

Section S6.1.Yoga Interventions

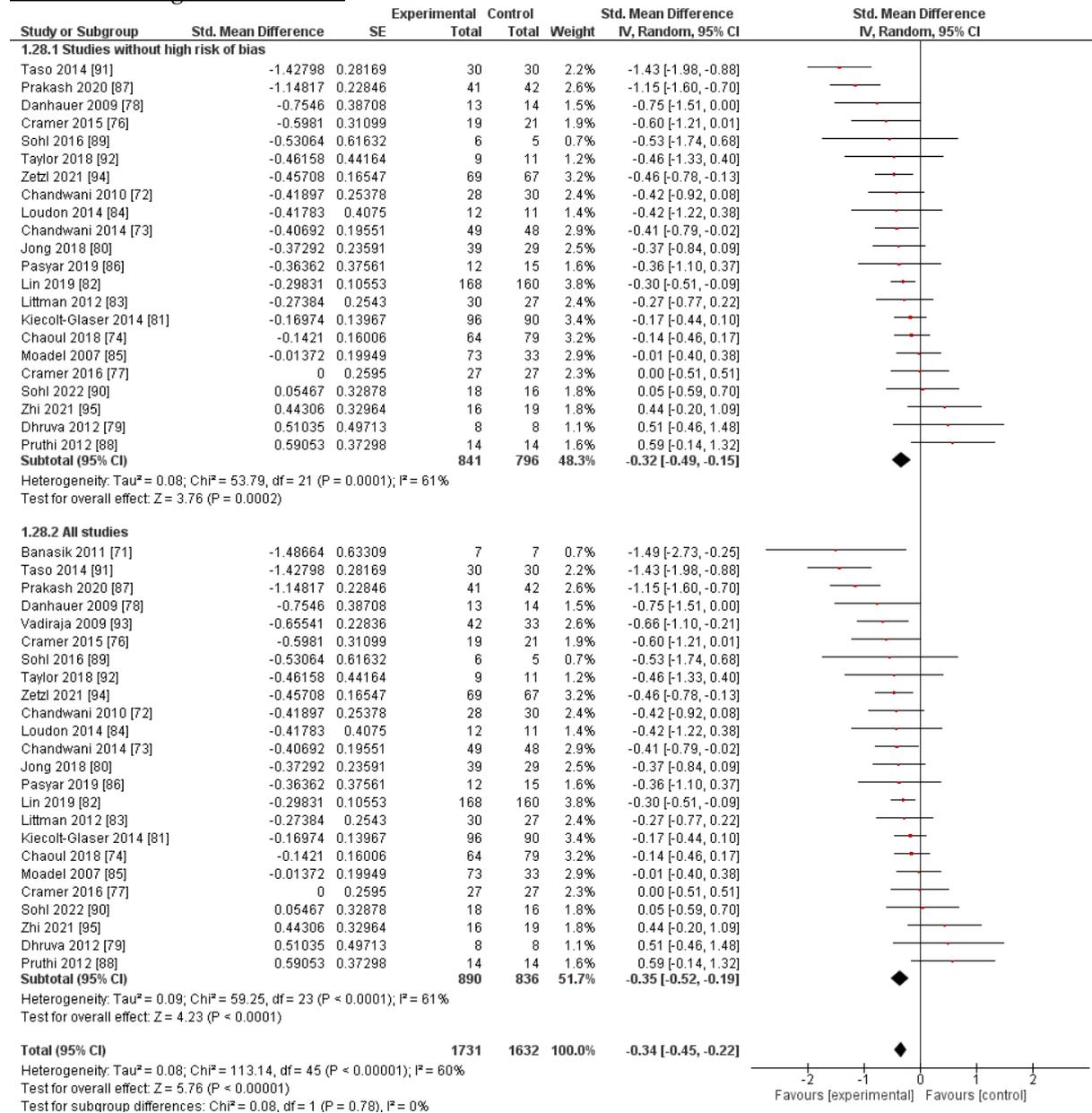


Figure S6.1.1. Sensitivity analysis for the comparison of the effect of yoga interventions without high risk of bias vs. all studies. *Note:* High risk of bias was defined as at least one assessed high risk besides blinding of participants and personnel as well as blinding of outcome assessment.

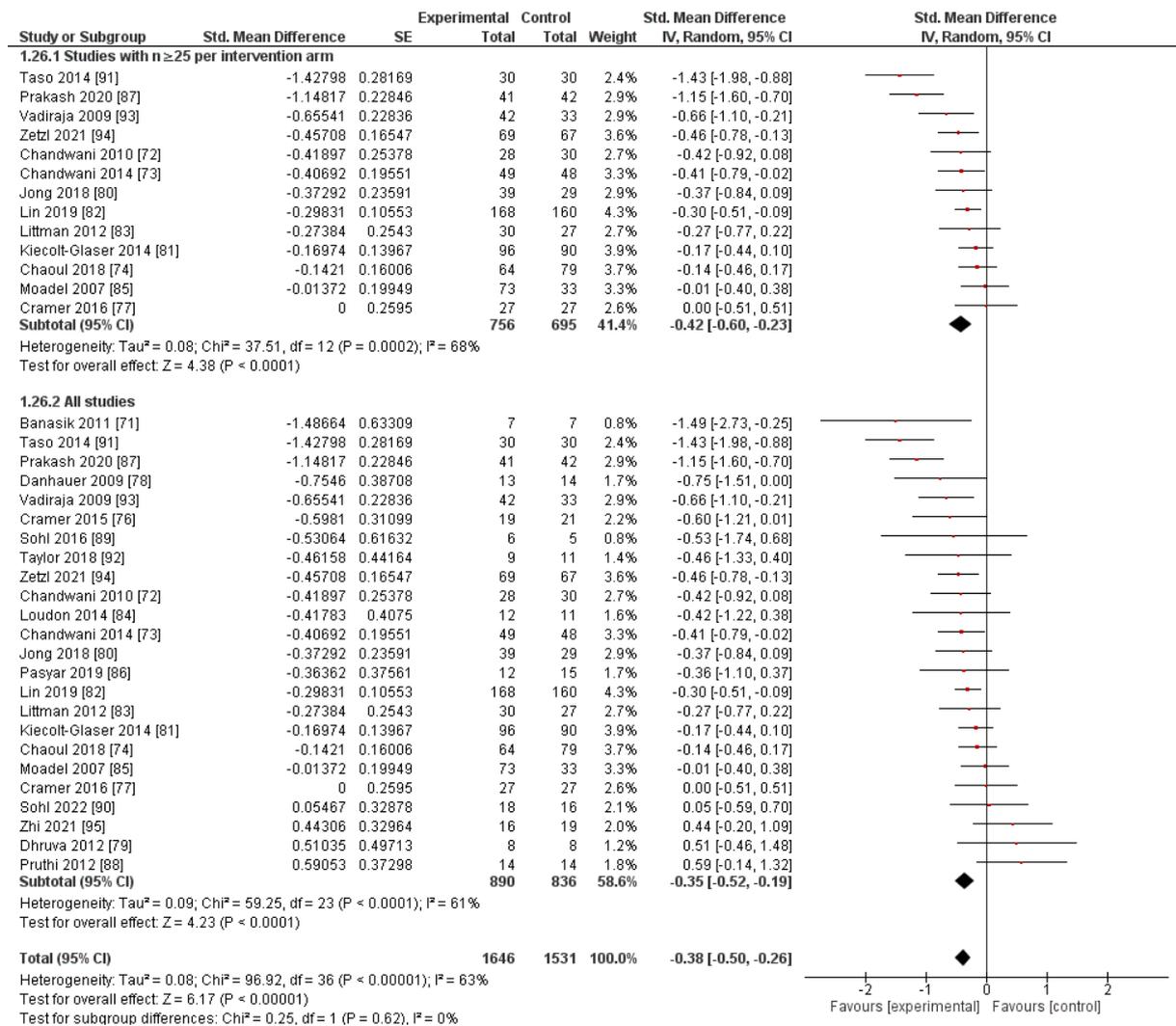


Figure S6.1.2. Sensitivity analysis for the comparison of the effect of yoga interventions with more than 25 patients per intervention arm vs. all studies.

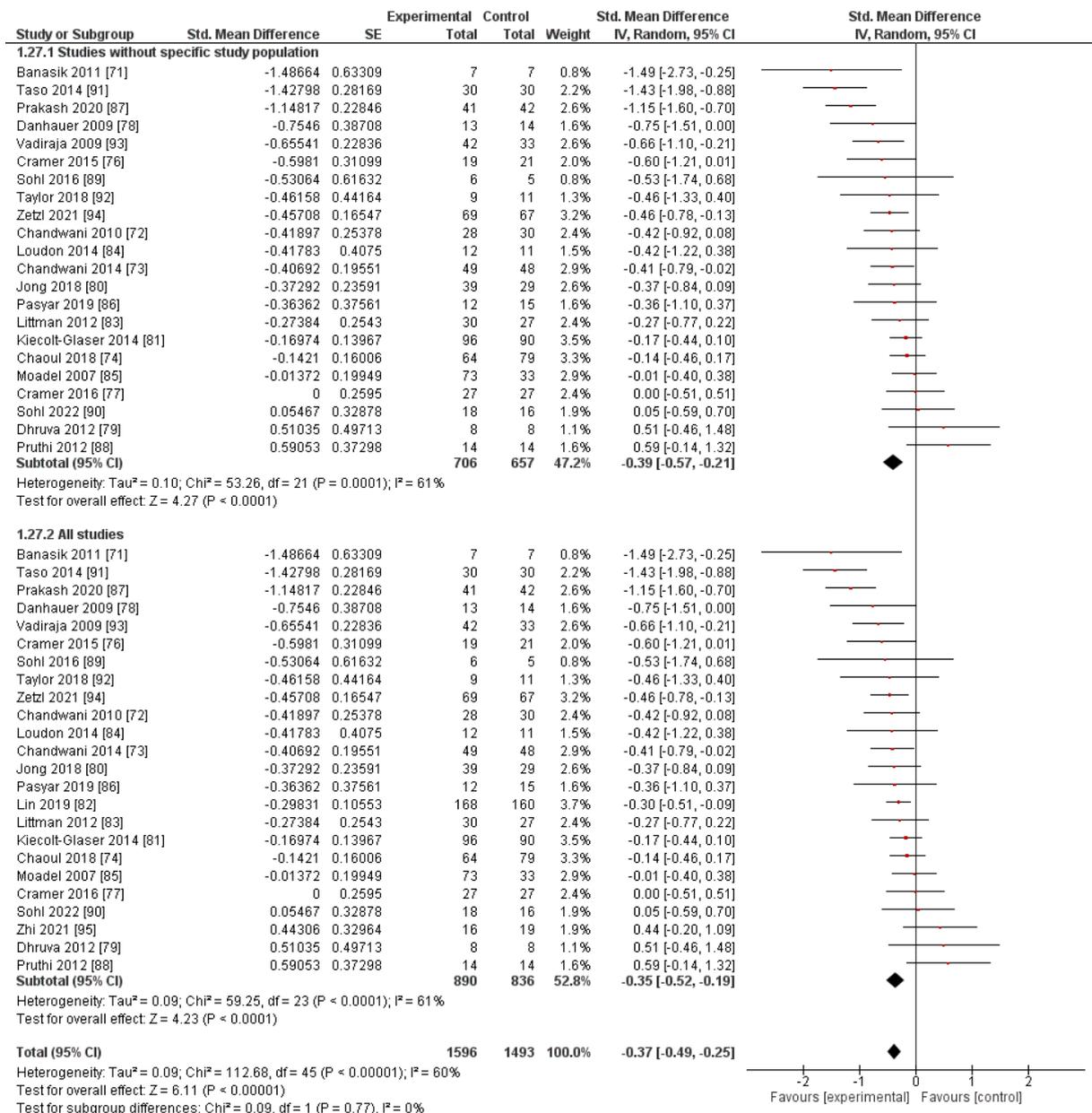


Figure S6.1.3. Sensitivity analysis for the comparison of yoga interventions including study populations without specific physical or mental impairment vs. all studies. *Note:* Lin (2019) [82] specifically included study participants with sleep disturbances; Zhi (2021) [95] with chemotherapy-induced peripheral neuropathy.

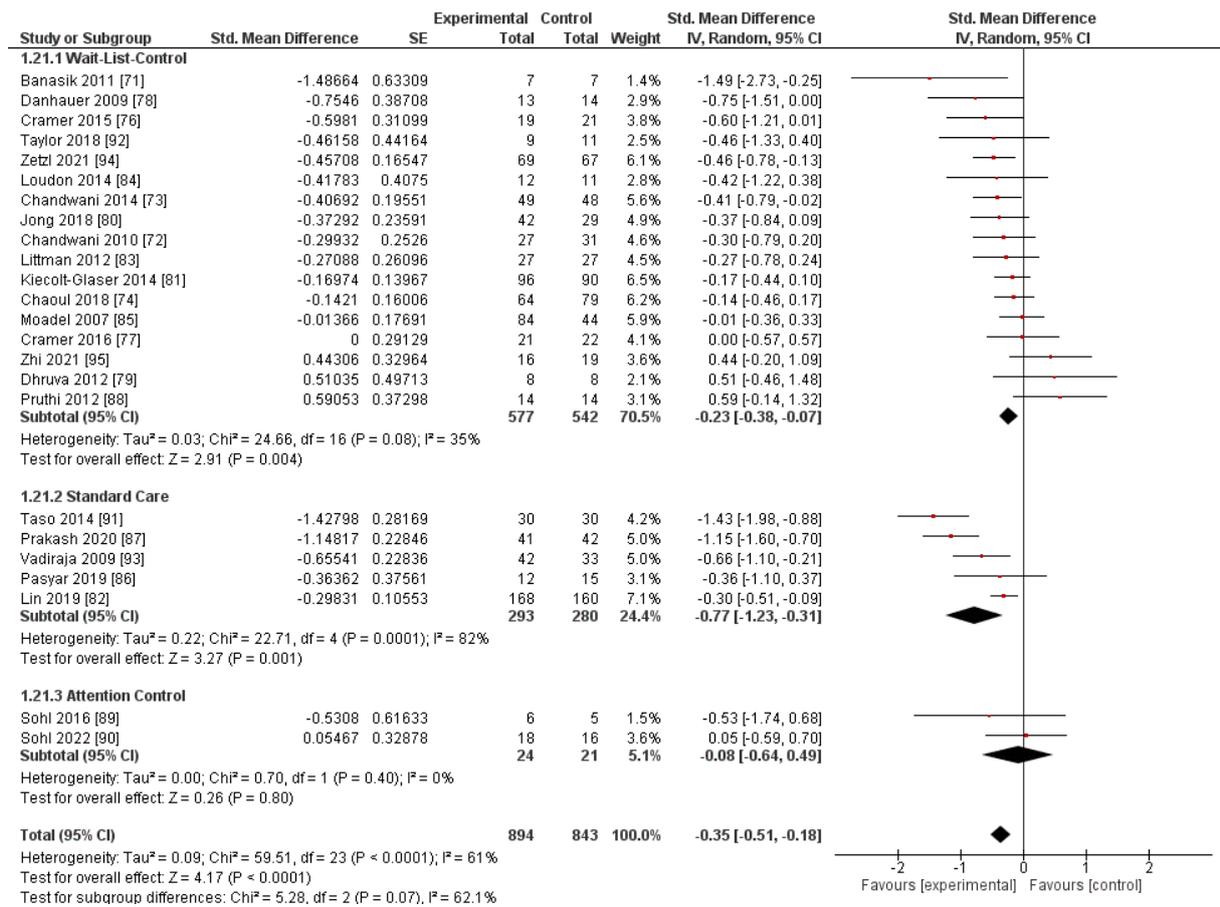


Figure S6.1.4. Comparison of effects of yoga interventions with different control groups (waitlist-control vs. standard care vs. vs. attention control).

Section S6.2. Psychosocial Interventions

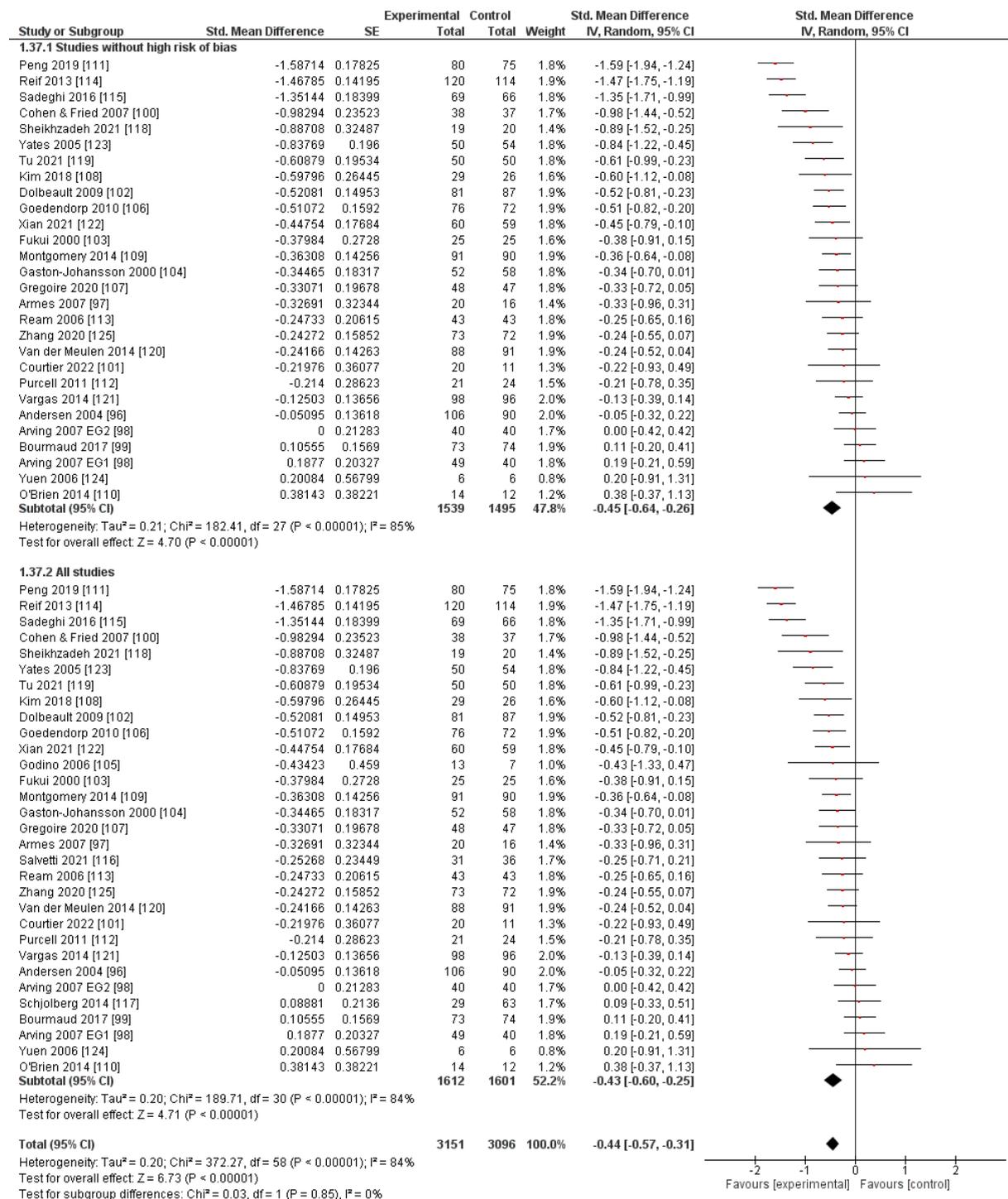


Figure S6.2.1. Sensitivity analysis for the comparison of the effect of psychosocial interventions without high risk of bias vs. all studies. *Note:* High risk of bias was defined as at least one assessed high risk besides blinding of participants and personnel as well as blinding of outcome assessment.

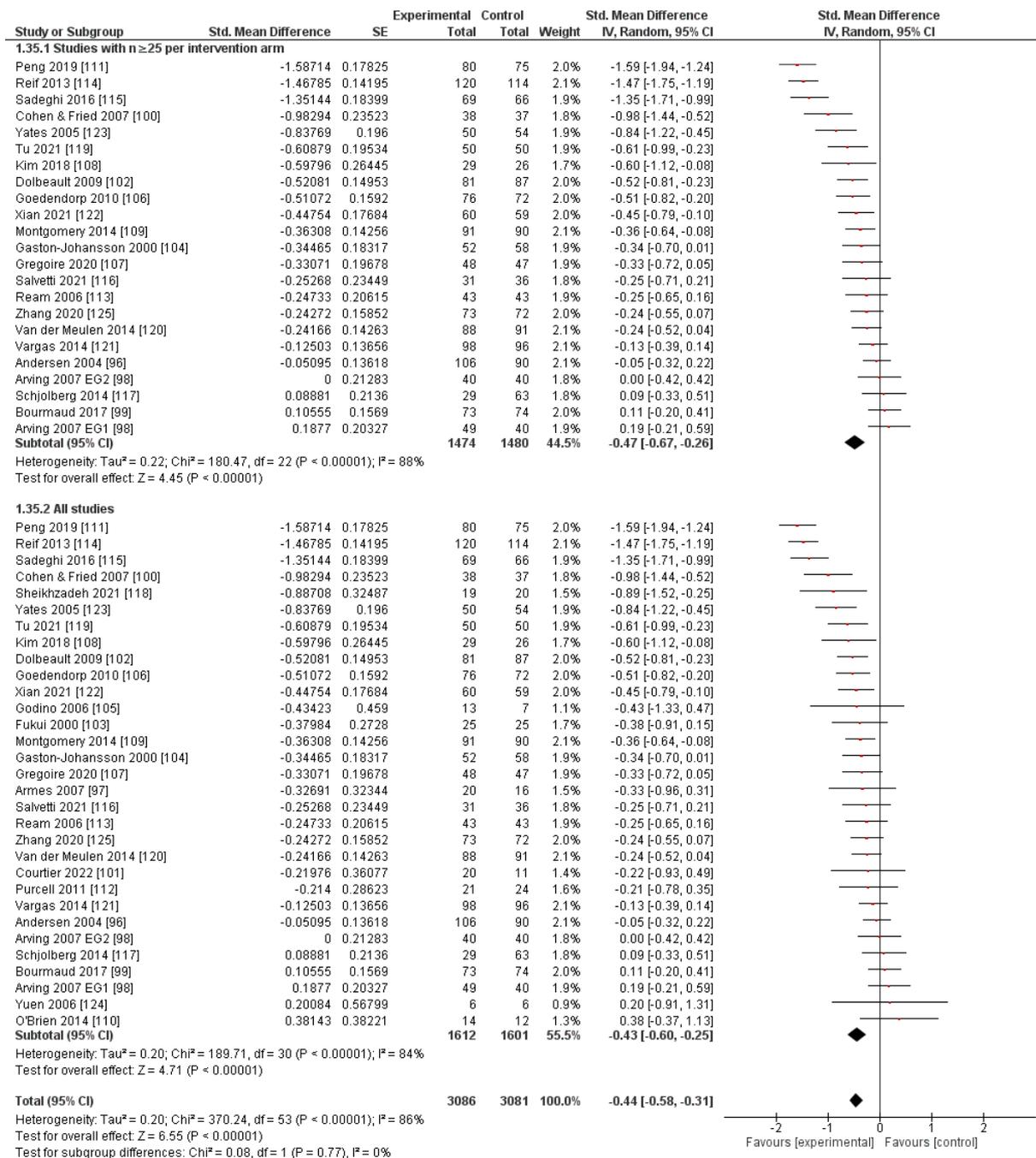


Figure S6.2.2. Sensitivity analysis for the comparison of the effect of psychosocial interventions with more than 25 patients per intervention arm vs. all studies.

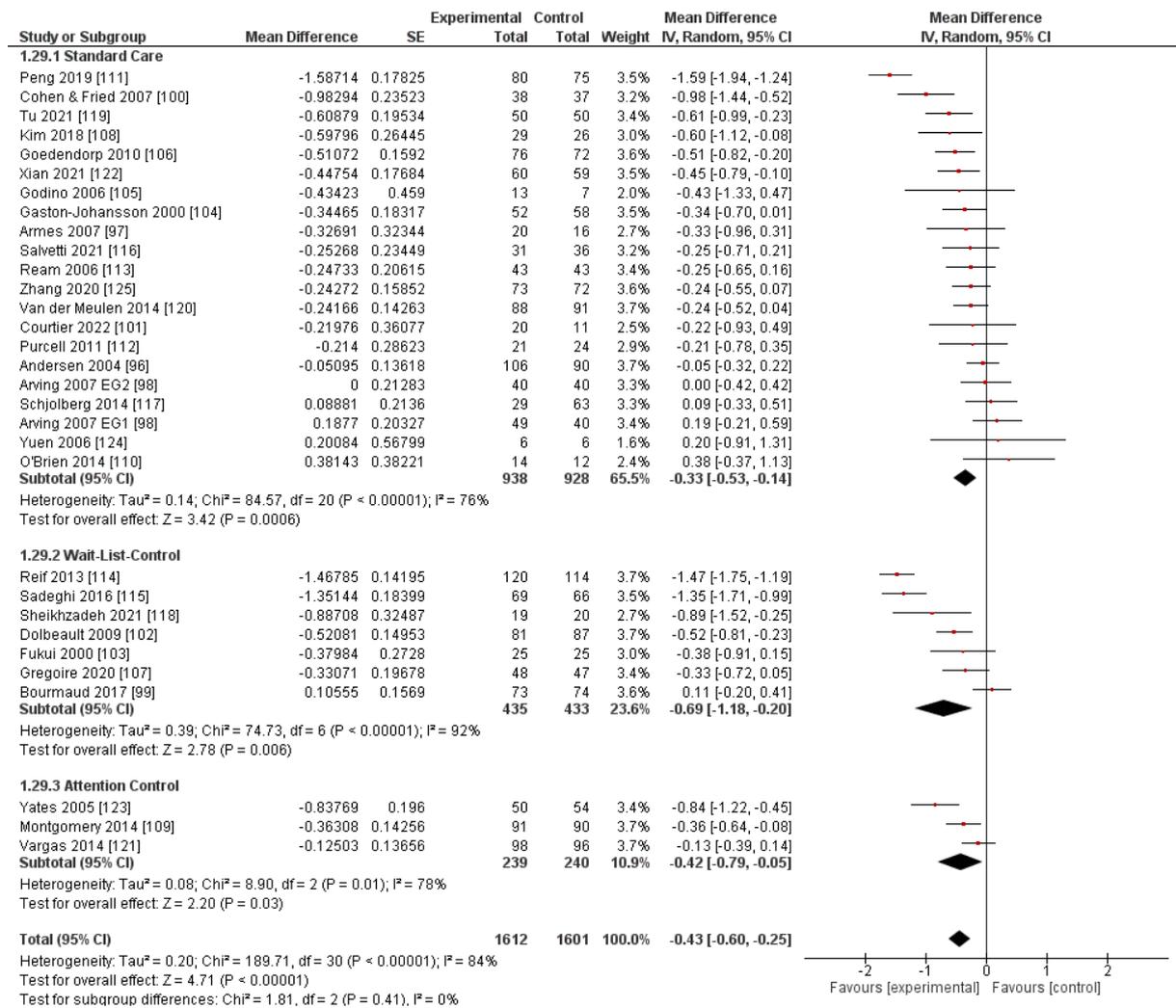


Figure S6.2.3. Comparison of effects of psychosocial interventions with different control groups (standard care vs. waitlist-control vs. attention control).

General note: For psychosocial interventions, we did not perform a sensitivity analysis with respect to a specific study population because this only concerned the study from Kim (2018 [108]; study population at high risk for depression), whose SMD was close to the mean effect (SMD = -0.60; 95% CI -1.12, -0.08).

Section S6.3. Mindfulness-based Interventions

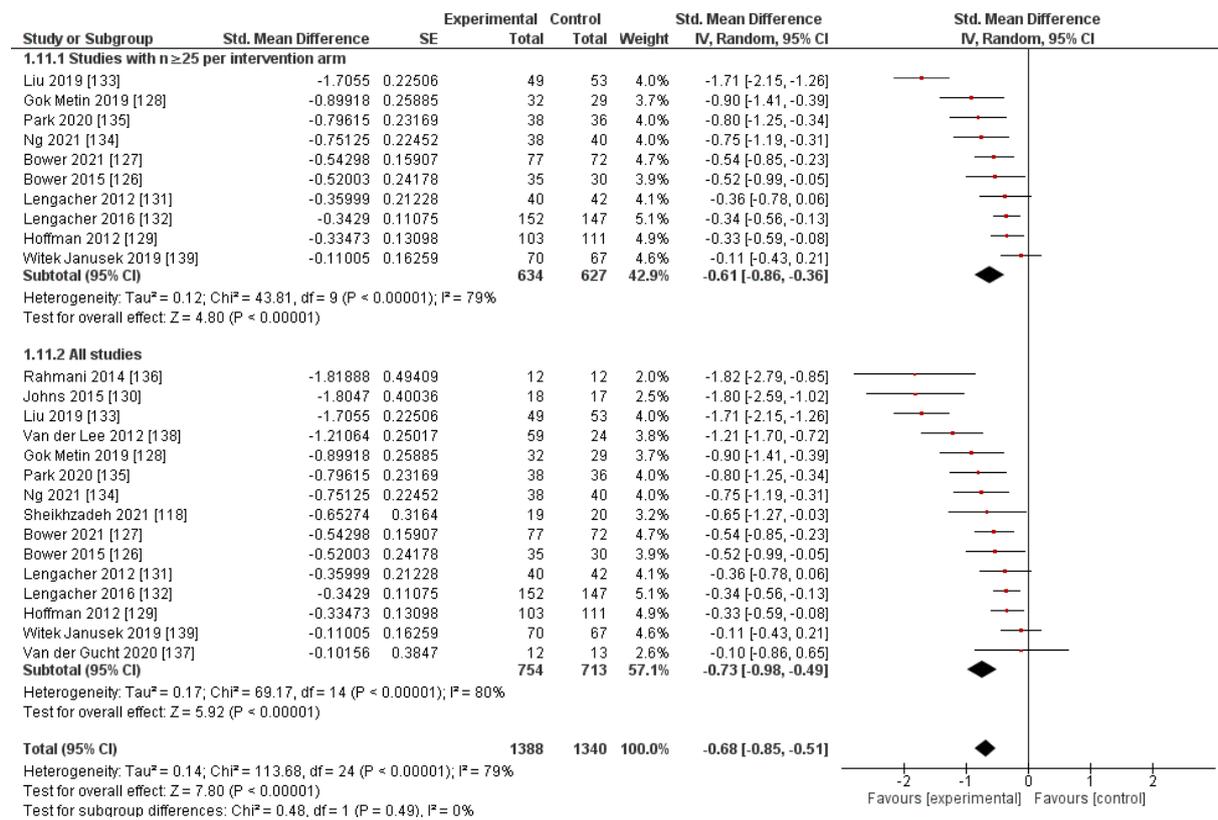


Figure S6.3.1. Sensitivity analysis for the comparison of the effect of mindfulness-based interventions with more than 25 patients per intervention arm vs. all studies.

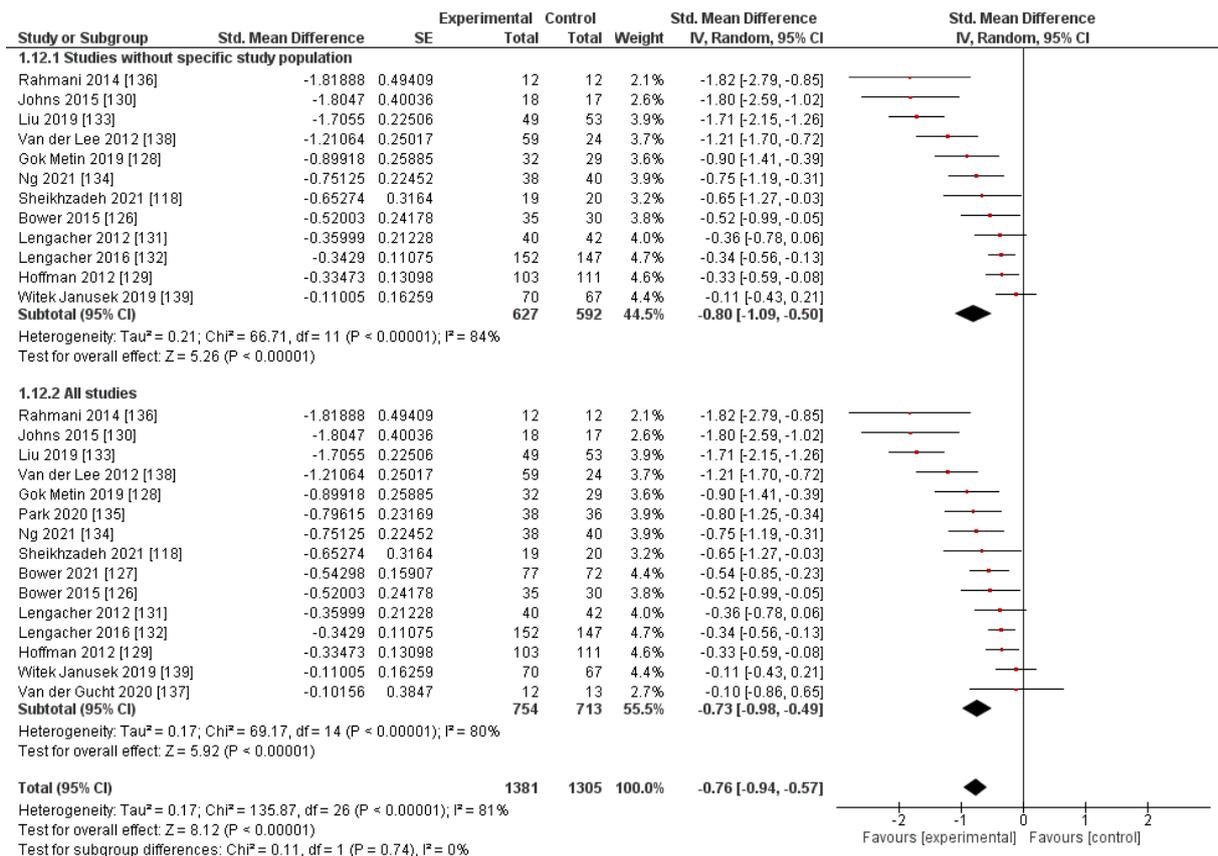


Figure S6.3.2. Sensitivity analysis for the comparison of mindfulness-based interventions including study populations without specific physical or mental impairment vs. all studies. *Note:* Bower (2021) [127] specifically included study participants with depression; Park (2020) [135] with depression and anxiety; Van der Gucht (2020) [137] with cognitive impairments.

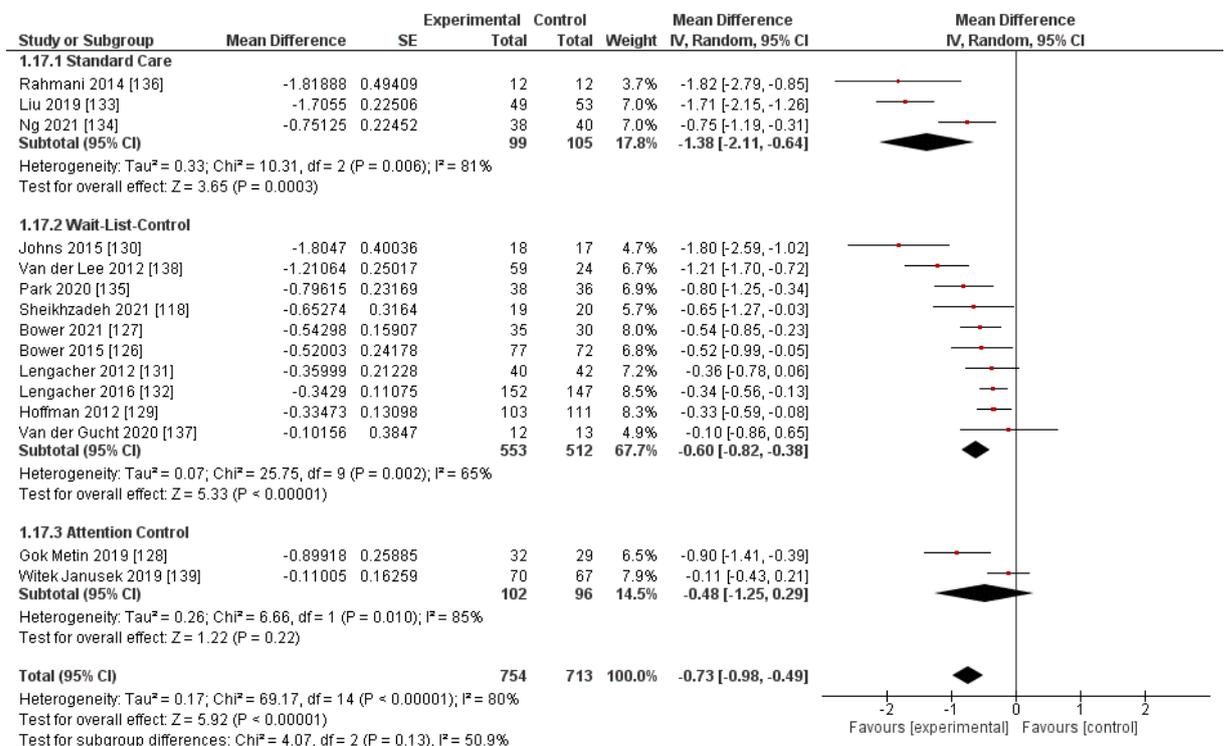


Figure S6.3.3 Comparison of effects of mindfulness-based interventions with different control groups (standard care vs. waitlist-control vs. attention control).

General note: We did not calculate a sensitivity analysis with regard to risk of bias for mindfulness-based interventions, because only the study by Van der Gucht (2020) [137] had a high bias (besides blinding of participants and personnel as well as blinding of outcome assessment), which showed an effect below-average on CRF (SMD = -0.10; 95% CI -0.86, 0.65).

References

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