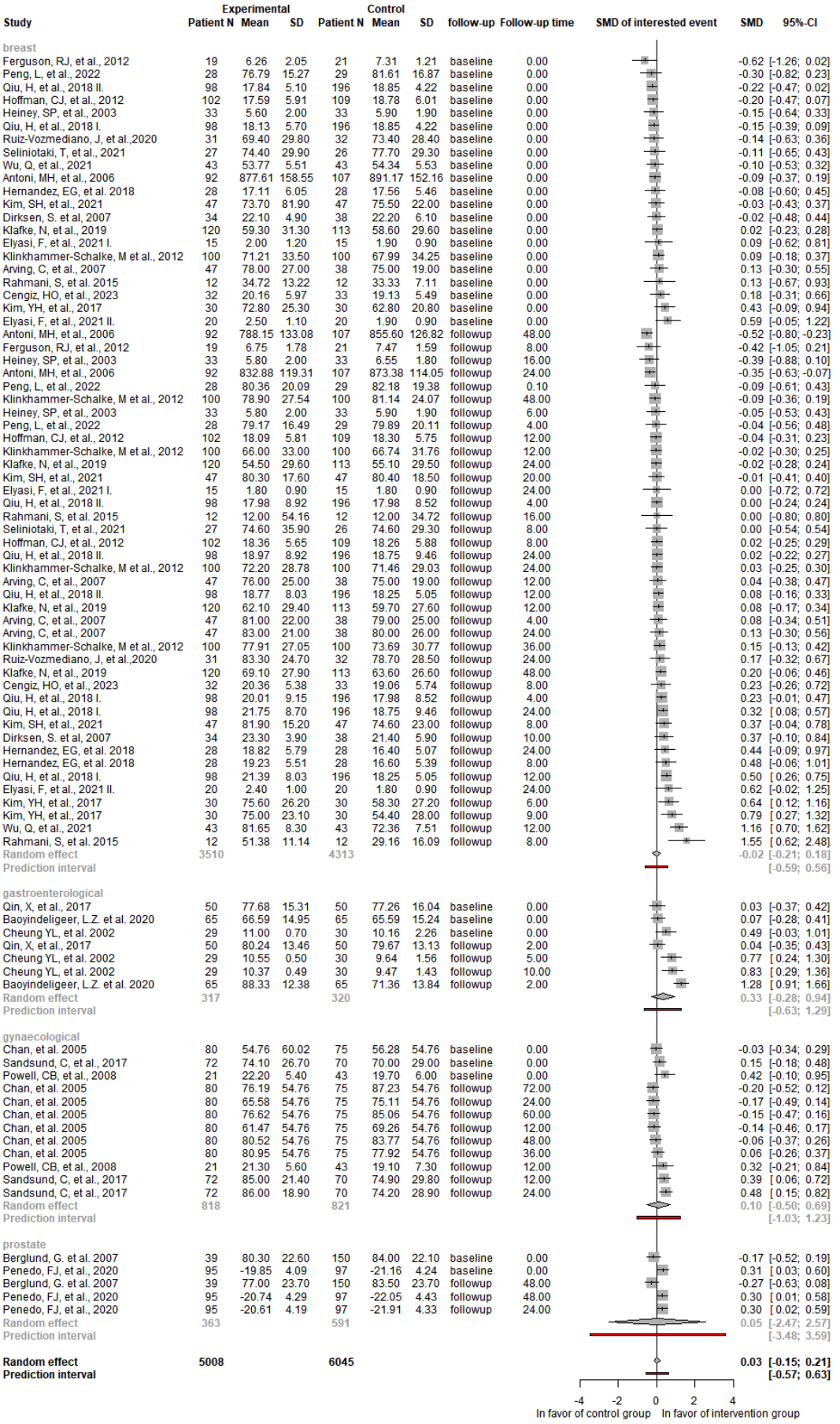


Figure S17.4. Subgroup analysis of the Social QoL. Forest plot represents the difference between the intervention vs. control group in the Social QoL domain with the cancer type subgroups as predicted at week 48 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

S18. Subgroup analysis of Physical QoL: Provider

Figure S18.1.T0

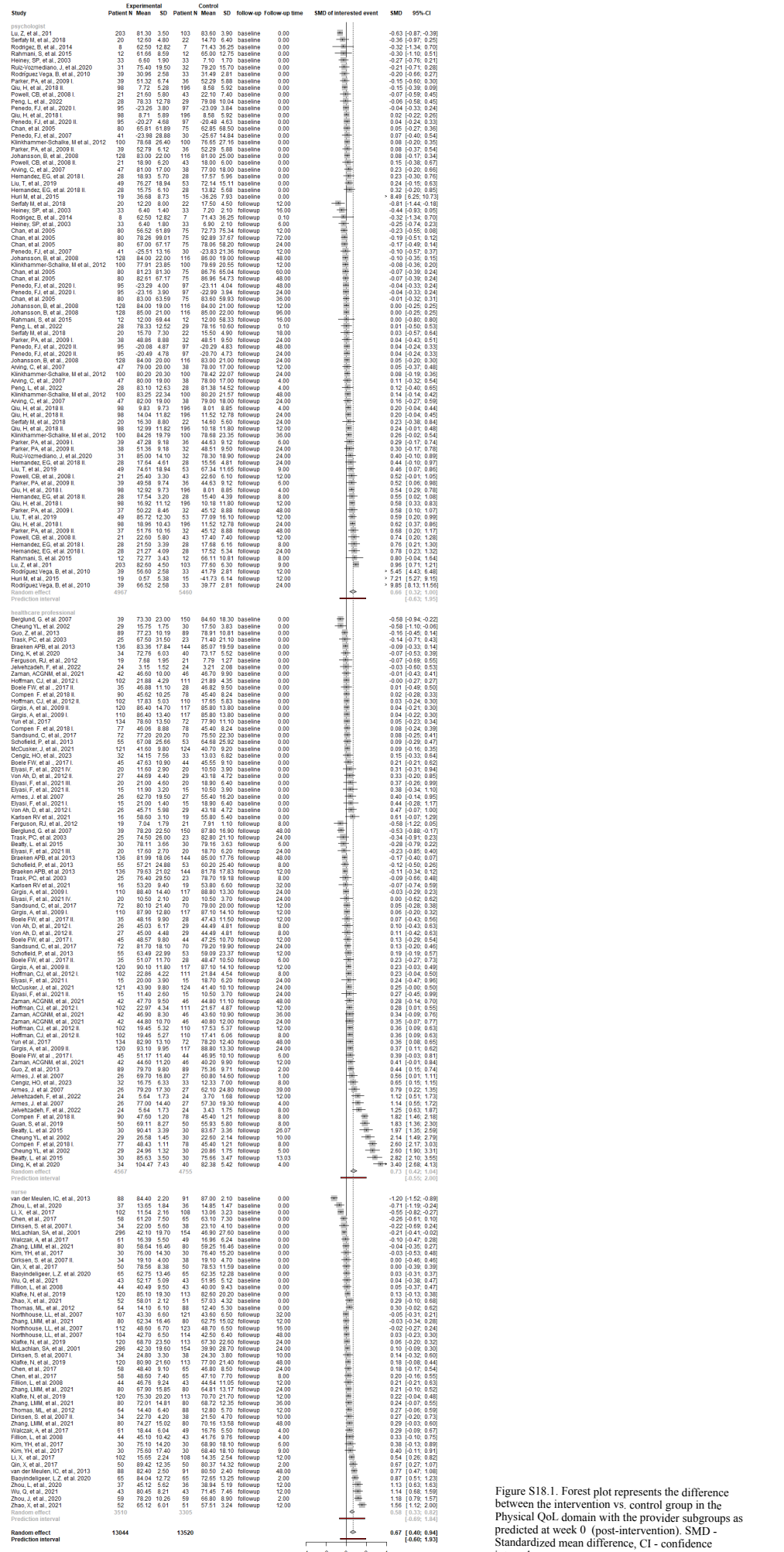


Figure S18.1. Forest plot represents the difference between the intervention vs. control group in the Physical QoL domain with the provider subgroups as predicted at week 0 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S18.2.T12

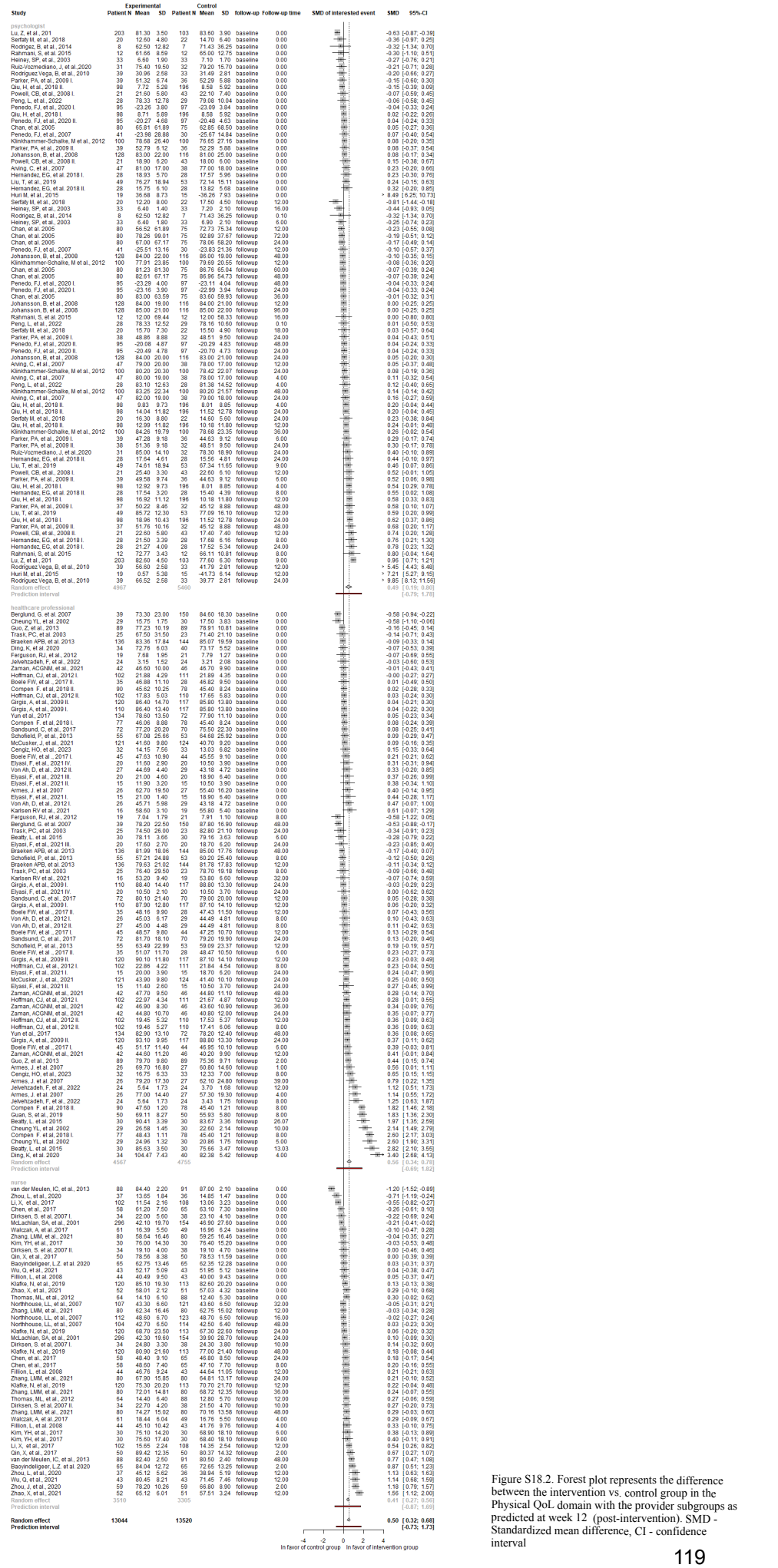


Figure S18.2. Forest plot represents the difference between the intervention vs. control group in the Physical QoL domain with the provider subgroups as predicted at week 12 (post-intervention). SMD - Standardized mean difference, CI - confidence interval

Figure S18.3.T24

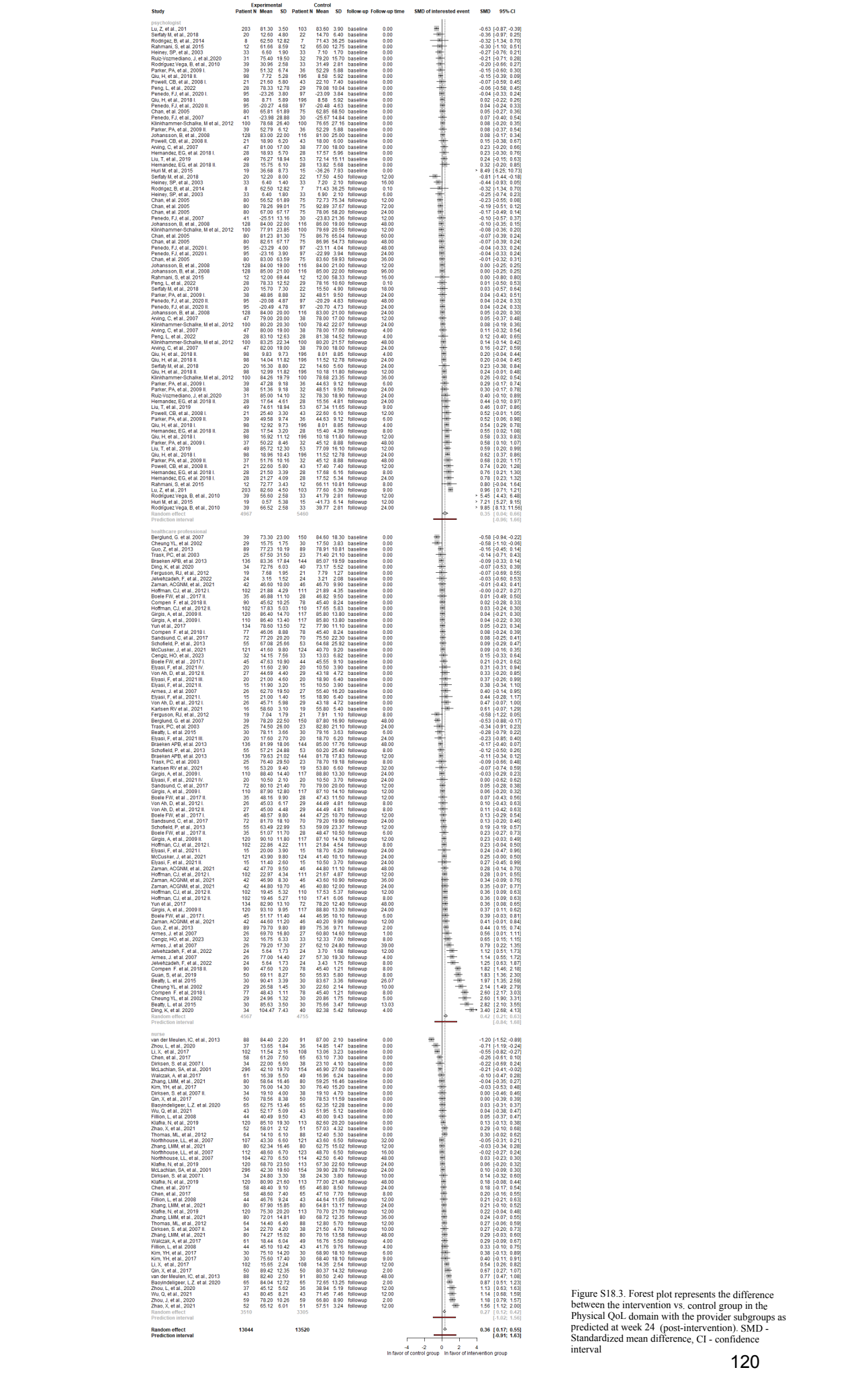


Figure S18.3. Forest plot represents the difference between the intervention vs. control group in the Physical QoL domain with the provider subgroups as predicted at week 24 (post-intervention). SMD - Standardized mean difference, CI - confidence interval

Figure S18.4.T48

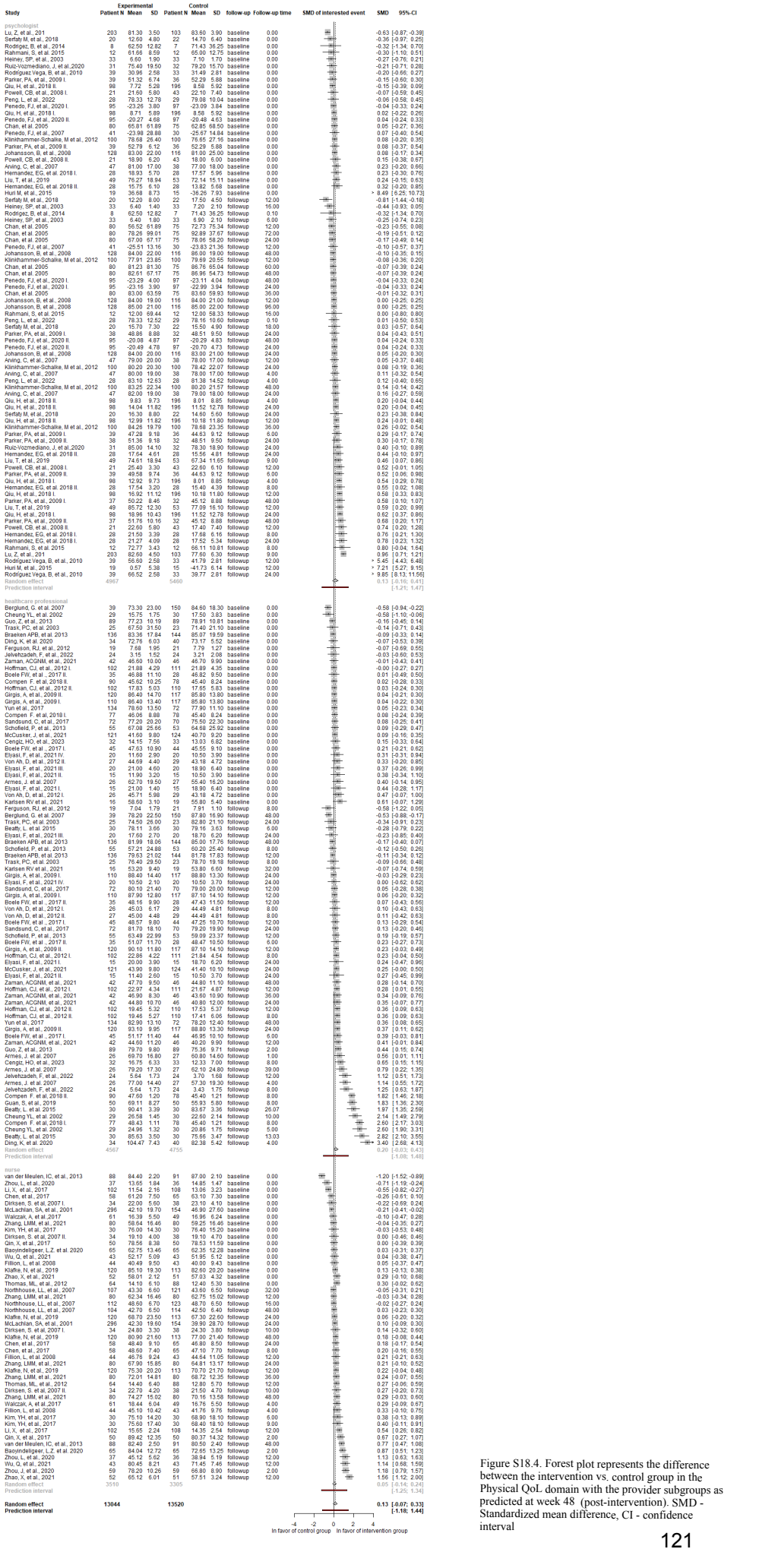


Figure S18.4. Forest plot represents the difference between the intervention vs. control group in the Physical QoL domain with the provider subgroups as predicted at week 48 (post-intervention). SMD - Standardized mean difference, CI - confidence interval

S19. Subgroup analysis of Physical QoL: Environment

Figure S19.1.T0

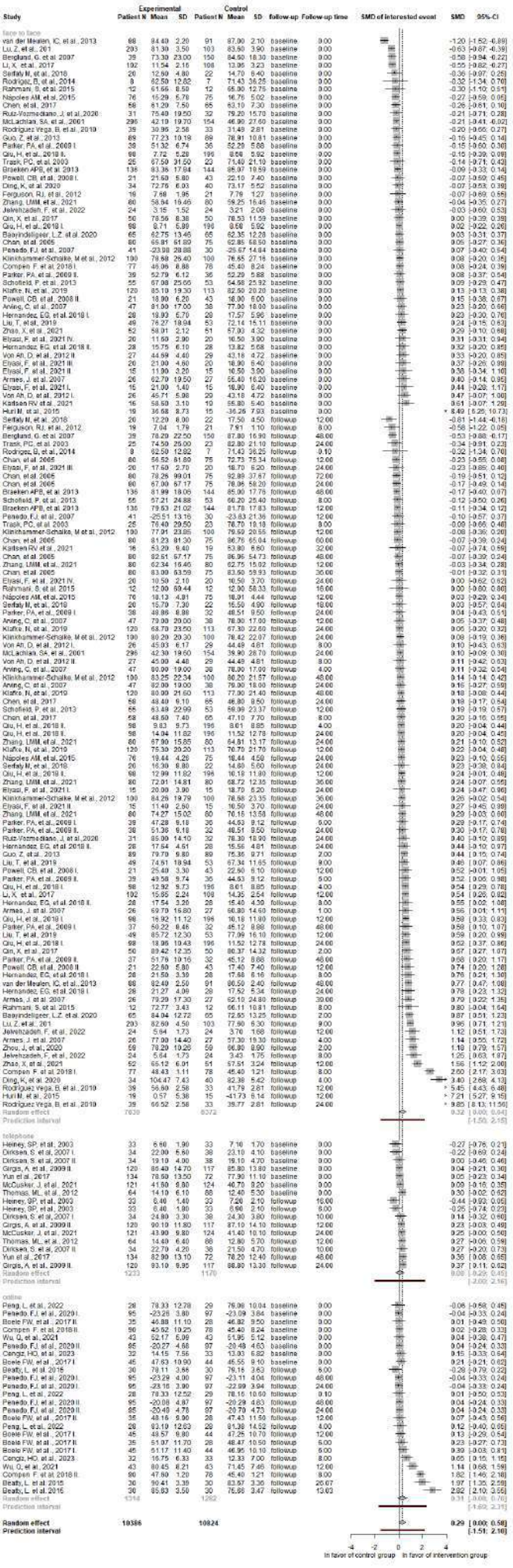


Figure S19.1. Forest plot represents the difference between the intervention vs. control group in the Physical QoL domain with the environment subgroups as predicted at week 0 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S19.2.T12

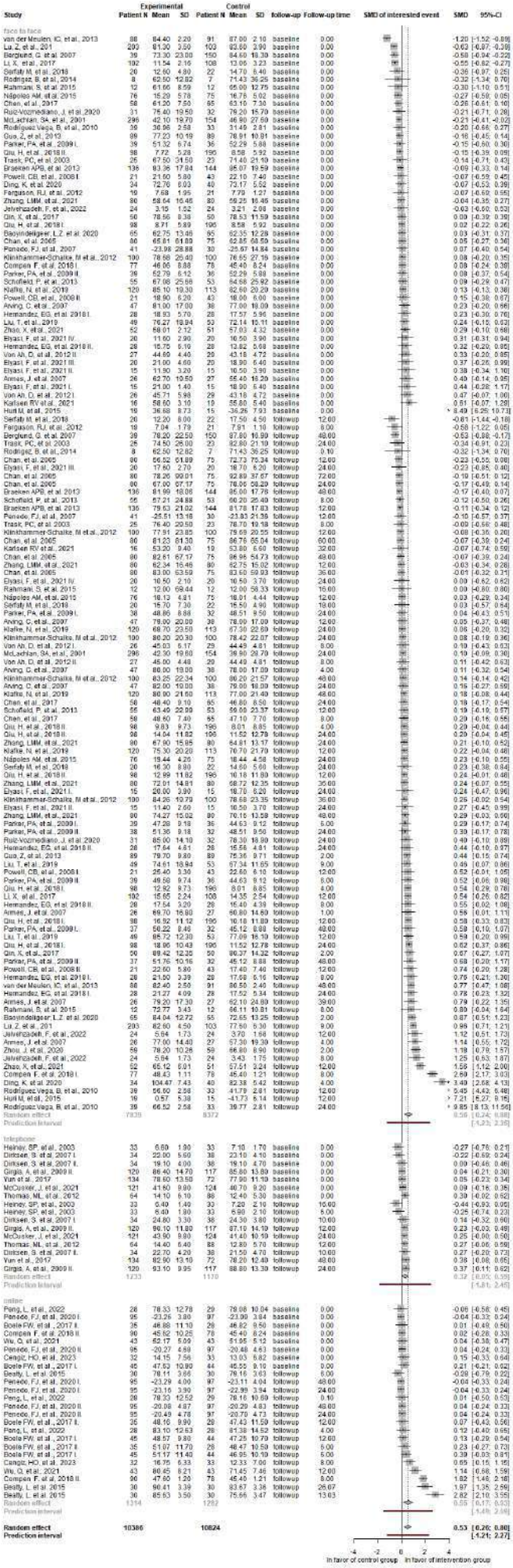


Figure S19.2. Forest plot represents the difference between the intervention vs. control group in the Physical QoL domain with the environment subgroups as predicted at week 12 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S19.3.T24

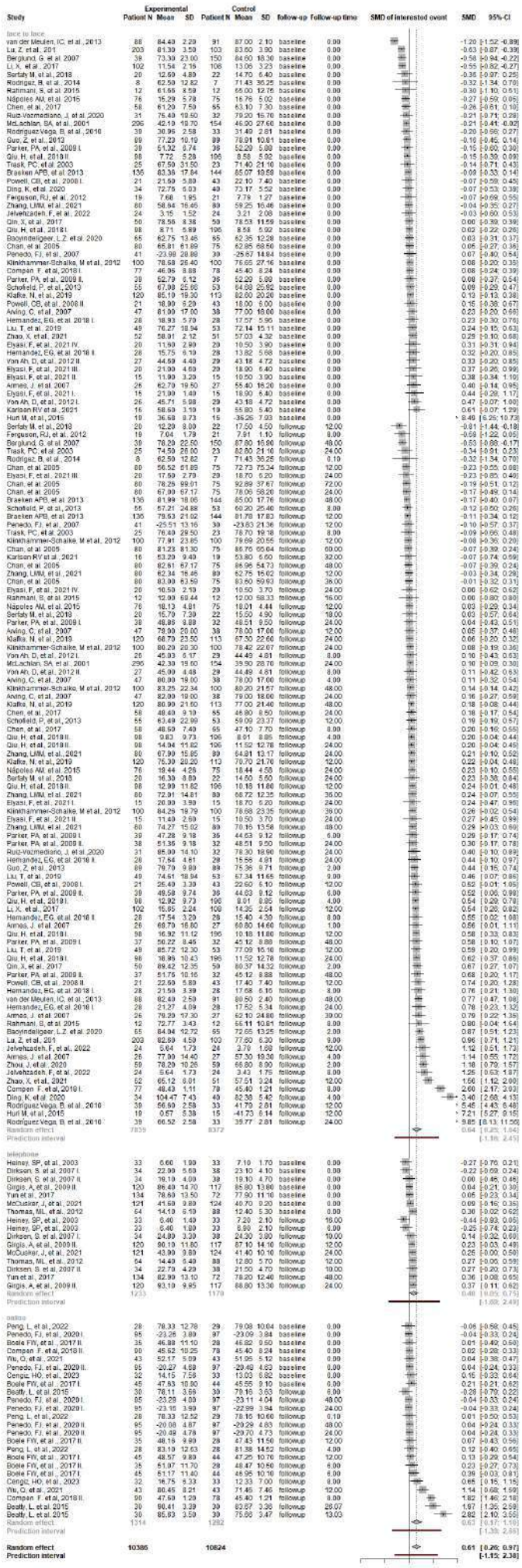


Figure S19.3. Forest plot represents the difference between the intervention vs. control group in the Physical QoL domain with the environment subgroups as predicted at week 24 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S19.4.T48

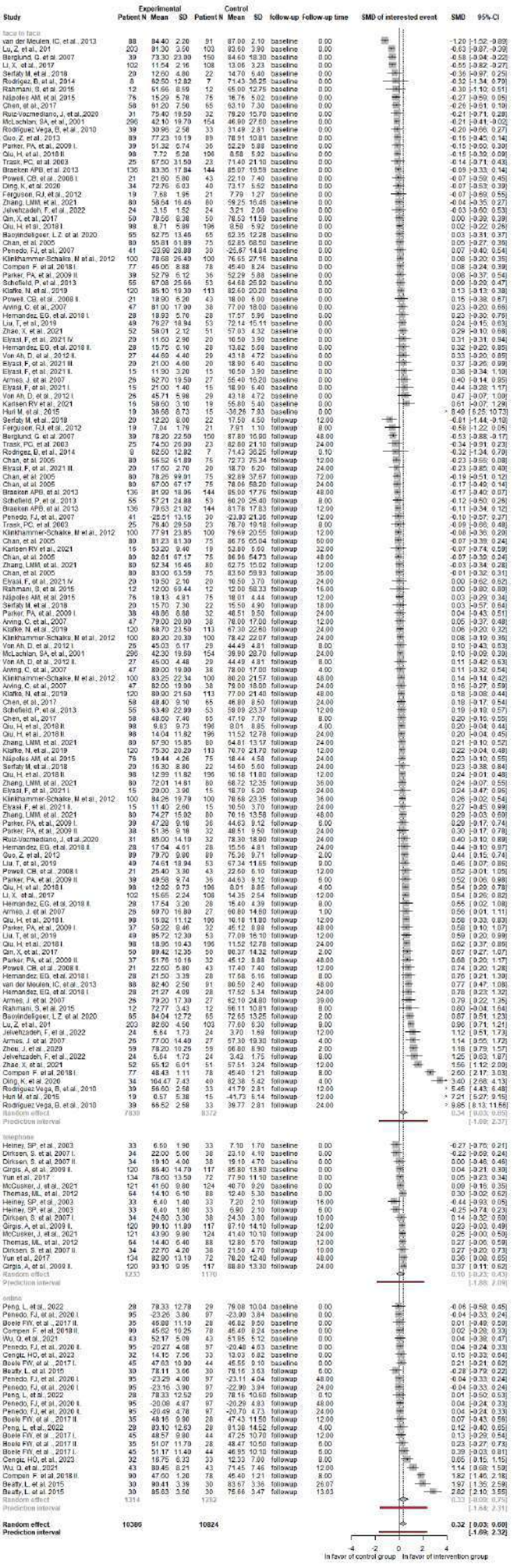


Figure S19.4. Forest plot represents the difference between the intervention vs. control group in the Physical QoL domain with the environment subgroups as predicted at week 48 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

S20. Subgroup analysis of Physical QoL: Type

Figure S20.1.T0

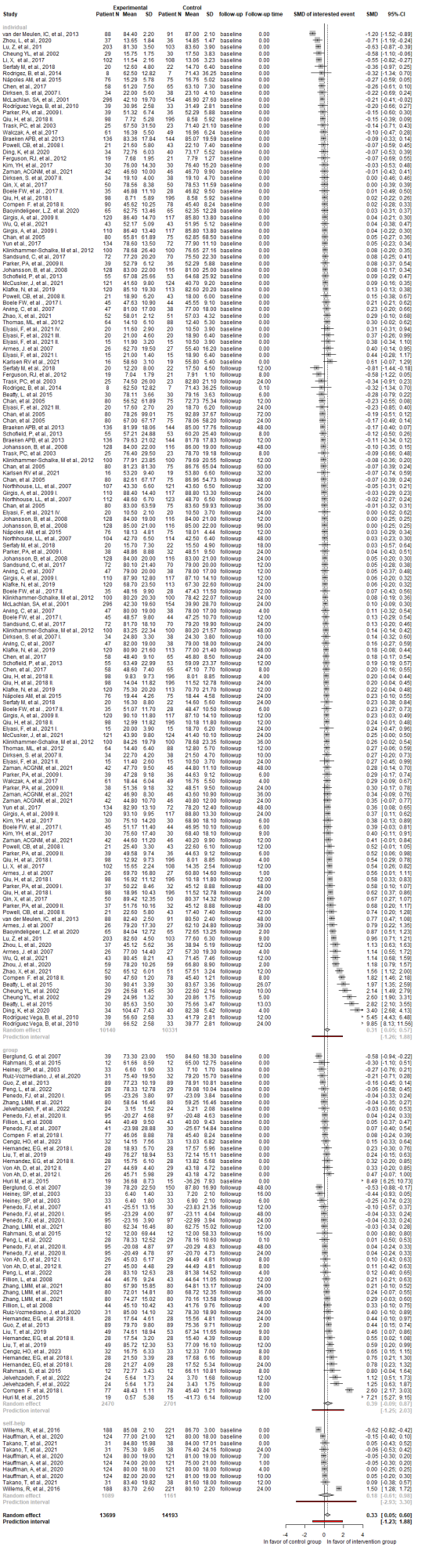


Figure S20.1. Forest plot represents the difference between the intervention vs. control group in the Physical QoL domain with the type subgroups as predicted at week 0 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S20.2.T12

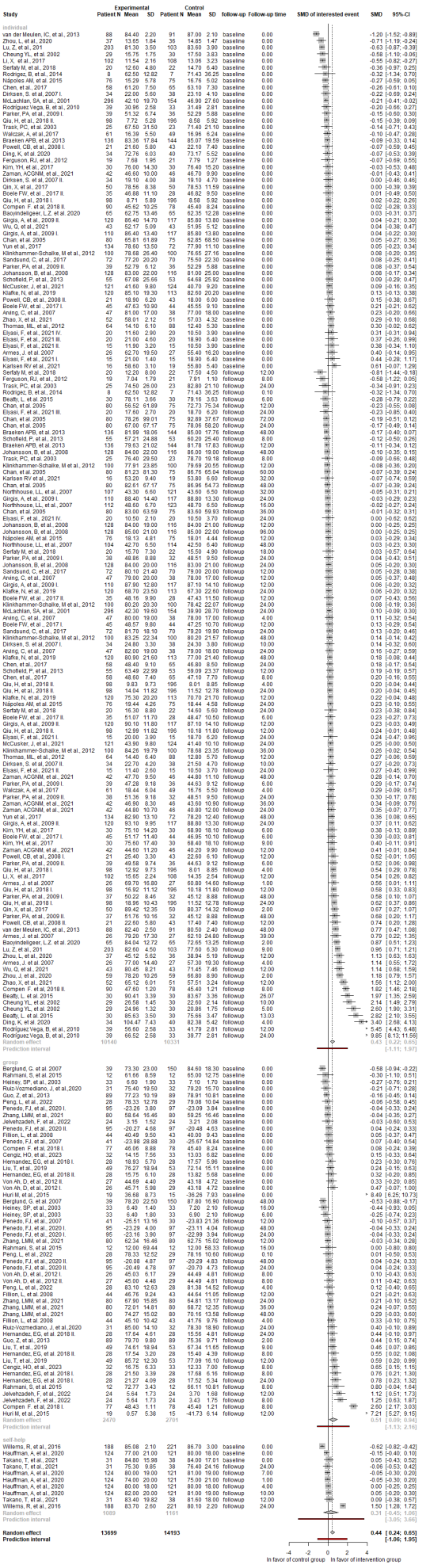


Figure S20.2. Forest plot represents the difference between the intervention vs. control group in the Physical QoL domain with the type subgroups as predicted at week 12 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S20.3.T24

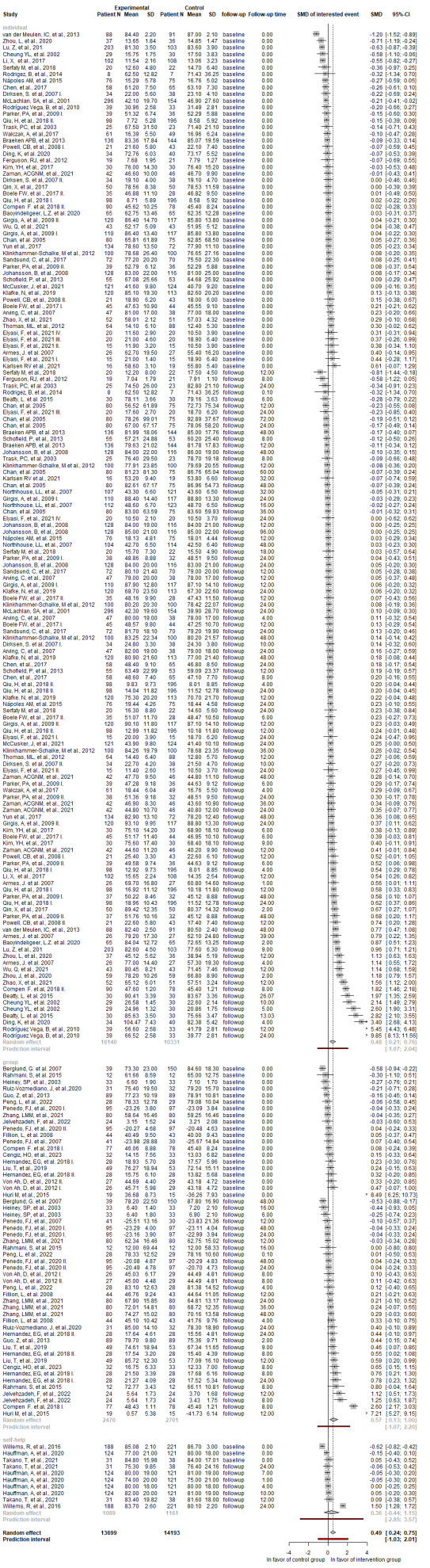


Figure S20.3. Forest plot represents the difference between the intervention vs. control group in the Physical QoL domain with the type subgroups as predicted at week 24 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S20.4.T48

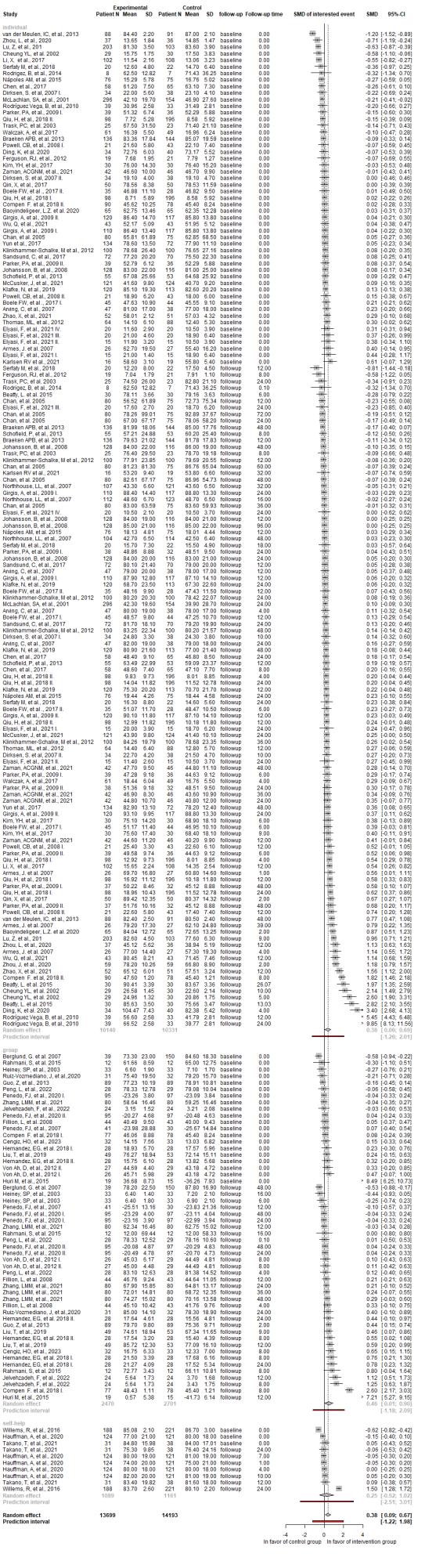
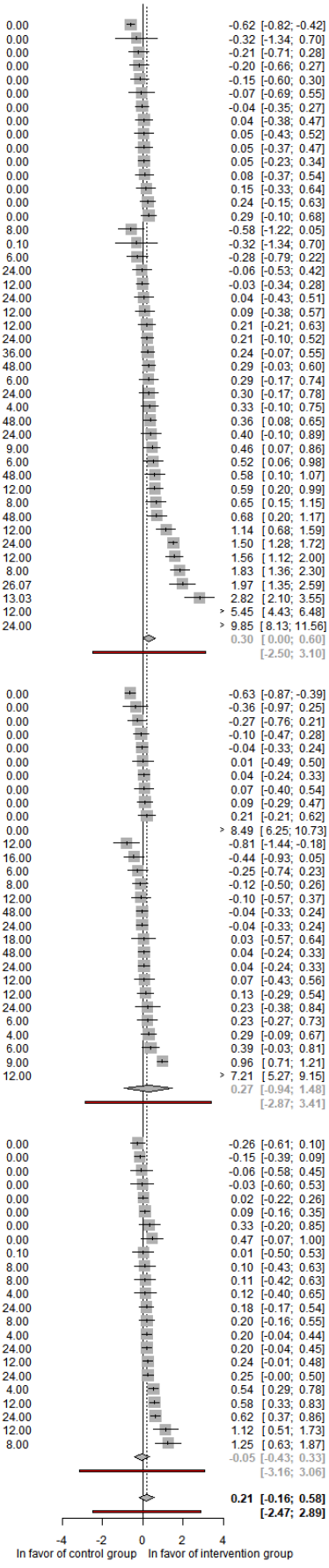


Figure S20.4. Forest plot represents the difference between the intervention vs. control group in the Physical QoL domain with the type subgroups as predicted at week 48 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

S21. Subgroup analysis of Physical QoL: Cancer stage

Figure S21.1.T0



Study	Experimental Patient N	Mean	SD	Control Patient N	Mean	SD	follow-up	Follow-up time	SMD	95%-CI
early										
Willems, R, et al., 2016	188	85.08	2.10	221	86.70	3.00	baseline	0.00	-0.62	[-0.82; -0.42]
Rodrigez, B, et al., 2014	8	62.50	12.82	7	71.43	36.25	baseline	0.00	-0.32	[-1.34; 0.70]
Ruiz-Vozmediano, J, et al.,2020	31	75.40	19.50	32	79.20	15.70	baseline	0.00	-0.21	[-0.71; 0.28]
Rodríguez Vega, B, et al., 2010	39	30.96	2.58	33	31.49	2.81	baseline	0.00	-0.20	[-0.66; 0.27]
Parker, PA, et al., 2009 I.	39	51.32	6.74	36	52.29	5.88	baseline	0.00	-0.15	[-0.60; 0.30]
Ferguson, RJ, et al., 2012	19	7.68	1.95	21	7.79	1.27	baseline	0.00	-0.07	[-0.69; 0.55]
Zhang, LMM, et al., 2021	80	58.64	16.46	80	59.25	16.46	baseline	0.00	-0.04	[-0.35; 0.27]
Wu, Q, et al., 2021	43	52.17	5.09	43	51.95	5.12	baseline	0.00	0.04	[-0.38; 0.47]
Takano, T, et al., 2021	31	84.80	15.98	38	84.00	17.01	baseline	0.00	0.05	[-0.43; 0.52]
Fillion, L, et al. 2008	44	40.49	9.50	43	40.00	9.43	baseline	0.00	0.05	[-0.37; 0.47]
Yun et al., 2017	134	78.60	13.50	72	77.90	11.10	baseline	0.00	0.05	[-0.23; 0.34]
Parker, PA, et al., 2009 II.	39	52.79	6.12	36	52.29	5.88	baseline	0.00	0.08	[-0.37; 0.54]
Cengiz, HO, et al., 2023	32	14.15	7.56	33	13.03	6.82	baseline	0.00	0.15	[-0.33; 0.64]
Liu, T, et al., 2019	49	76.27	18.94	53	72.14	15.11	baseline	0.00	0.24	[-0.15; 0.63]
Zhao, X, et al., 2021	52	58.01	2.12	51	57.03	4.32	baseline	0.00	0.29	[-0.10; 0.68]
Ferguson, RJ, et al., 2012	19	7.04	1.79	21	7.91	1.10	followup	8.00	-0.58	[-1.22; 0.05]
Rodrigez, B, et al., 2014	8	62.50	12.82	7	71.43	36.25	followup	0.10	-0.32	[-1.34; 0.70]
Beatty, L. et al. 2015	30	78.11	3.66	30	79.16	3.63	followup	6.00	-0.28	[-0.79; 0.22]
Takano, T, et al., 2021	31	75.30	9.85	38	76.40	24.16	followup	24.00	-0.06	[-0.53; 0.42]
Zhang, LMM, et al., 2021	80	62.34	16.46	80	62.75	15.02	followup	12.00	-0.03	[-0.34; 0.28]
Parker, PA, et al., 2009 I.	38	48.86	8.88	32	48.51	9.50	followup	24.00	0.04	[-0.43; 0.51]
Takano, T, et al., 2021	31	83.40	19.82	38	81.60	18.00	followup	12.00	0.09	[-0.38; 0.57]
Fillion, L, et al. 2008	44	46.76	9.24	43	44.64	11.05	followup	12.00	0.21	[-0.21; 0.63]
Zhang, LMM, et al., 2021	80	67.90	15.85	80	64.81	13.17	followup	24.00	0.21	[-0.10; 0.52]
Zhang, LMM, et al., 2021	80	72.01	14.81	80	68.72	12.35	followup	36.00	0.24	[-0.07; 0.55]
Zhang, LMM, et al., 2021	80	74.27	15.02	80	70.16	13.58	followup	48.00	0.29	[-0.03; 0.60]
Parker, PA, et al., 2009 I.	39	47.28	9.18	36	44.63	9.12	followup	6.00	0.29	[-0.17; 0.74]
Parker, PA, et al., 2009 II.	38	51.36	9.18	32	48.51	9.50	followup	24.00	0.30	[-0.17; 0.78]
Fillion, L, et al. 2008	44	45.10	10.42	43	41.76	9.76	followup	4.00	0.33	[-0.10; 0.75]
Yun et al., 2017	134	82.90	13.10	72	78.20	12.40	followup	48.00	0.36	[0.08; 0.65]
Ruiz-Vozmediano, J, et al.,2020	31	85.00	14.10	32	78.30	18.90	followup	24.00	0.40	[-0.10; 0.89]
Liu, T, et al., 2019	49	74.61	18.94	53	67.34	11.65	followup	9.00	0.46	[0.07; 0.86]
Parker, PA, et al., 2009 II.	39	49.58	9.74	36	44.63	9.12	followup	6.00	0.52	[0.06; 0.98]
Parker, PA, et al., 2009 I.	37	50.22	8.46	32	45.12	8.88	followup	48.00	0.58	[0.10; 1.07]
Liu, T, et al., 2019	49	85.72	12.30	53	77.09	16.10	followup	12.00	0.59	[0.20; 0.99]
Cengiz, HO, et al., 2023	32	16.75	6.33	33	12.33	7.00	followup	8.00	0.65	[0.15; 1.15]
Parker, PA, et al., 2009 II.	37	51.76	10.16	32	45.12	8.88	followup	48.00	0.68	[0.20; 1.17]
Wu, Q, et al., 2021	43	80.45	8.21	43	71.45	7.46	followup	12.00	1.14	[0.68; 1.59]
Willems, R, et al., 2016	188	83.70	2.60	221	80.10	2.20	followup	24.00	1.50	[1.28; 1.72]
Zhao, X, et al., 2021	52	65.12	6.01	51	57.51	3.24	followup	12.00	1.56	[1.12; 2.00]
Guan, S, et al., 2019	50	69.11	8.27	50	55.93	5.80	followup	8.00	1.83	[1.36; 2.30]
Beatty, L. et al. 2015	30	90.41	3.39	30	83.67	3.36	followup	26.07	1.97	[1.35; 2.59]
Beatty, L. et al. 2015	30	85.63	3.50	30	75.66	3.47	followup	13.03	2.82	[2.10; 3.55]
Rodríguez Vega, B, et al., 2010	39	56.60	2.58	33	41.79	2.81	followup	12.00	> 5.45	[4.43; 6.48]
Rodríguez Vega, B, et al., 2010	39	66.52	2.58	33	39.77	2.81	followup	24.00	> 9.85	[8.13; 11.56]
Random effect	2349			2273					0.30	[0.00; 0.60]
Prediction interval										[-2.50; 3.10]
advanced										
Lu, Z, et al., 201	203	81.30	3.50	103	83.60	3.90	baseline	0.00	-0.63	[-0.87; -0.39]
Serfaty M, et al., 2018	20	12.60	4.80	22	14.70	6.40	baseline	0.00	-0.36	[-0.97; 0.25]
Heiney, SP, et al., 2003	33	6.60	1.90	33	7.10	1.70	baseline	0.00	-0.27	[-0.76; 0.21]
Walczak, A, et al.,2017	61	16.39	5.50	49	16.96	6.24	baseline	0.00	-0.10	[-0.47; 0.28]
Penedo, FJ, et al., 2020 I.	95	-23.26	3.80	97	-23.09	3.84	baseline	0.00	-0.04	[-0.33; 0.24]
Boele FW, et al ., 2017 II.	35	46.88	11.10	28	46.82	9.50	baseline	0.00	0.01	[-0.49; 0.50]
Penedo, FJ, et al., 2020 II.	95	-20.27	4.68	97	-20.48	4.63	baseline	0.00	0.04	[-0.24; 0.33]
Penedo, FJ, et al., 2007	41	-23.98	28.88	30	-25.67	14.84	baseline	0.00	0.07	[-0.40; 0.54]
Schofield, P, et al., 2013	55	67.08	25.66	53	64.68	25.92	baseline	0.00	0.09	[-0.29; 0.47]
Boele FW, et al ., 2017 I.	45	47.63	10.90	44	45.55	9.10	baseline	0.00	0.21	[-0.21; 0.62]
Huri M, et al., 2015	19	36.68	8.73	15	-36.26	7.93	baseline	0.00	> 8.49	[6.25; 10.73]
Serfaty M, et al., 2018	20	12.20	8.00	22	17.50	4.50	followup	12.00	-0.81	[-1.44; -0.18]
Heiney, SP, et al., 2003	33	6.40	1.40	33	7.20	2.10	followup	16.00	-0.44	[-0.93; 0.05]
Heiney, SP, et al., 2003	33	6.40	1.80	33	6.90	2.10	followup	6.00	-0.25	[-0.74; 0.23]
Schofield, P, et al., 2013	55	57.21	24.88	53	60.20	25.40	followup	8.00	-0.12	[-0.50; 0.26]
Penedo, FJ, et al., 2007	41	-25.51	13.16	30	-23.83	21.36	followup	12.00	-0.10	[-0.57; 0.37]
Penedo, FJ, et al., 2020 I.	95	-23.29	4.00	97	-23.11	4.04	followup	48.00	-0.04	[-0.33; 0.24]
Penedo, FJ, et al., 2020 I.	95	-23.16	3.90	97	-22.99	3.94	followup	24.00	-0.04	[-0.33; 0.24]
Serfaty M, et al., 2018	20	15.70	7.30	22	15.50	4.90	followup	18.00	0.03	[-0.57; 0.64]
Penedo, FJ, et al., 2020 II.	95	-20.08	4.87	97	-20.29	4.83	followup	48.00	0.04	[-0.24; 0.33]
Penedo, FJ, et al., 2020 II.	95	-20.49	4.78	97	-20.70	4.73	followup	24.00	0.04	[-0.24; 0.33]
Boele FW, et al ., 2017 II.	35	48.16	9.90	28	47.43	11.50	followup	12.00	0.07	[-0.43; 0.56]
Boele FW, et al ., 2017 I.	45	48.57	9.80	44	47.25	10.70	followup	12.00	0.13	[-0.29; 0.54]
Serfaty M, et al., 2018	20	16.30	8.80	22	14.60	5.60	followup	24.00	0.23	[-0.38; 0.84]
Boele FW, et al ., 2017 II.	35	51.07	11.70	28	48.47	10.50	followup	6.00	0.23	[-0.27; 0.73]
Walczak, A, et al.,2017	61	18.44	6.04	49	16.76	5.50	followup	4.00	0.29	[-0.09; 0.67]
Boele FW, et al ., 2017 I.	45	51.17	11.40	44	46.95	10.10	followup	6.00	0.39	[-0.03; 0.81]
Lu, Z, et al., 201	203	82.60	4.50	103	77.60	6.30	followup	9.00	0.96	[0.71; 1.21]
Huri M, et al., 2015	19	0.57	5.38	15	-41.73	6.14	followup	12.00	> 7.21	[5.27; 9.15]
Random effect	1747			1485					0.27	[-0.94; 1.48]
Prediction interval										[-2.87; 3.41]
survivor										
Chen, et al., 2017	58	61.20	7.50	65	63.10	7.30	baseline	0.00	-0.26	[-0.61; 0.10]
Qiu, H, et al., 2018 II.	98	7.72	5.28	196	8.58	5.92	baseline	0.00	-0.15	[-0.39; 0.09]
Peng, L, et al., 2022	28	78.33	12.78	29	79.08	10.04	baseline	0.00	-0.06	[-0.58; 0.45]
Jelvehzadeh, F, et al., 2022	24	3.15	1.52	24	3.21	2.08	baseline	0.00	-0.03	[-0.60; 0.53]
Qiu, H, et al., 2018 I.	98	8.71	5.89	196	8.58	5.92	baseline	0.00	0.02	[-0.22; 0.26]
McCusker, J, et al., 2021	121	41.60	9.80	124	40.70	9.20	baseline	0.00	0.09	[-0.16; 0.35]
Von Ah, D, et al., 2012 II.	27	44.69	4.40	29	43.18	4.72	baseline	0.00	0.33	[-0.20; 0.85]
Von Ah, D, et al., 2012 I.	26	45.71	5.98	29	43.18	4.72	baseline	0.00	0.47	[-0.07; 1.00]
Peng, L, et al., 2022	28	78.33	12.52	29	78.16	10.60	followup	0.10	0.01	[-0.50; 0.53]
Von Ah, D, et al., 2012 I.	26	45.03	6.17	29	44.49	4.81	followup	8.00	0.10	[-0.43; 0.63]
Von Ah, D, et al., 2012 II.	27	45.00	4.48	29	44.49	4.81	followup	8.00	0.11	[-0.42; 0.63]
Peng, L, et al., 2022	28	83.10	12.63	28	81.38	14.52	followup	4.00	0.12	[-0.40; 0.65]
Chen, et al., 2017	58	48.40	9.10	65	46.80	8.50	followup	24.00	0.18	[-0.17; 0.54]
Chen, et al., 2017	58	48.60	7.40	65	47.10	7.70	followup	8.00	0.20	[-0.16; 0.55]
Qiu, H, et al., 2018 II.	98	9.83	9.73	196	8.01	8.85	followup	4.00	0.20	[-0.04; 0.44]
Qiu, H, et al., 2018 II.	98	14.04	11.82	196	11.52	12.78	followup	24.00	0.20	[-0.04; 0.45]
Qiu, H, et al., 2018 II.	98	12.99	11.82	196	10.18	11.80	followup	12.00	0.24	[-0.01; 0.48]
McCusker, J, et al., 2021	121	43.90	9.80	124	41.40	10.10	followup	24.00	0.25	[-0.00; 0.50]
Qiu, H, et al., 2018 I.	98	12.92	9.73	196	8.01	8.85	followup	4.00	0.54	[0.29; 0.78]
Qiu, H, et al., 2018 I.	98	16.92	11.12	196	10.18	11.80	followup	12.00	0.58	[0.33; 0.83]
Qiu, H, et al., 2018 I.	98	18.96	10.43	196	11.52	12.78	followup	24.00	0.62	[0.37; 0.86]
Jelvehzadeh, F, et al., 2022	24	5.64	1.73	24	3.70	1.68	followup	12.00	1.12	[0.51; 1.73]
Jelvehzadeh, F, et al., 2022	24	5.64	1.73	24	3.43	1.75	followup	8.00	1.25	[0.63; 1.87]
Random effect	1462			2285					-0.05	[-0.43; 0.33]
Prediction interval										[-3.16; 3.06]
Random effect	**5558**			**6043**					**0.21**	**[-0.16; 0.58]**
Prediction interval										**[-2.47; 2.89]**

Figure S21.1. Forest plot represents the difference between the intervention vs. control group in the Physical QoL domain with the cancer stage subgroups as predicted at week 0 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S21.2.T12

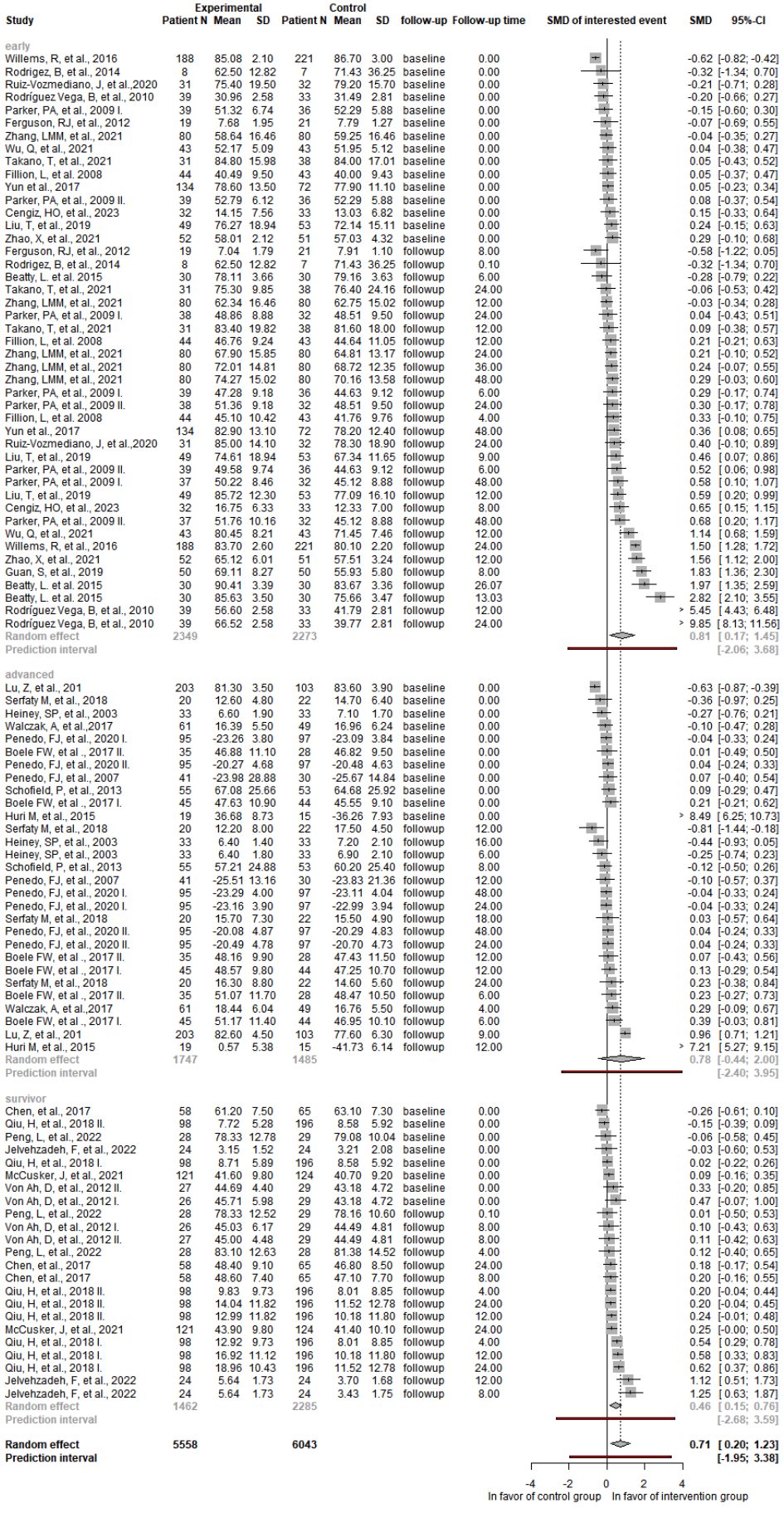


Figure S21.2. Forest plot represents the difference between the intervention vs. control group in the Physical QoL domain with the cancer stage subgroups as predicted at week 12 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S21.3.T24

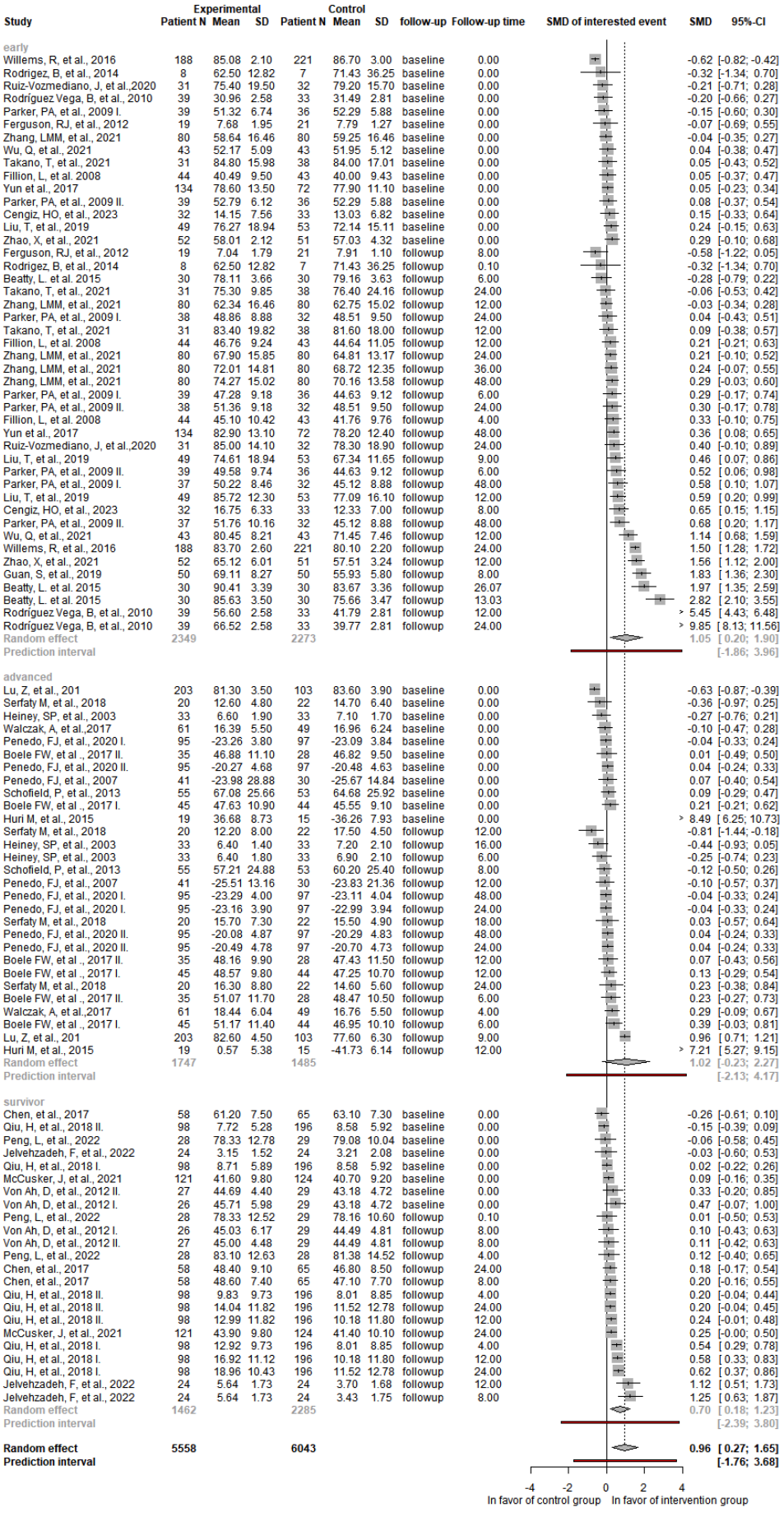


Figure S21.3. Forest plot represents the difference between the intervention vs. control group in the Physical QoL domain with the cancer stage subgroups as predicted at week 24 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S21.4.T48

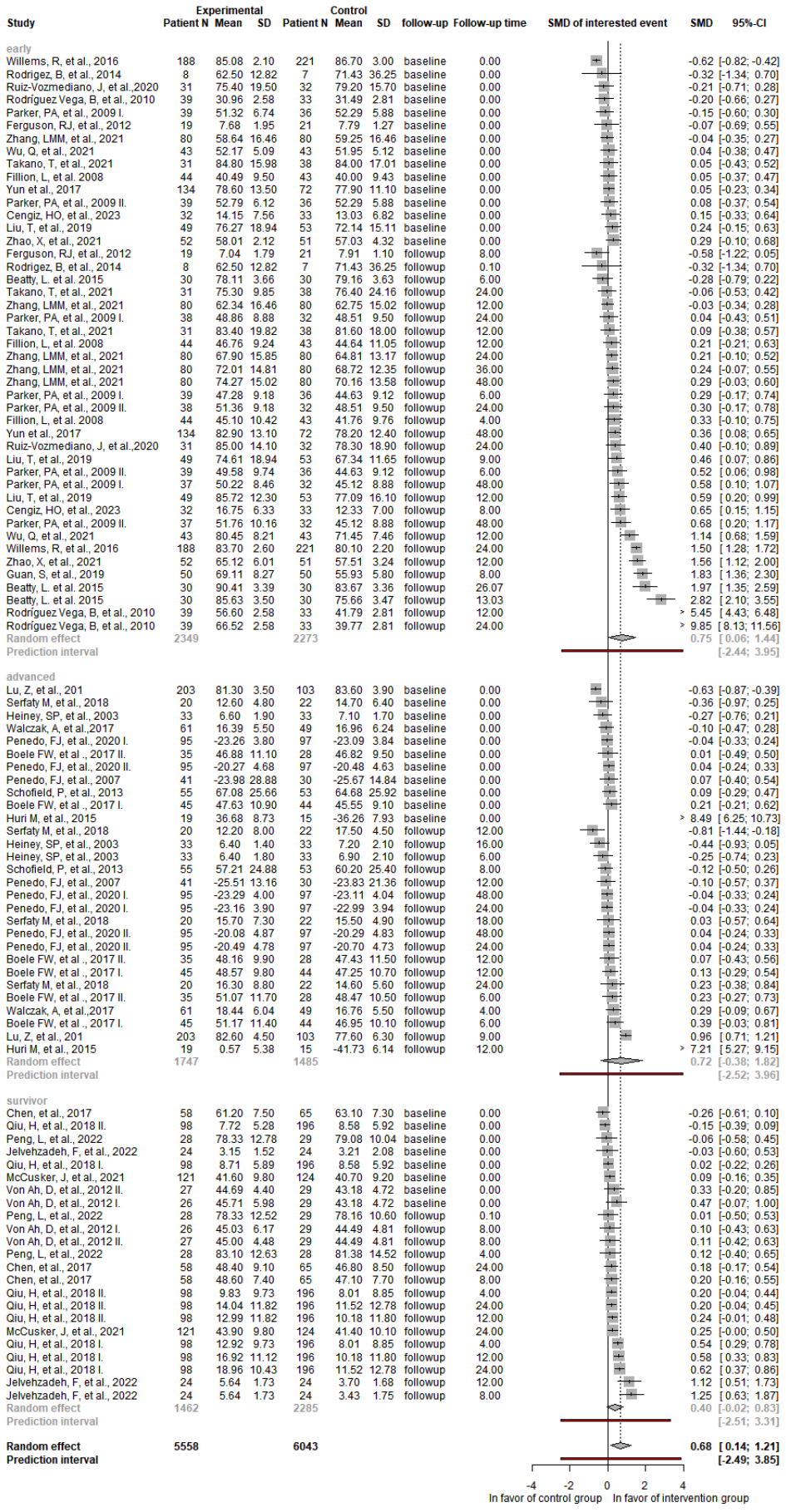


Figure S21.4. Forest plot represents the difference between the intervention vs. control group in the Physical QoL domain with the cancer stage subgroups as predicted at week 48 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

S22.Subgroup analysis of Physical QoL: Cancer type

Figure S22.1.T0

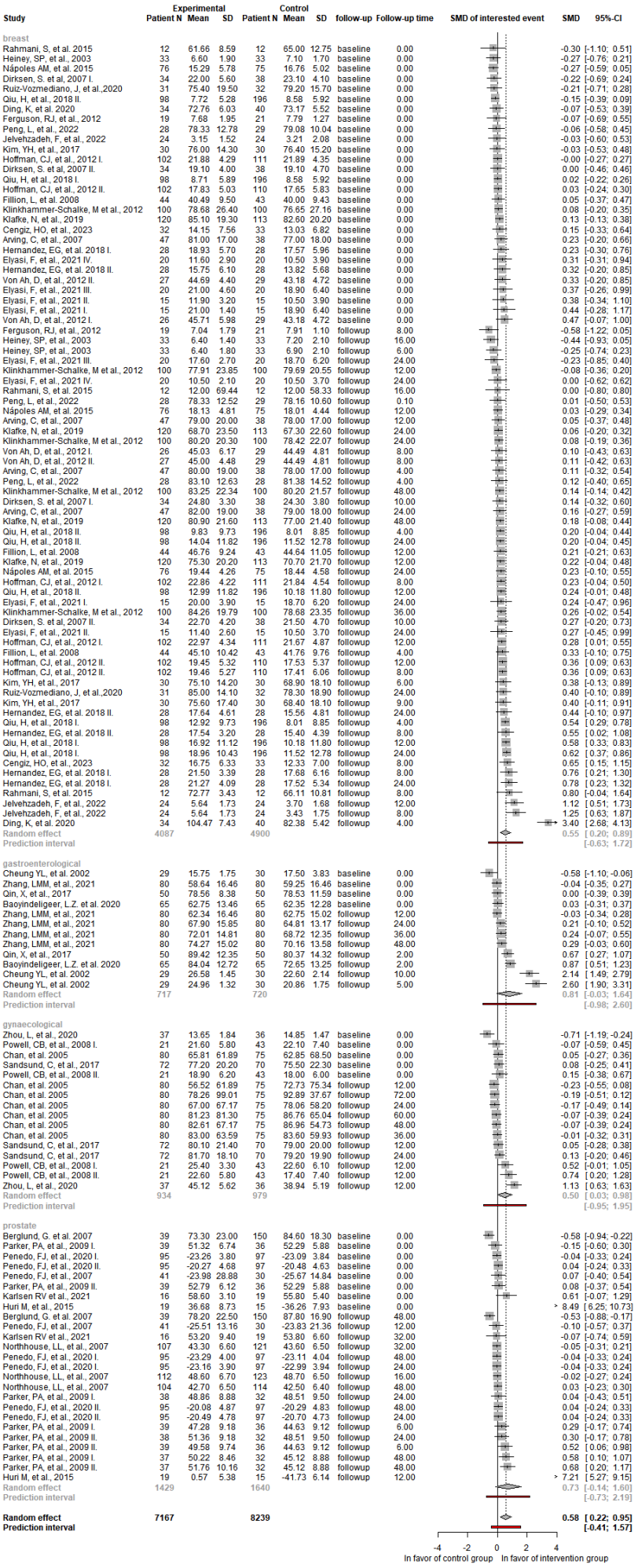


Figure S22.1. Subgroup analysis of the Physical QoL. Forest plot represents the difference between the intervention vs. control group in the Physical QoL domain with the cancer type subgroups as predicted at week 0 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S22.2.T12

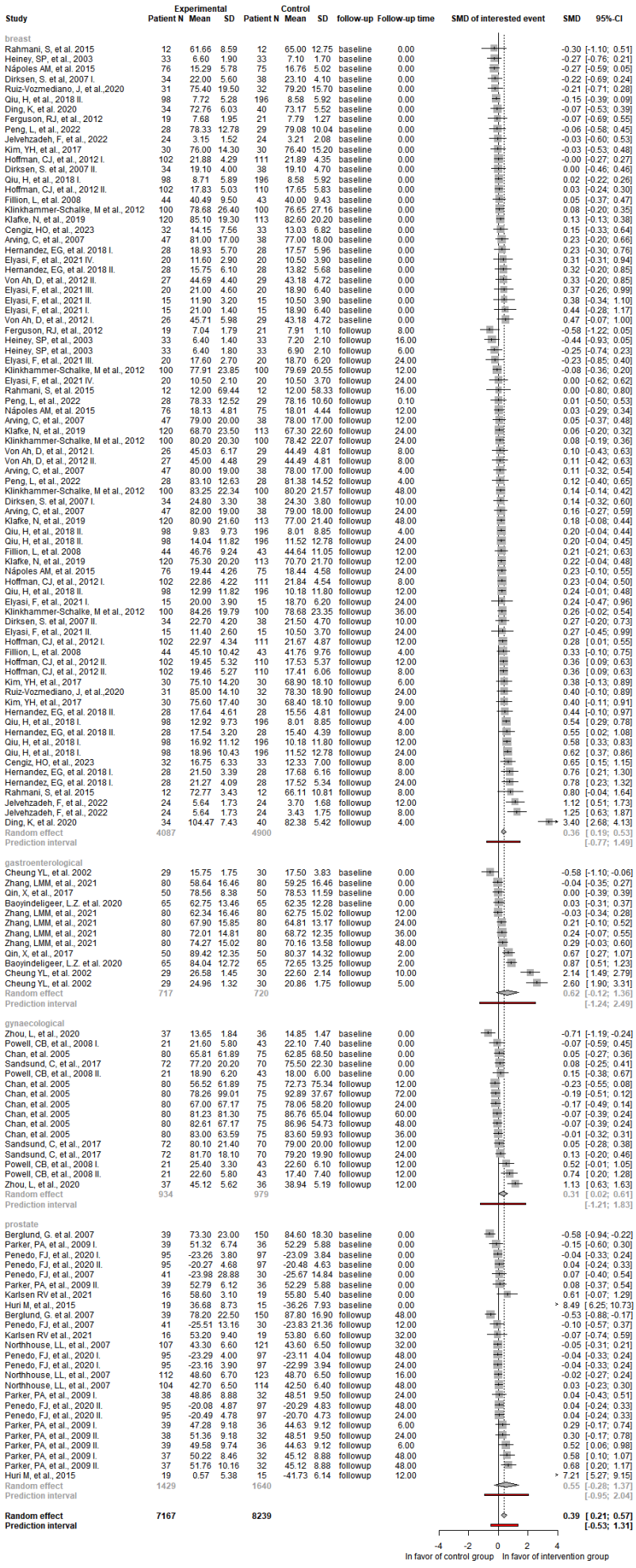


Figure S22.2. Subgroup analysis of the Physical QoL. Forest plot represents the difference between the intervention vs. control group in the Physical QoL domain with the cancer type subgroups as predicted at week 12 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S22.3.T24

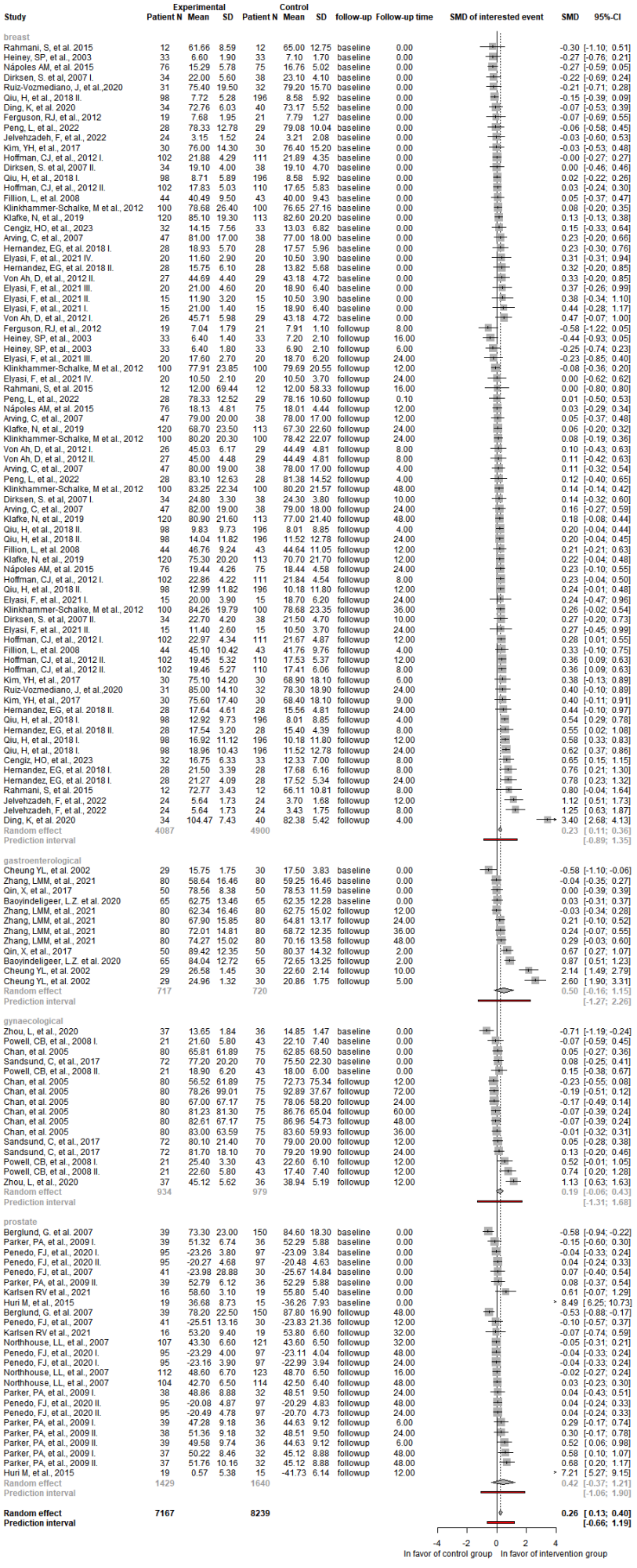


Figure S22.3.Subgroup analysis of the Physical QoL. Forest plot represents the difference between the intervention vs. control group in the Physical QoL domain with the cancer type subgroups as predicted at week 24 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

Figure S22.4.T48

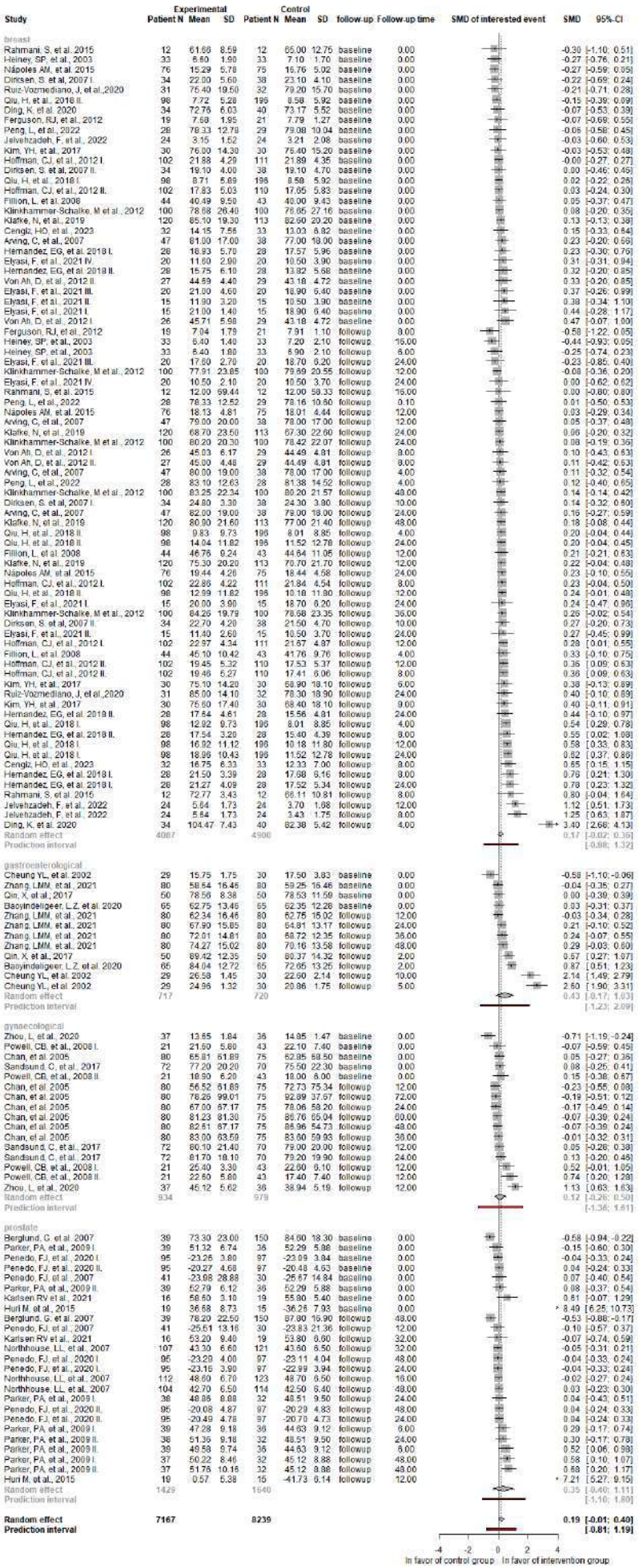
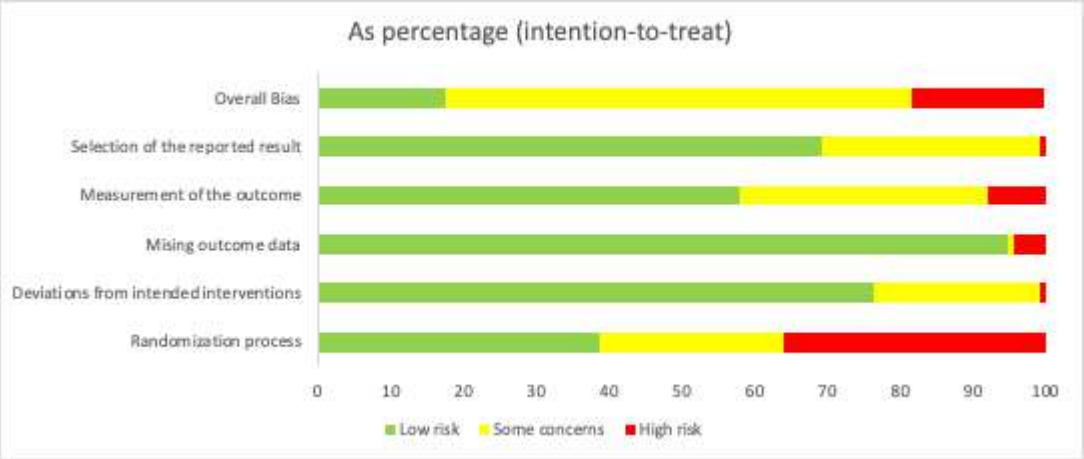
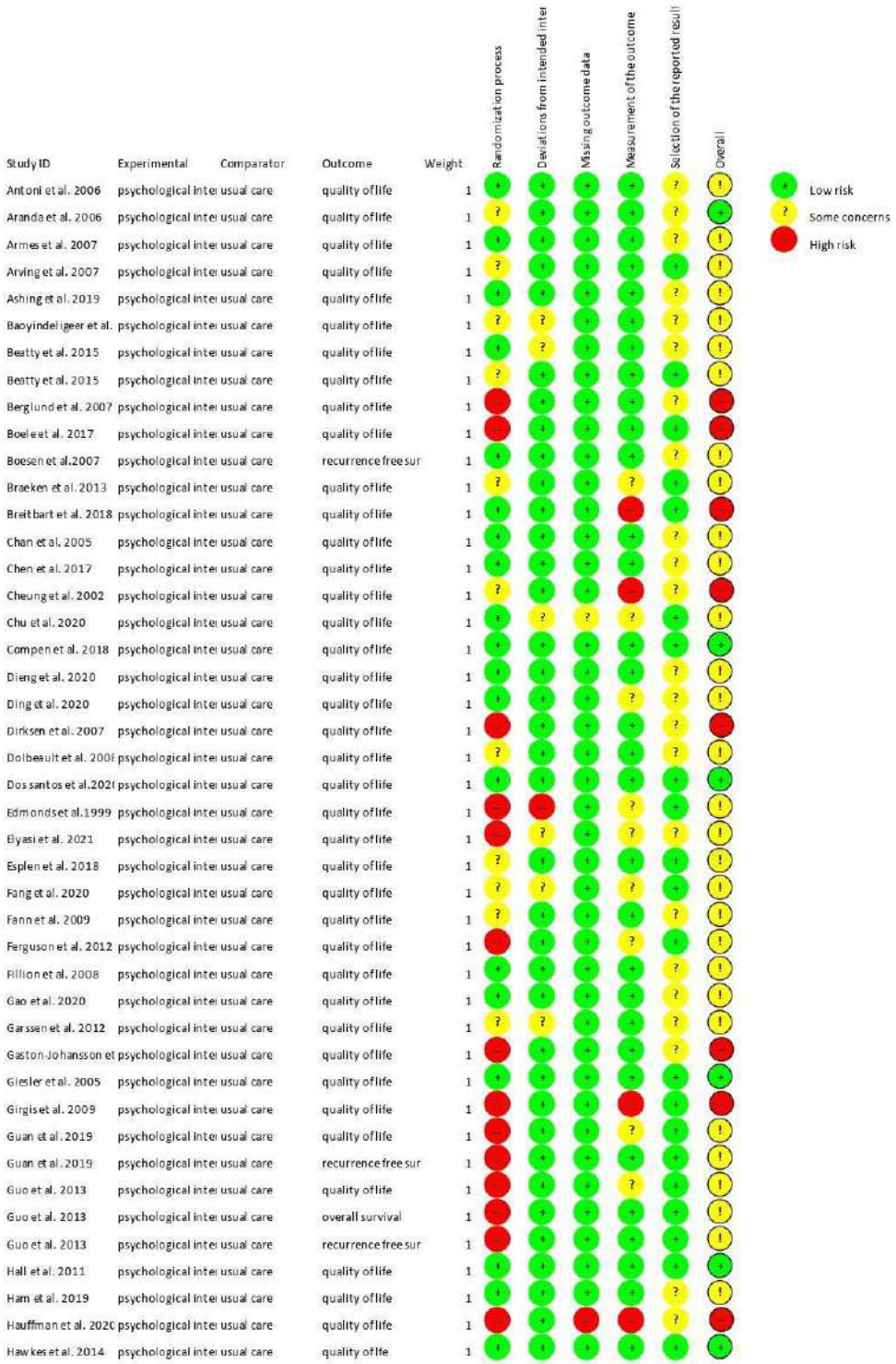
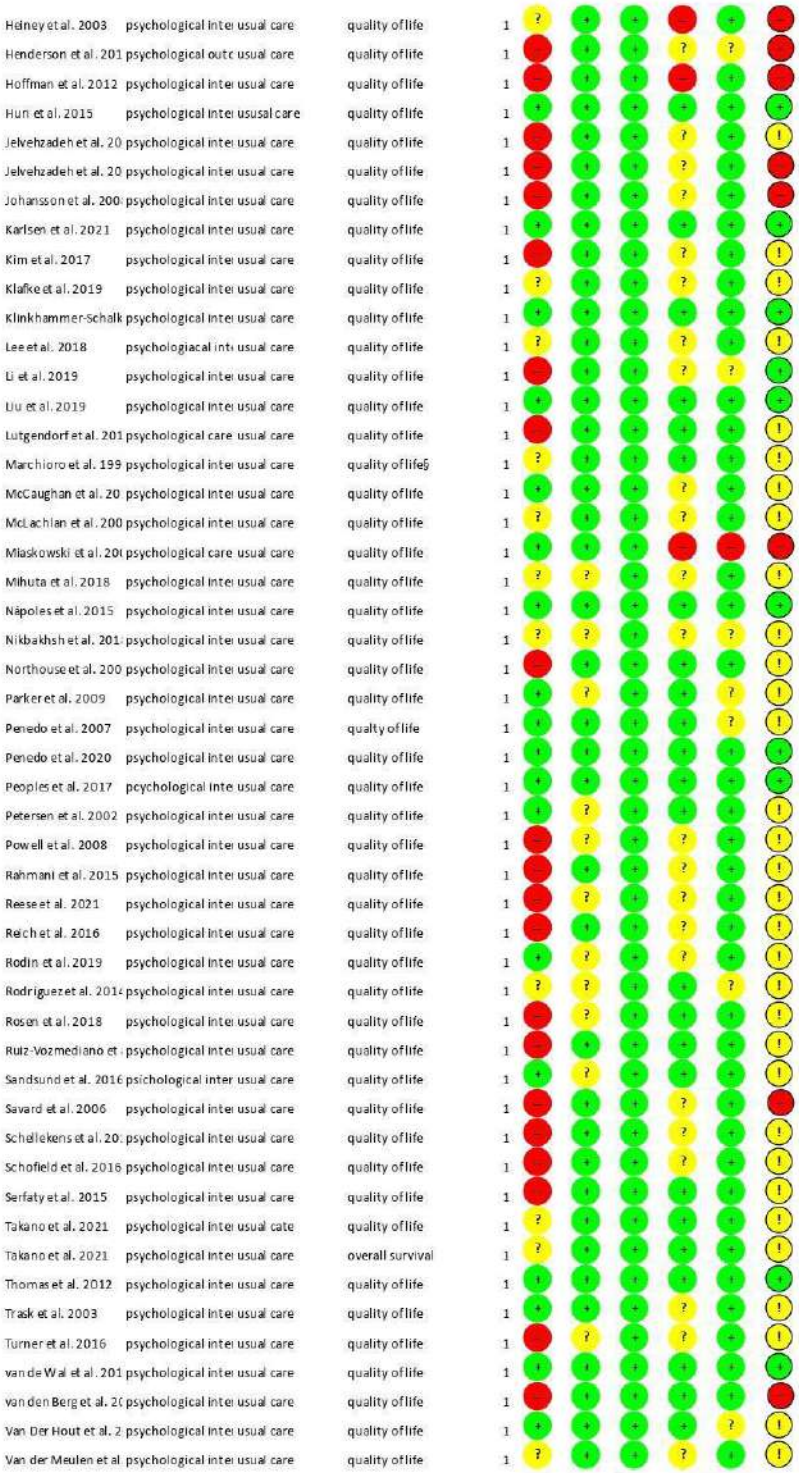


Figure S22.4. Subgroup analysis of the Physical QoL. Forest plot represents the difference between the intervention vs. control group in the Physical QoL domain with the cancer type subgroups as predicted at week 48 (post-intervention). SMD - Standardized mean difference, CI - confidence interval.

S23. Table S.3. Risk of bias assessment




Study ID
Experimental
Comparator
Outcome
Weight
Randomization process
Deviations from intended inter
Missing outcome data
Measurement of the outcome
Selection of the reported result
Overall
Antoni et al. 2006 psychological inte usual care quality of life 1
Aranda et al. 2006 psychological inte usual care quality of life 1
Armes et al. 2007 psychological inte usual care quality of life 1
Arving et al. 2007 psychological inte usual care quality of life 1
Ashing et al. 2019 psychological inte usual care quality of life 1
Baoyindeligeer et al. psychological inte usual care quality of life 1
Beatty et al. 2015 psychological inte usual care quality of life 1
Beatty et al. 2015 psychological inte usual care quality of life 1
Berglund et al. 2007 psychological inte usual care quality of life 1
Boele et al. 2017 psychological inte usual care quality of life 1
Boesen et al.2007 psychological inte usual care recurrence free sur 1
Braeken et al. 2013 psychological inte usual care quality of life 1
Breitbart et al. 2018 psychological inte usual care quality of life 1
Chan et al. 2005 psychological inte usual care quality of life 1
Chen et al. 2017 psychological inte usual care quality of life 1
Cheung et al. 2002 psychological inte usual care quality of life 1
Chu et al. 2020 psychological inte usual care quality of life 1
Compen et al. 2018 psychological inte usual care quality of life 1
Dieng et al. 2020 psychological inte usual care quality of life 1
Ding et al. 2020 psychological inte usual care quality of life 1
Dirksen et al. 2007 psychological inte usual care quality of life 1
Dolbeault et al. 200 psychological inte usual care quality of life 1
Dos santos et al.202 psychological inte usual care quality of life 1
Edmonds et al.1999 psychological inte usual care quality of life 1
Elyasi et al. 2021 psychological inte usual care quality of life 1
Esplen et al. 2018 psychological inte usual care quality of life 1
Fang et al. 2020 psychological inte usual care quality of life 1
Fann et al. 2009 psychological inte usual care quality of life 1
Ferguson et al. 2012 psychological inte usual care quality of life 1
Fillion et al. 2008 psychological inte usual care quality of life 1
Gao et al. 2020 psychological inte usual care quality of life 1
Garssen et al. 2012 psychological inte usual care quality of life 1
Gaston-Johansson et psychological inte usual care quality of life 1
Giesler et al. 2005 psychological inte usual care quality of life 1
Girgis et al. 2009 psychological inte usual care quality of life 1
Guan et al. 2019 psychological inte usual care quality of life 1
Guan et al. 2019 psychological inte usual care recurrence free sur 1
Guo et al. 2013 psychological inte usual care quality of life 1
Guo et al. 2013 psychological inte usual care overall survival 1
Guo et al. 2013 psychological inte usual care recurrence free sur 1
Hall et al. 2011 psychological inte usual care quality of life 1
Ham et al. 2019 psychological inte usual care quality of life 1
Hauffman et al. 2020 psychological inte usual care quality of life 1
Hawkes et al. 2014 psychological inte usual care quality of life 1
Low risk
Some concerns
High risk


Heiney et al. 2003 psychological inter usual care quality of life 1
Henderson et al. 201 psychological outc usual care quality of life 1
Hoffman et al. 2012 psychological inter usual care quality of life 1
Hunt et al. 2015 psychological inter ususal care quality of life 1
Jelvehzadeh et al. 20 psychological inter usual care quality of life 1
Jelvehzadeh et al. 20 psychological inter usual care quality of life 1
Johansson et al. 200 psychological inter usual care quality of life 1
Karlsen et al. 2021 psychological inter usual care quality of life 1
Kim et al. 2017 psychological inter usual care quality of life 1
Klafke et al. 2019 psychological inter usual care quality of life 1
Klinkhammer-Schalk psychological inter usual care quality of life 1
Lee et al. 2018 psychologiacal int usual care quality of life 1
Li et al. 2019 psychological inter usual care quality of life 1
Liu et al. 2019 psychological inter usual care quality of life 1
Lutgendorf et al. 201 psychological care usual care quality of life 1
Marchioro et al. 199 psychological inter usual care quality of life§ 1
McCaughan et al. 20 psychological inter usual care quality of life 1
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Mihuta et al. 2018 psychological inter usual care quality of life 1
Nápoles et al. 2015 psychological inter usual care quality of life 1
Nikbakhsh et al. 201 psychological inter usual care quality of life 1
Northouse et al. 200 psychological inter usual care quality of life 1
Parker et al. 2009 psychological inter usual care quality of life 1
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Penedo et al. 2020 psychological inter usual care quality of life 1
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Petersen et al. 2002 psychological inter usual care quality of life 1
Powell et al. 2008 psychological inter usual care quality of life 1
Rahmani et al. 2015 psychological inter usual care quality of life 1
Reese et al. 2021 psychological inter usual care quality of life 1
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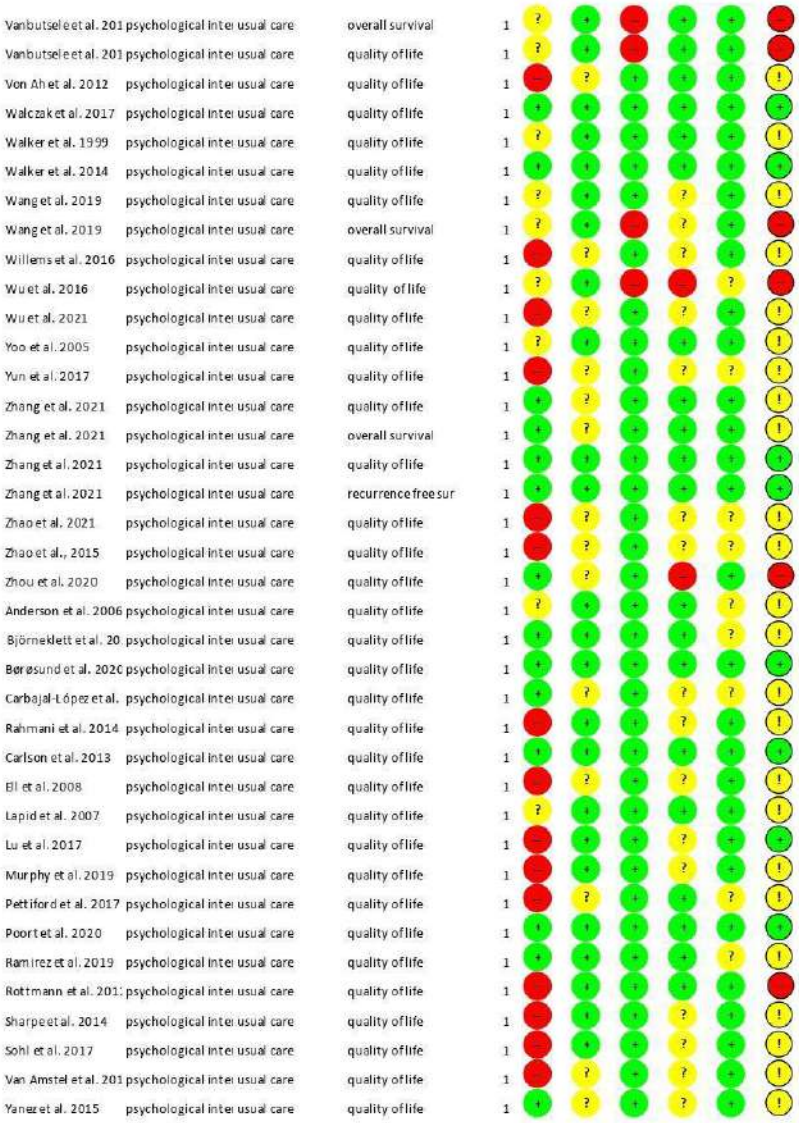
Rodin et al. 2019 psychological inter usual care quality of life 1
Rodriguez et al. 201 psychological inter usual care quality of life 1
Rosen et al. 2018 psychological inter usual care quality of life 1
Ruiz-Vozmediano et psychological inter usual care quality of life 1
Sandsund et al. 2016 psichological inter usual care quality of life 1
Savard et al. 2006 psychological inter usual care quality of life 1
Schellekens et al. 20 psychological inter usual care quality of life 1
Schofield et al. 2016 psychological inter usual care quality of life 1
Serfaty et al. 2015 psychological inter usual care quality of life 1
Takano et al. 2021 psychological inter usual cate quality of life 1
Takano et al. 2021 psychological inter usual care overall survival 1
Thomas et al. 2012 psychological inter usual care quality of life 1
Trask et al. 2003 psychological inter usual care quality of life 1
Turner et al. 2016 psychological inter usual care quality of life 1
van de Wal et al. 201 psychological inter usual care quality of life 1
van den Berg et al. 2 psychological inter usual care quality of life 1
Van Der Hout et al. 2 psychological inter usual care quality of life 1
Van der Meulen et al psychological inter usual care quality of life 1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Vanbutsele et al. 201 psychological inter usual care quality of life 1
Von Ah et al. 2012 psychological inter usual care quality of life 1
Walczak et al. 2017 psychological inter usual care quality of life 1
Walker et al. 1999 psychological inter usual care quality of life 1
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Wang et al. 2019 psychological inter usual care quality of life 1
Wang et al. 2019 psychological inter usual care overall survival 1
Willems et al. 2016 psychological inter usual care quality of life 1
Wu et al. 2016 psychological inter usual care quality of life 1
Wu et al. 2021 psychological inter usual care quality of life 1
Yoo et al. 2005 psychological inter usual care quality of life 1
Yun et al. 2017 psychological inter usual care quality of life 1
Zhang et al. 2021 psychological inter usual care quality of life 1
Zhang et al. 2021 psychological inter usual care overall survival 1
Zhang et al. 2021 psychological inter usual care quality of life 1
Zhang et al. 2021 psychological inter usual care recurrence free sur 1
Zhao et al. 2021 psychological inter usual care quality of life 1
Zhao et al., 2015 psychological inter usual care quality of life 1
Zhou et al. 2020 psychological inter usual care quality of life 1
Anderson et al. 2006 psychological inter usual care quality of life 1
Björneklett et al. 20 psychological inter usual care quality of life 1
Børøsund et al. 2020 psychological inter usual care quality of life 1
Carbajal-López et al. psychological inter usual care quality of life 1
Rahmani et al. 2014 psychological inter usual care quality of life 1
Carlson et al. 2013 psychological inter usual care quality of life 1
Ell et al. 2008 psychological inter usual care quality of life 1
Lapid et al. 2007 psychological inter usual care quality of life 1
Lu et al. 2017 psychological inter usual care quality of life 1
Murphy et al. 2019 psychological inter usual care quality of life 1
Pettiford et al. 2017 psychological inter usual care quality of life 1
Poort et al. 2020 psychological inter usual care quality of life 1
Ramirez et al. 2019 psychological inter usual care quality of life 1
Rottmann et al. 201 psychological inter usual care quality of life 1
Sharpe et al. 2014 psychological inter usual care quality of life 1
Sohl et al. 2017 psychological inter usual care quality of life 1
Van Amstel et al. 201 psychological inter usual care quality of life 1
Yanez et al. 2015 psychological inter usual care quality of life 1

S24. Publication bias

Figure S24.1.Overall Survival

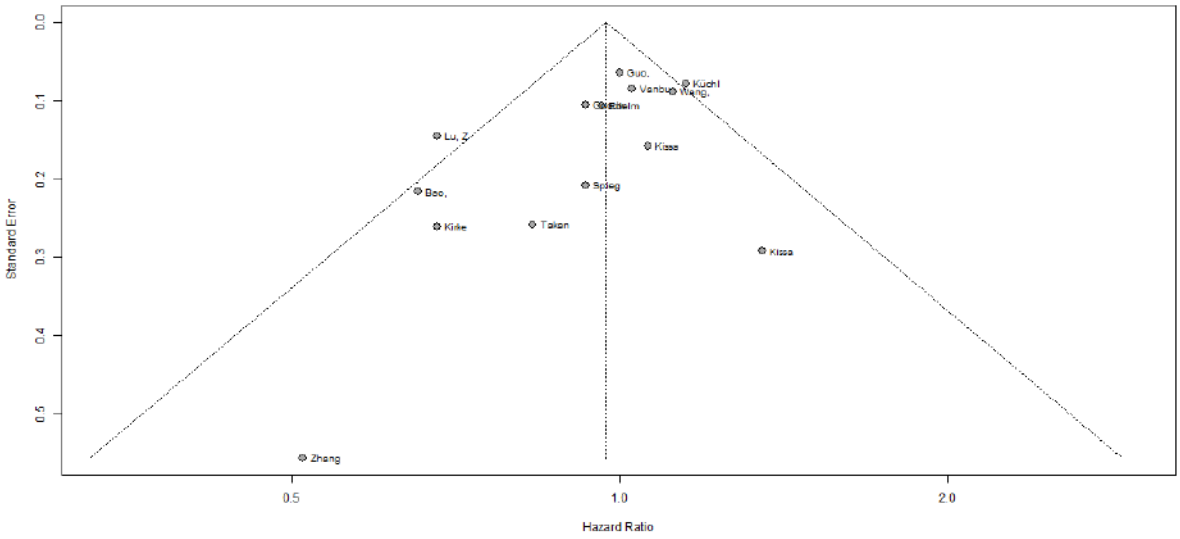

Figure S24.1. Funnel plot for OS outcome showing possible publication bias (Egger's test p-value is 0.0524).

Figure S4.2. Recurrence-free Survival

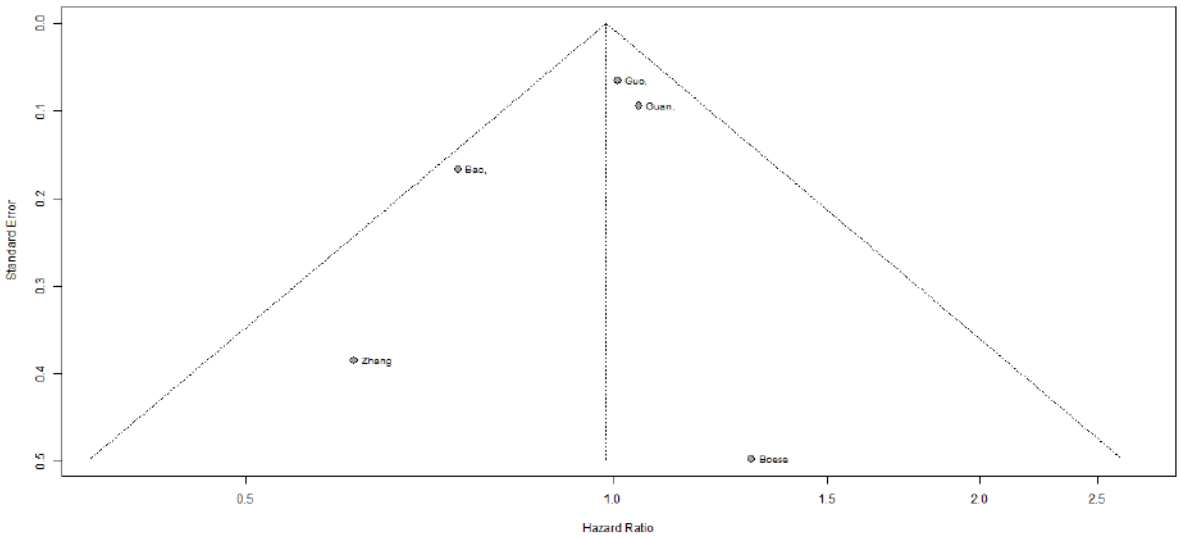

Figure S24.2.Funnel plot for RFS outcome showing no publication bias (Egger's test p-value is 0.4226).

S24.3.Global Qol

Figure S24.3.1.Provider

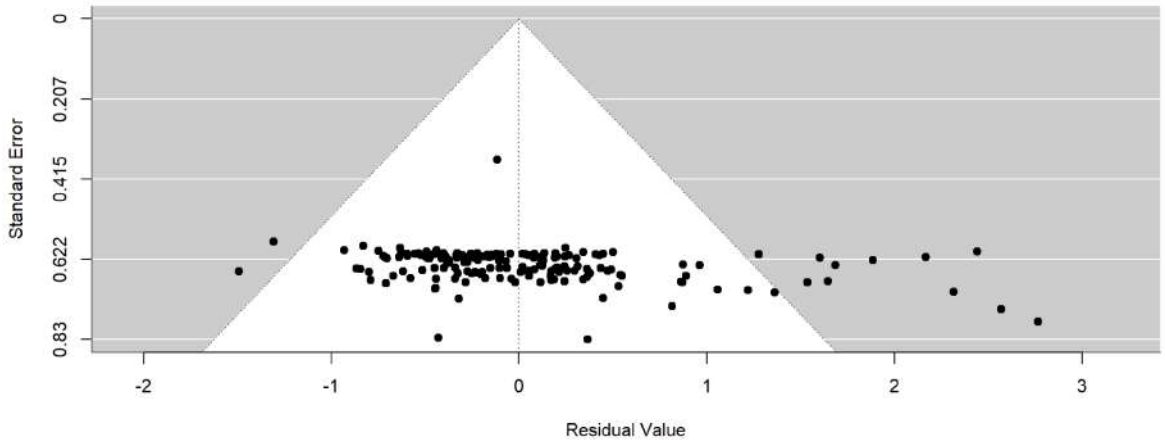

Figure S24.3.1.Funnel plot for Global QoL provider subgroup showing possible publication bias.

Figure S24.3.2.Environment

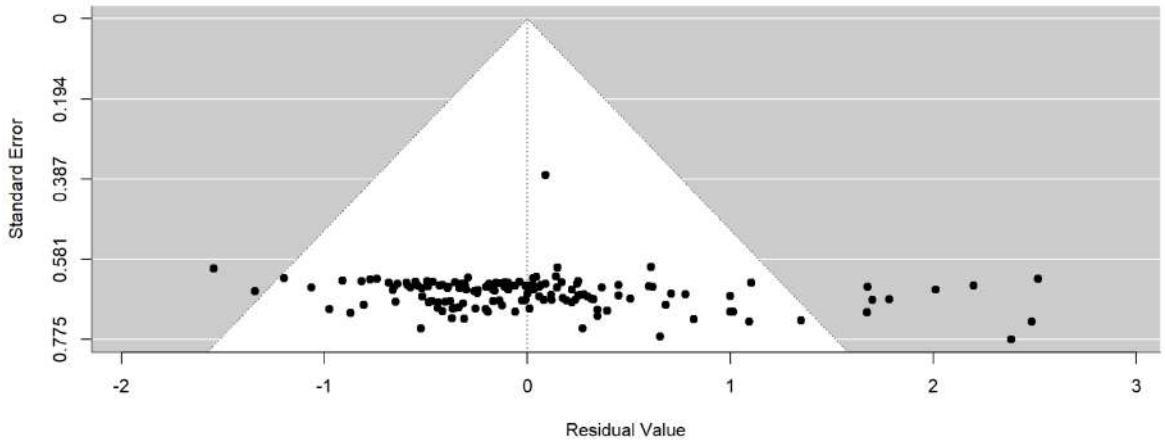

Figure S24.2 .Funnel plot for Global QoL environment subgroup showing possible publication bias.

Figure S24.3.3.Type

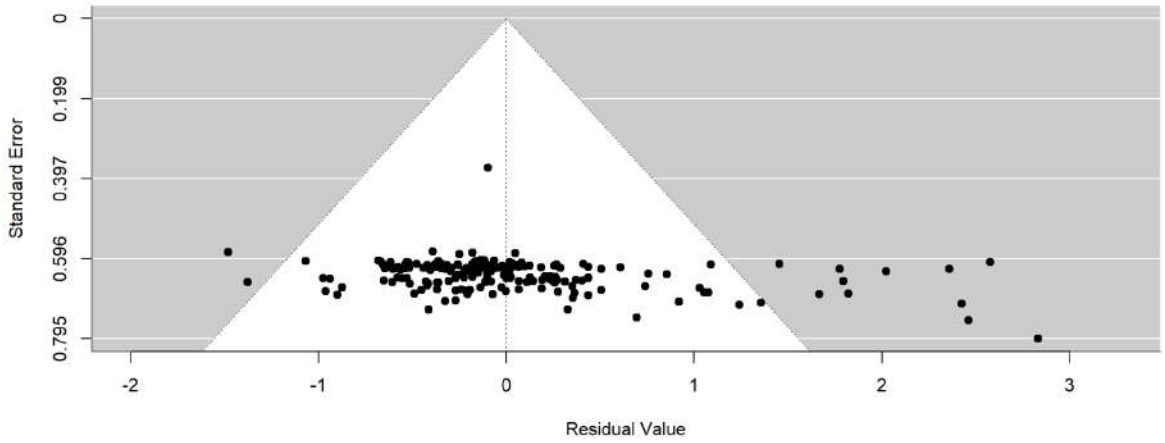

Figure S24.3.3.Funnel plot for Global QoL type subgroup showing possible publication bias.

Figure S24.3.4.Duration of Intervention

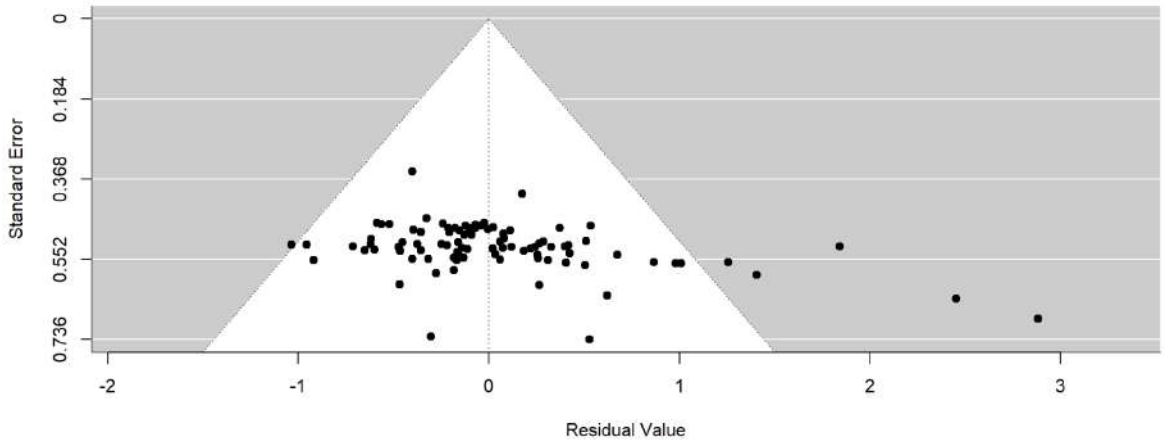

Figure S23.3.4. Funnel plot for Global QoL intervention duration subgroup showing possible publication bias.

Figure S24.3.5.Cancer Stage

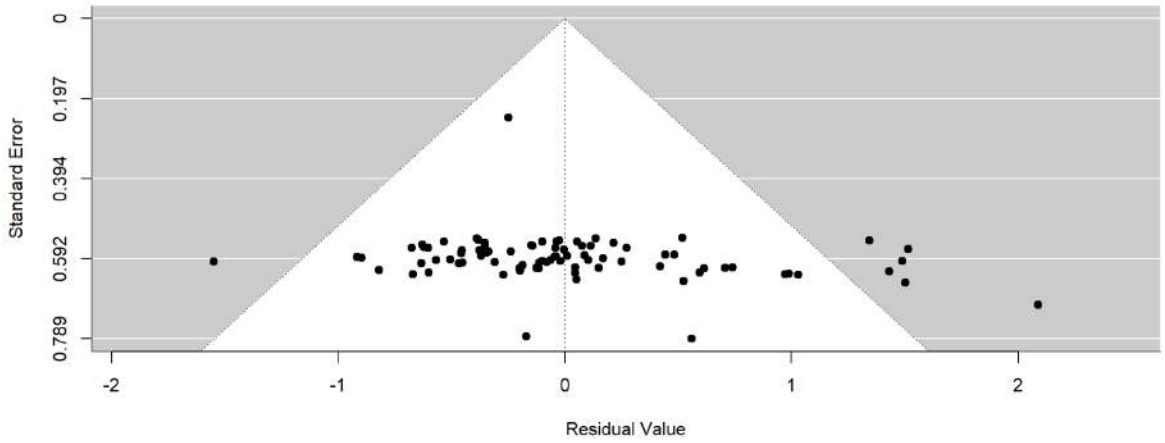

Figure S24.3.5. Funnel plot for Global QoL cancer stage subgroup showing possible publication bias.

Figure S24.3.6.Cancer Type

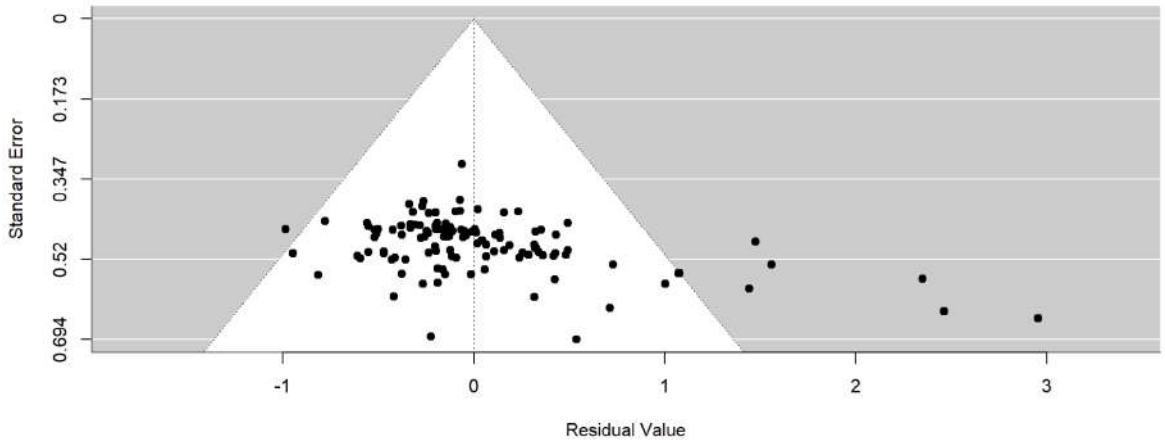

Figure S24.3.6. Funnel plot for Global QoL cancer type subgroup showing possible publication bias.

S24.4.Emotional Qol

Figure S4.4.1.Provider

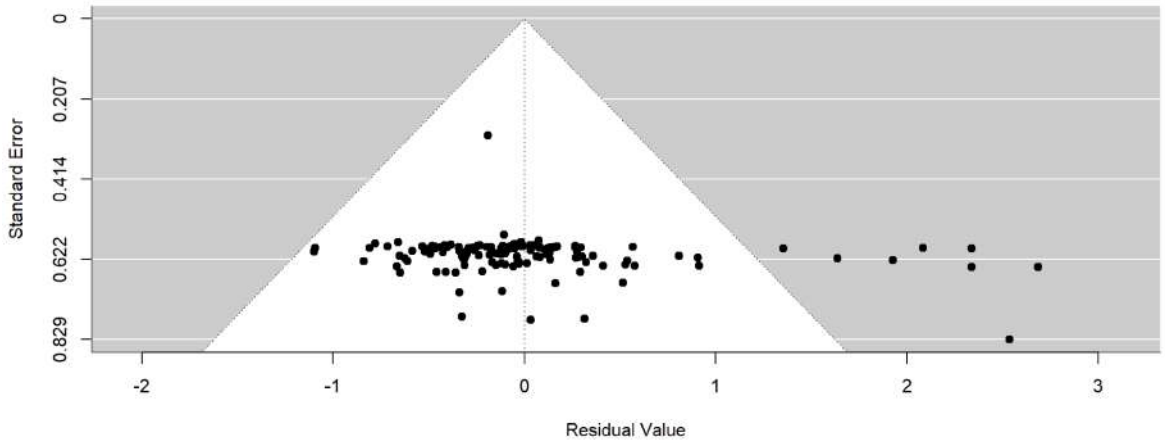

Figure S24.4.1. Funnel plot for Emotional QoL provider subgroup showing possible publication bias.

Figure S24.4.2.Environment

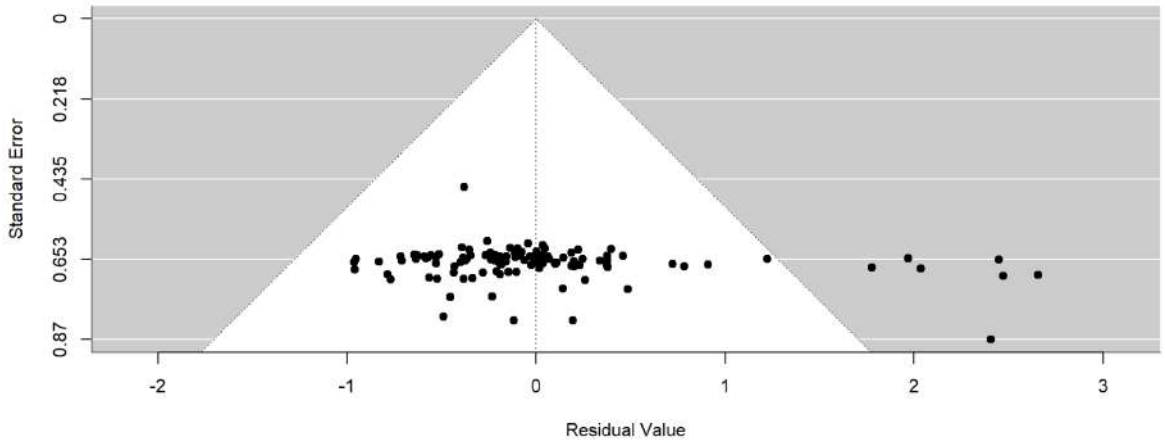

Figure S24.4.2. Funnel plot for Emotional QoL environment subgroup showing possible publication bias.

Figure S24.4.3.Type

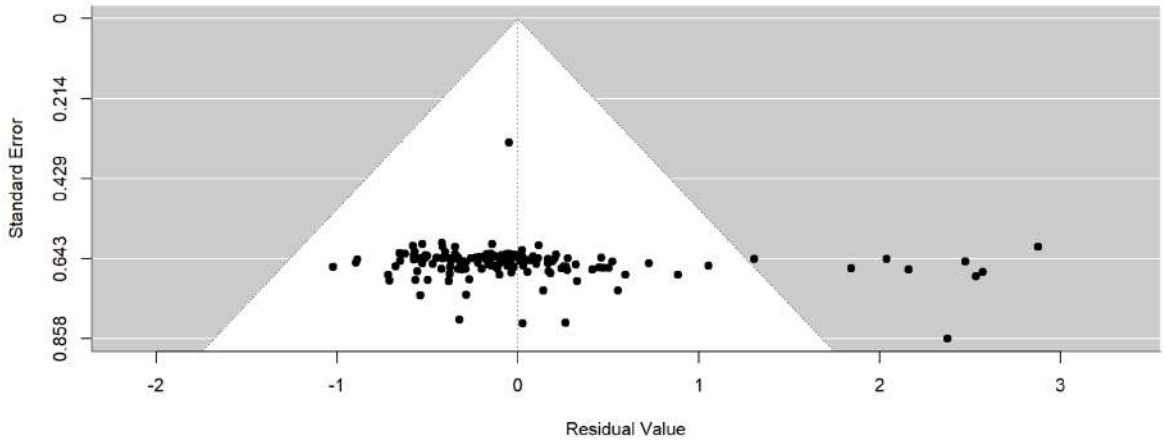

Figure S24.4.3. Funnel plot for Emotional QoL type subgroup showing possible publication bias.

Figure S24.4.4.Duration of Intervention

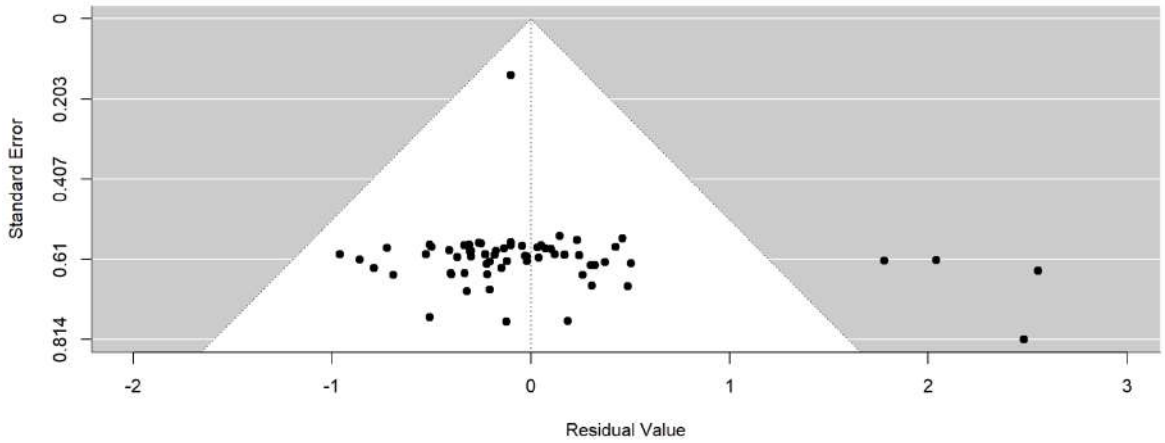

Figure S24.4.4. Funnel plot for Emotional QoL duration subgroup showing possible publication bias.

Figure S24.4.5.Cancer Stage

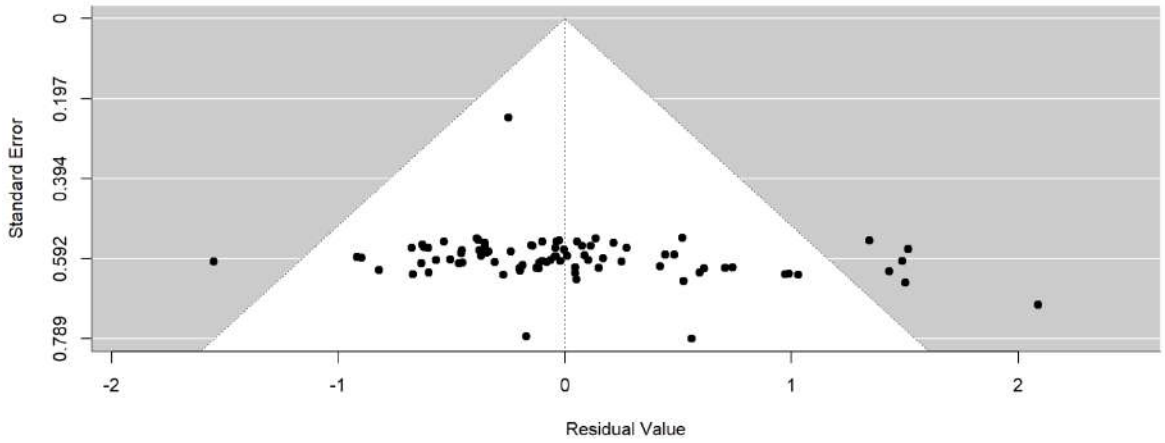

Figure S24.4.5. Funnel plot for Emotional QoL cancer stage subgroup showing possible publication bias.

Figure S24.4.6.Cancer Type

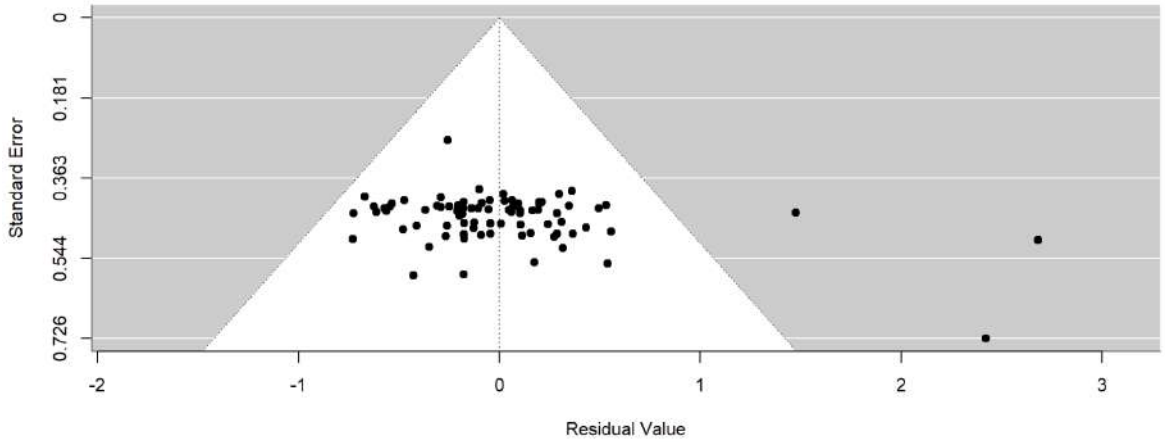

Figure S24.4.6. Funnel plot for Emotional QoL cancer type subgroup showing possible publication bias.

S24.5.Social Qol

Figure S24.5.1.Provider

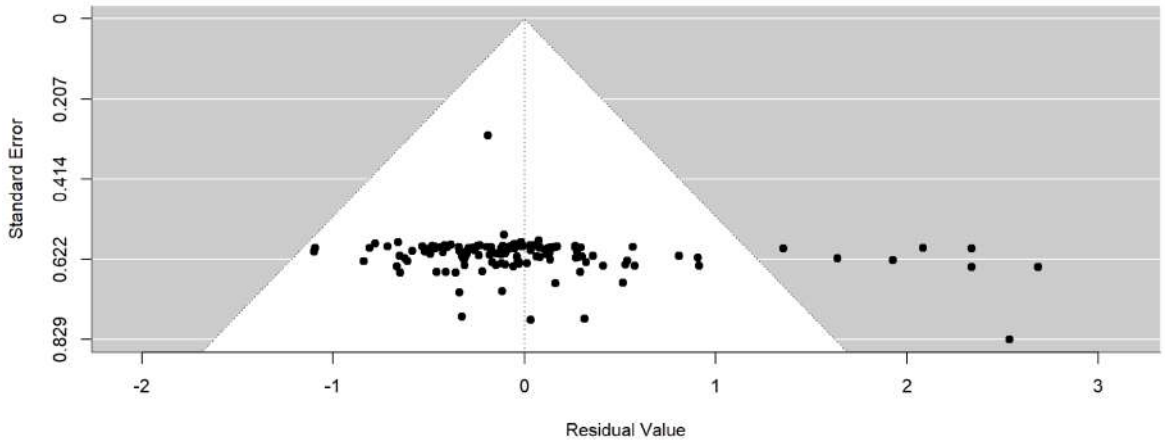

Figure S24.5.1. Funnel plot for Social QoL provider subgroup showing possible publication bias

Figure S24.5.2.Environment

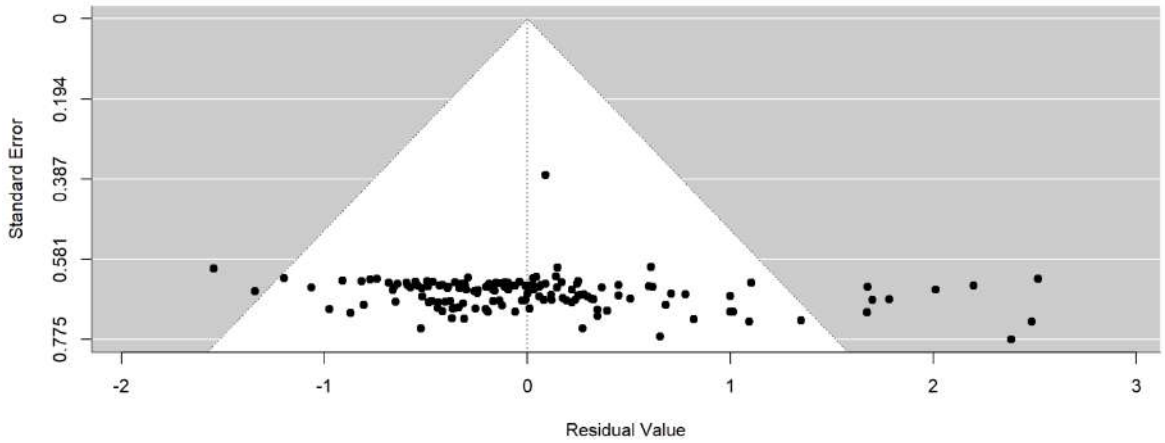

Figure S4.5.2. Funnel plot for Social QoLenvironment subgroup showing possible publication bias

Figure S24.5.3.Type

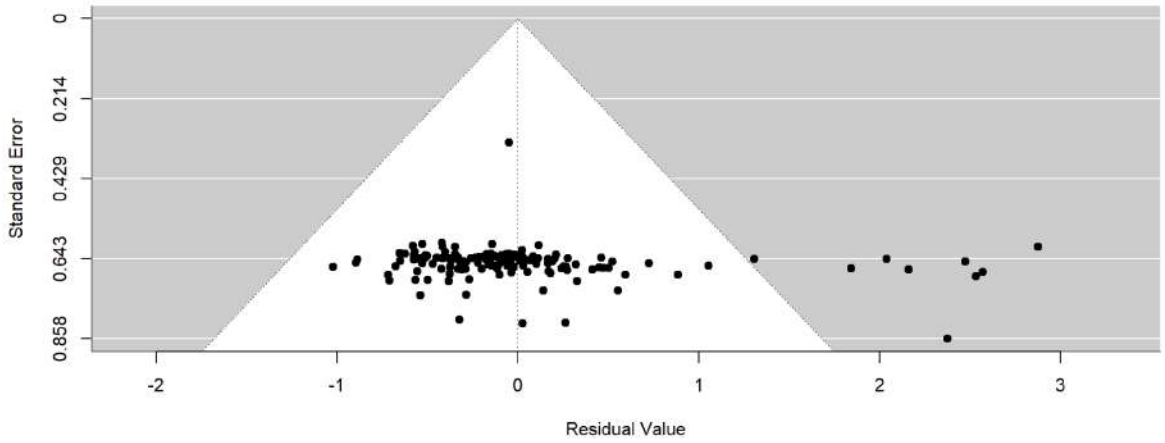

Figure S24.5.3.Funnel plot for Social QoL type subgroup showing possible publication bias

Figure S24.5.4. Duration of Intervention

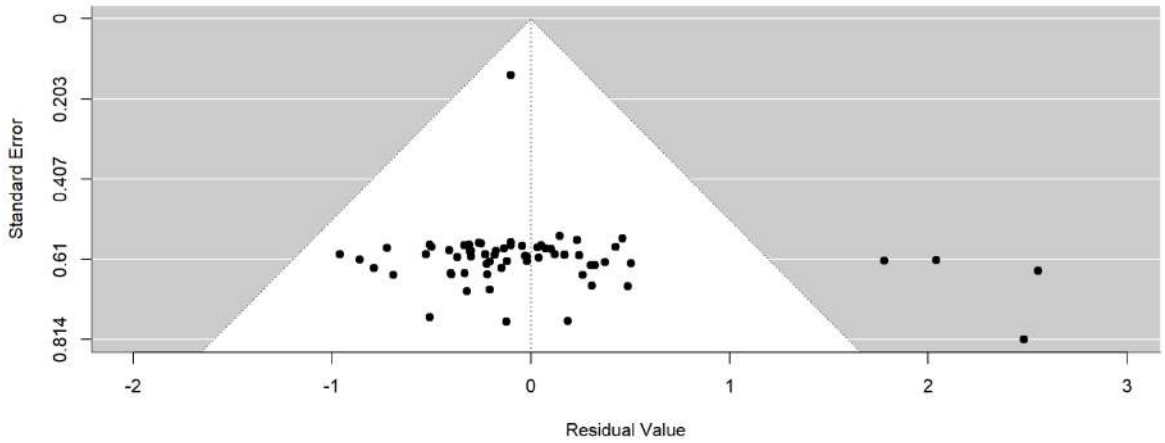

Figure S24.5.4. Funnel plot for Social QoL duration subgroup showing possible publication bias

Figure S24.5.5.Cancer Stage

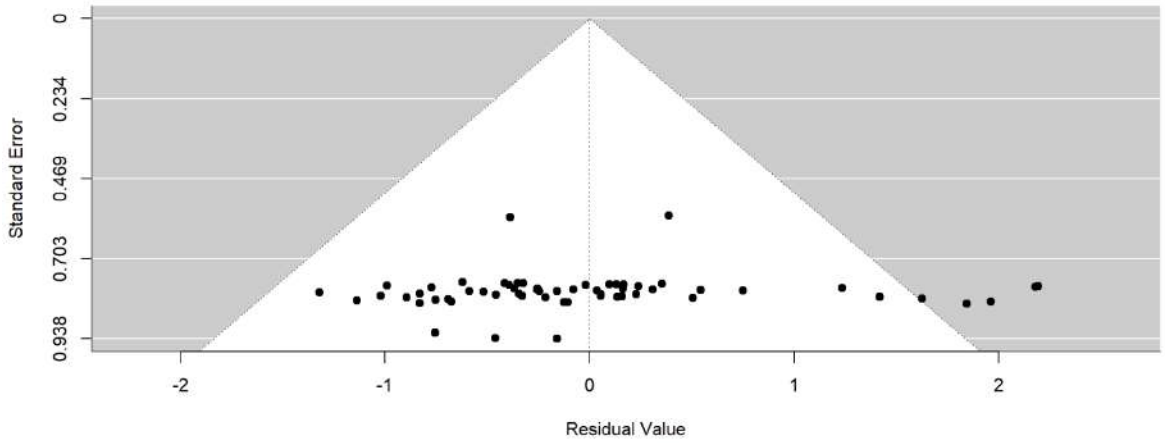

Figure S24.5.5. Funnel plot for Social QoL cancer stage subgroup showing possible publication bias

Figure S24.5.6.Cancer Type

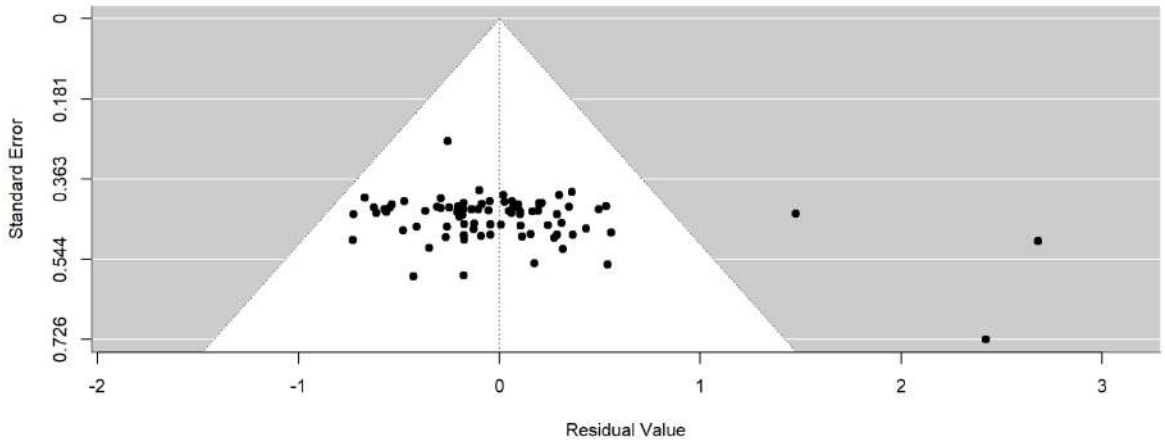

Figure S24.5.6. Funnel plot for Social QoL cancer type subgroup showing possible publication bias

S24.6. Physical Qol

Figure S24.6.1. Provider

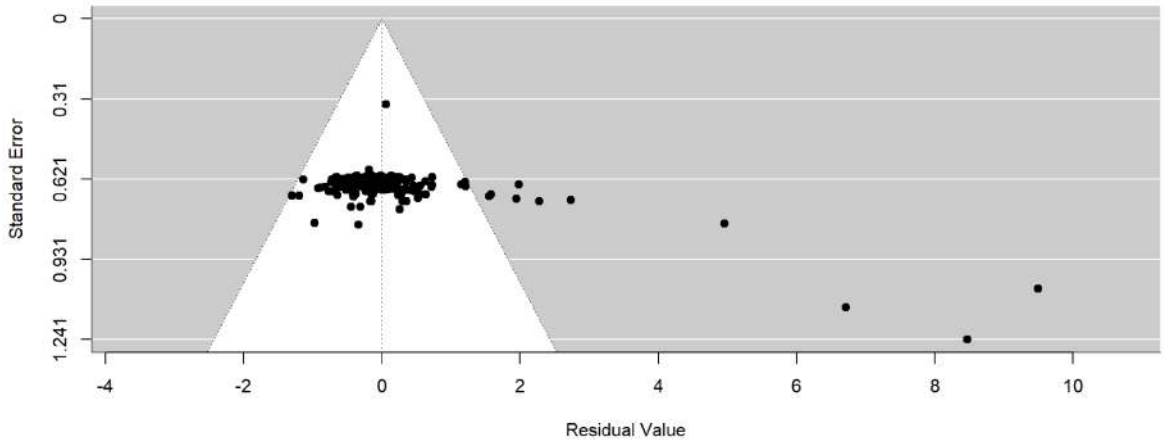

Figure S24.6.1. Funnel plot for Physical QoL provider subgroup showing possible publication bias

Figure S24.6.2. Environment

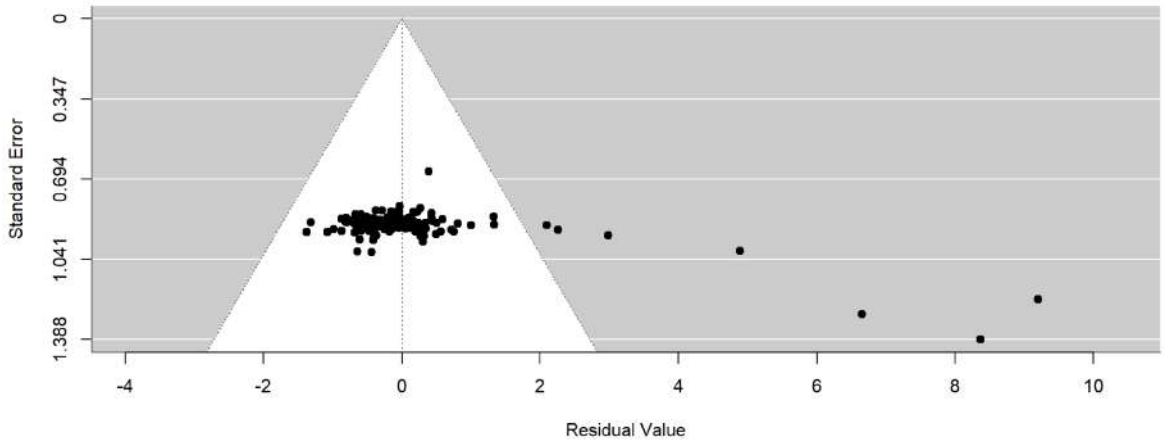

Figure S24.6.2. Funnel plot for Physical QoLenvironment subgroup showing possible publication bias

Figure S24.6.3.Type

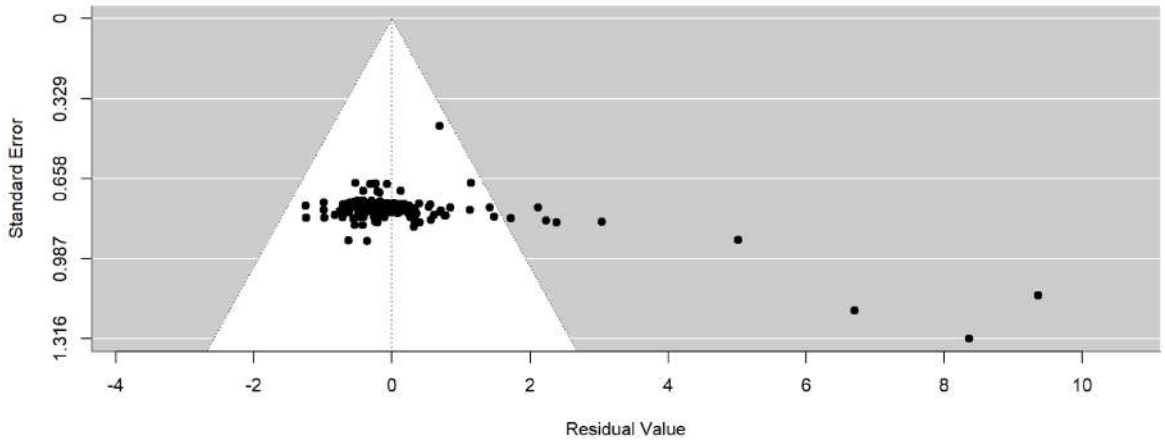

Figure S24.6.3. Funnel plot for Physical QoL type subgroup showing possible publication bias

Figure S24.6.4. Duration of Intervention

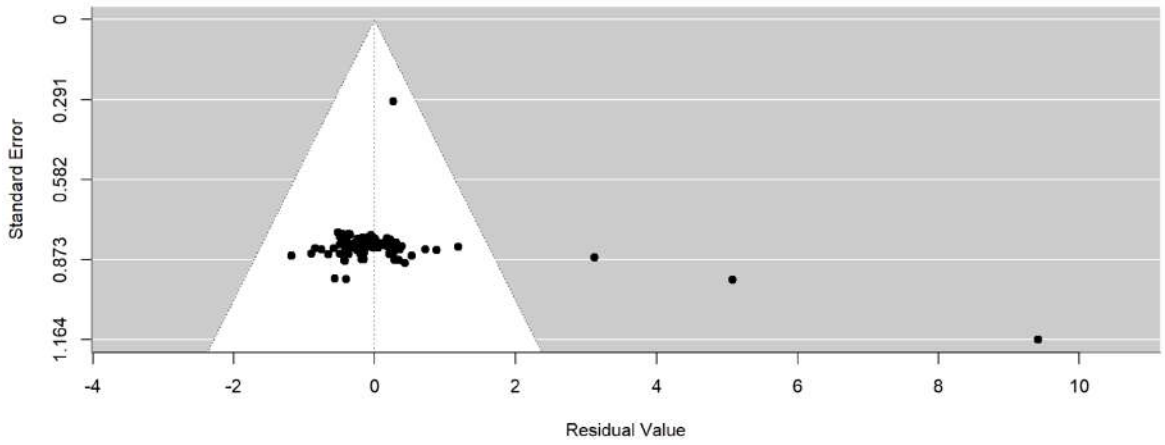

Figure S24.6.4. Funnel plot for Physical QoL duration subgroup showing possible publication bias

Figure S24.6.5. Cancer Stage

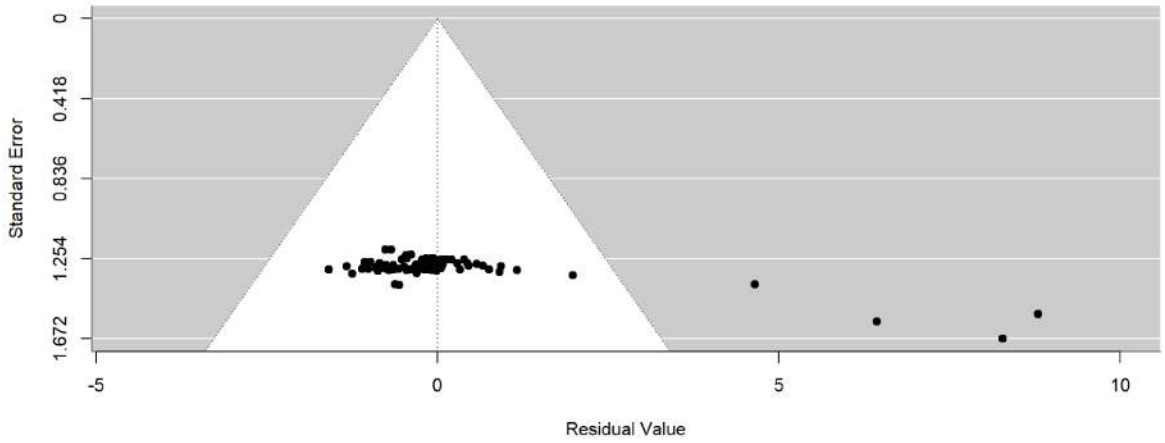

Figure S24.6.5. Funnel plot for Physical QoL cancer stage subgroup showing possible publication bias

Figure S24.6.6. Cancer Type

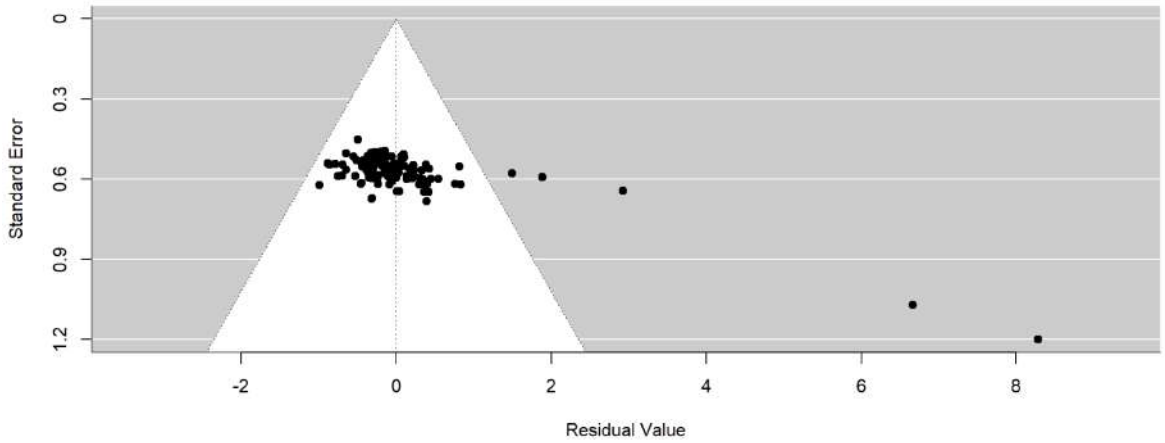

Figure S24.6.6 Funnel plot for Type QoL cancer stage subgroup showing possible publication bias

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