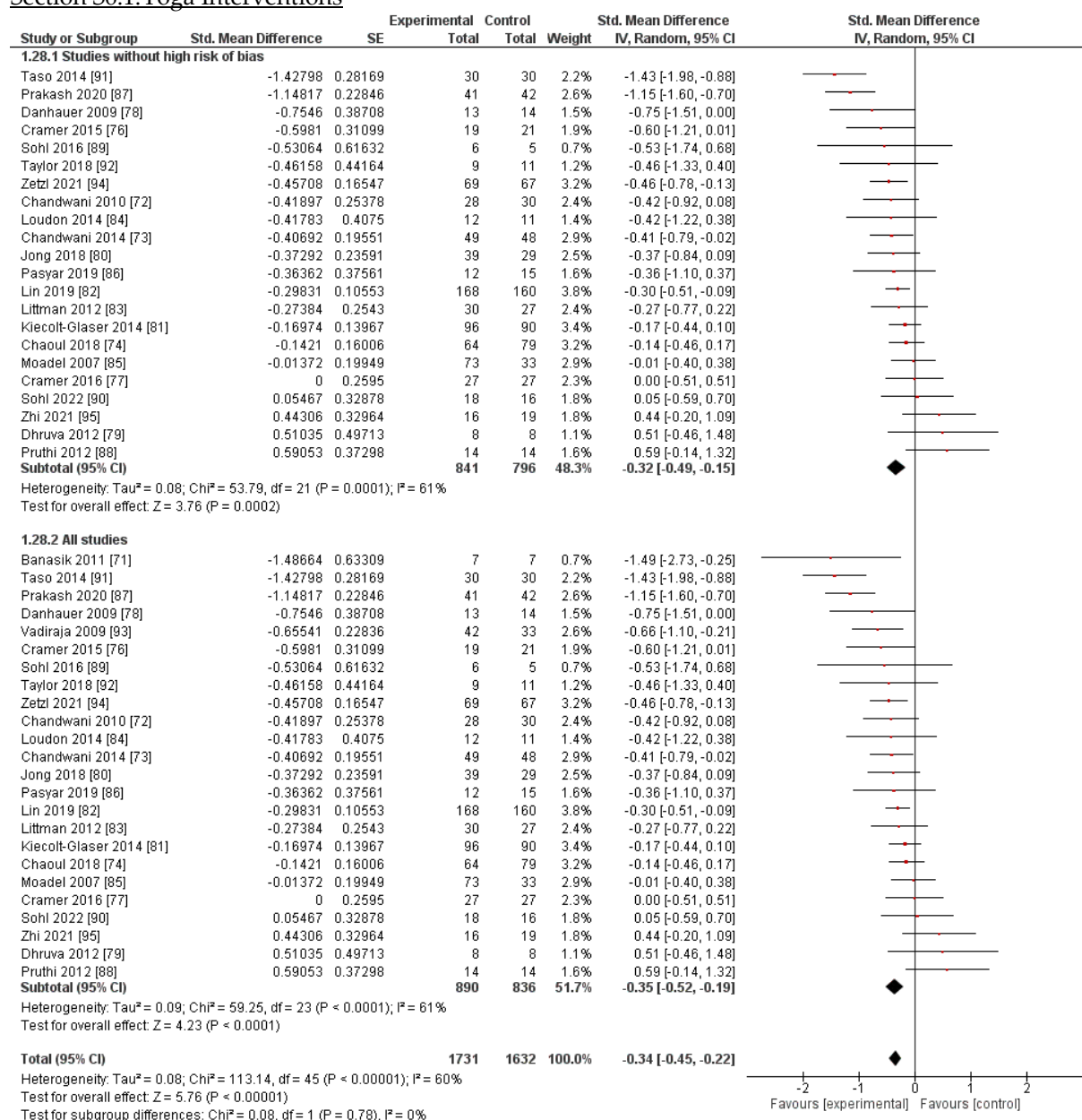
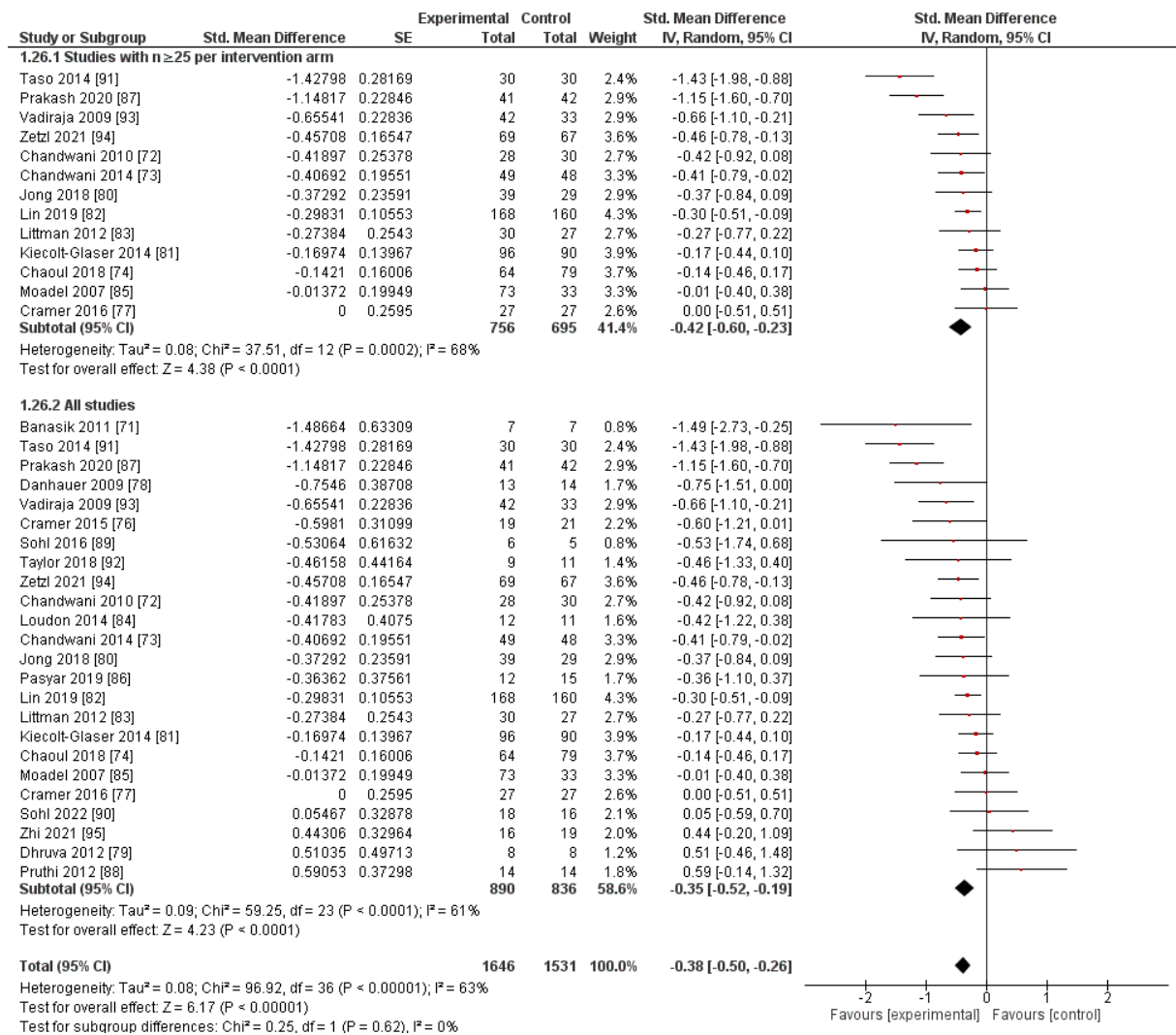


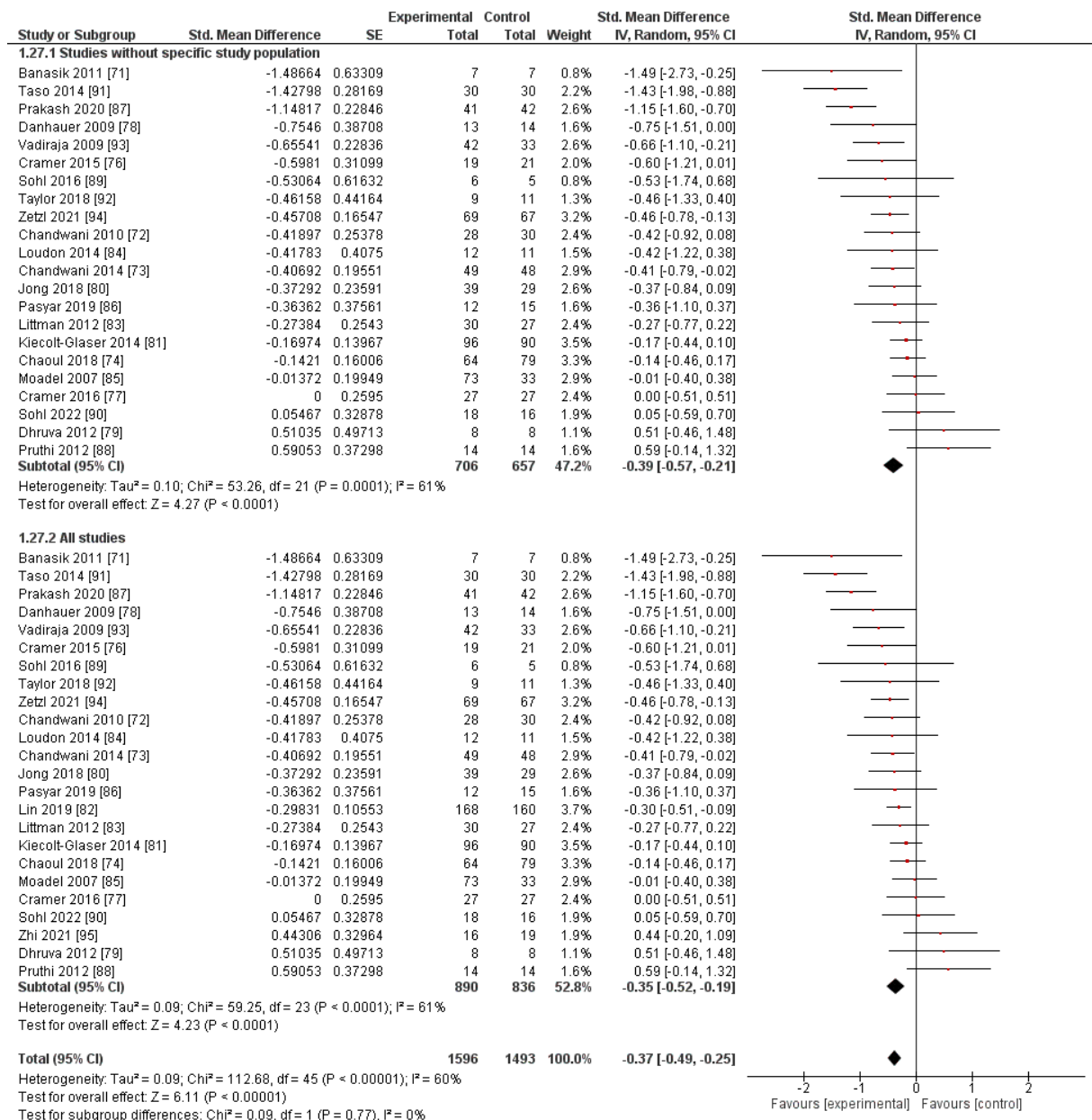
## Section S6.1.Yoga Interventions



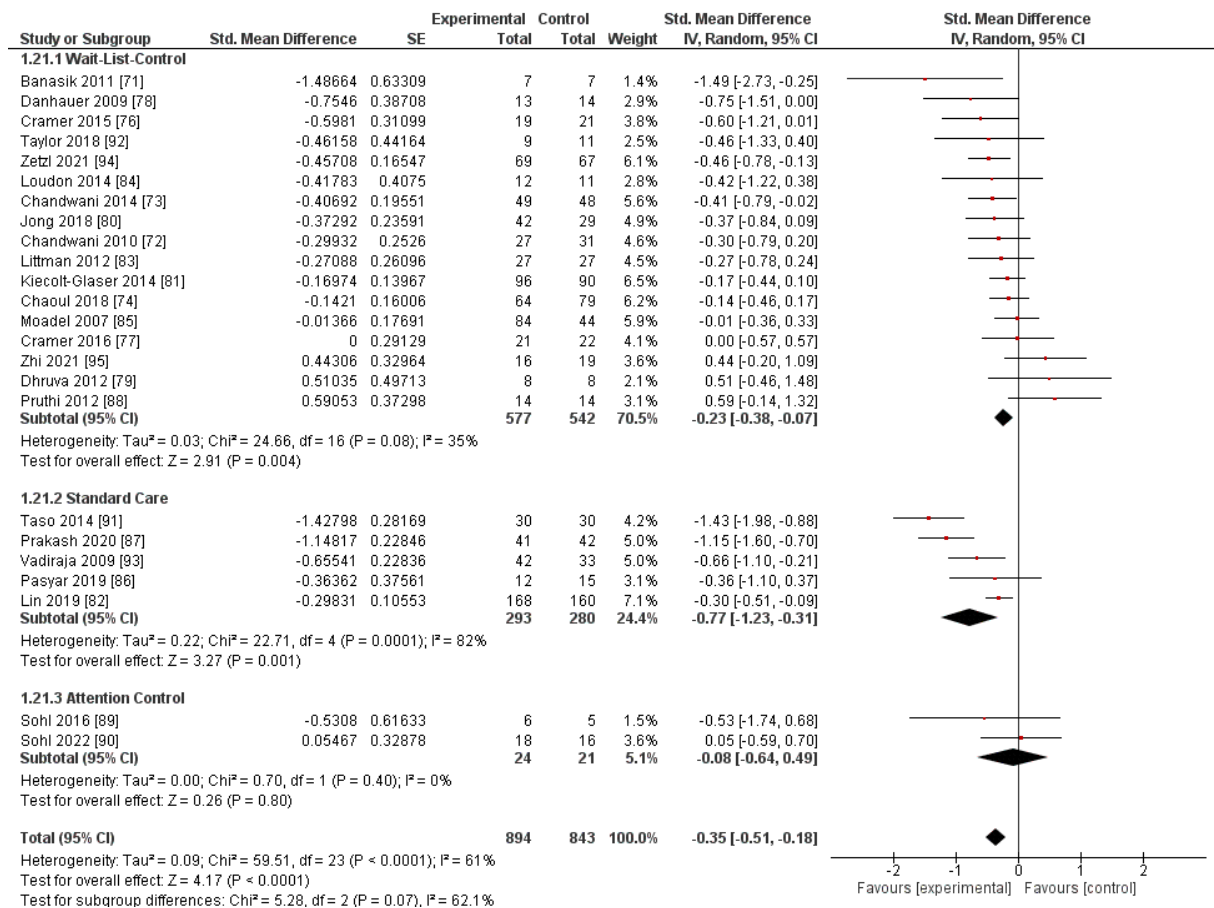
**Figure S6.1.1.** Sensitivity analysis for the comparison of the effect of yoga interventions without high risk of bias vs. all studies. *Note:* High risk of bias was defined as at least one assessed high risk besides blinding of participants and personnel as well as blinding of outcome assessment.



**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.

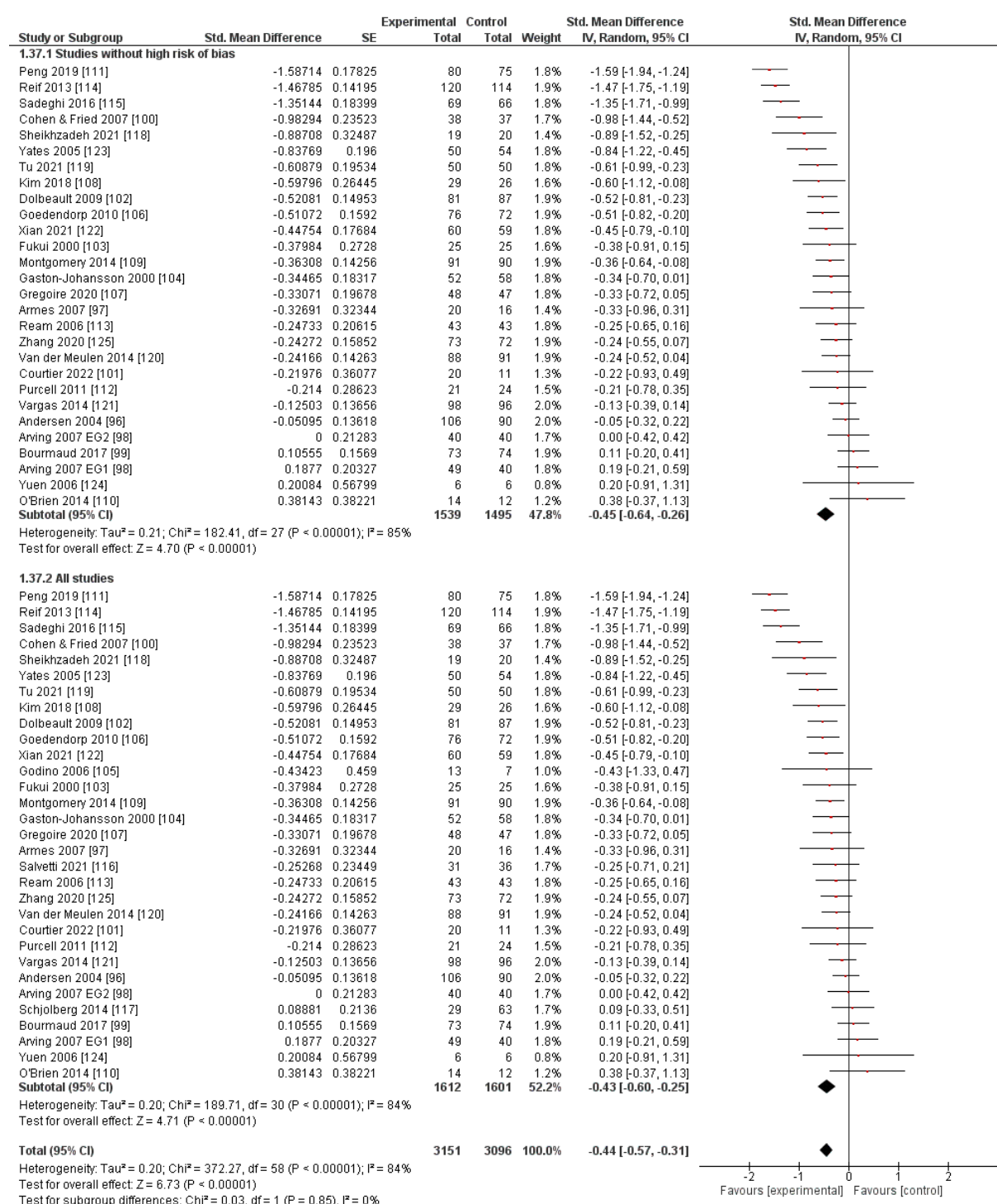


**Figure S6.1.3.** Sensitivity analysis for the comparison of yoga interventions including study populations without specific physical or mental impairment vs. all studies. *Note:* Lin (2019) [82] specifically included study participants with sleep disturbances; Zhi (2021) [95] with chemotherapy-induced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

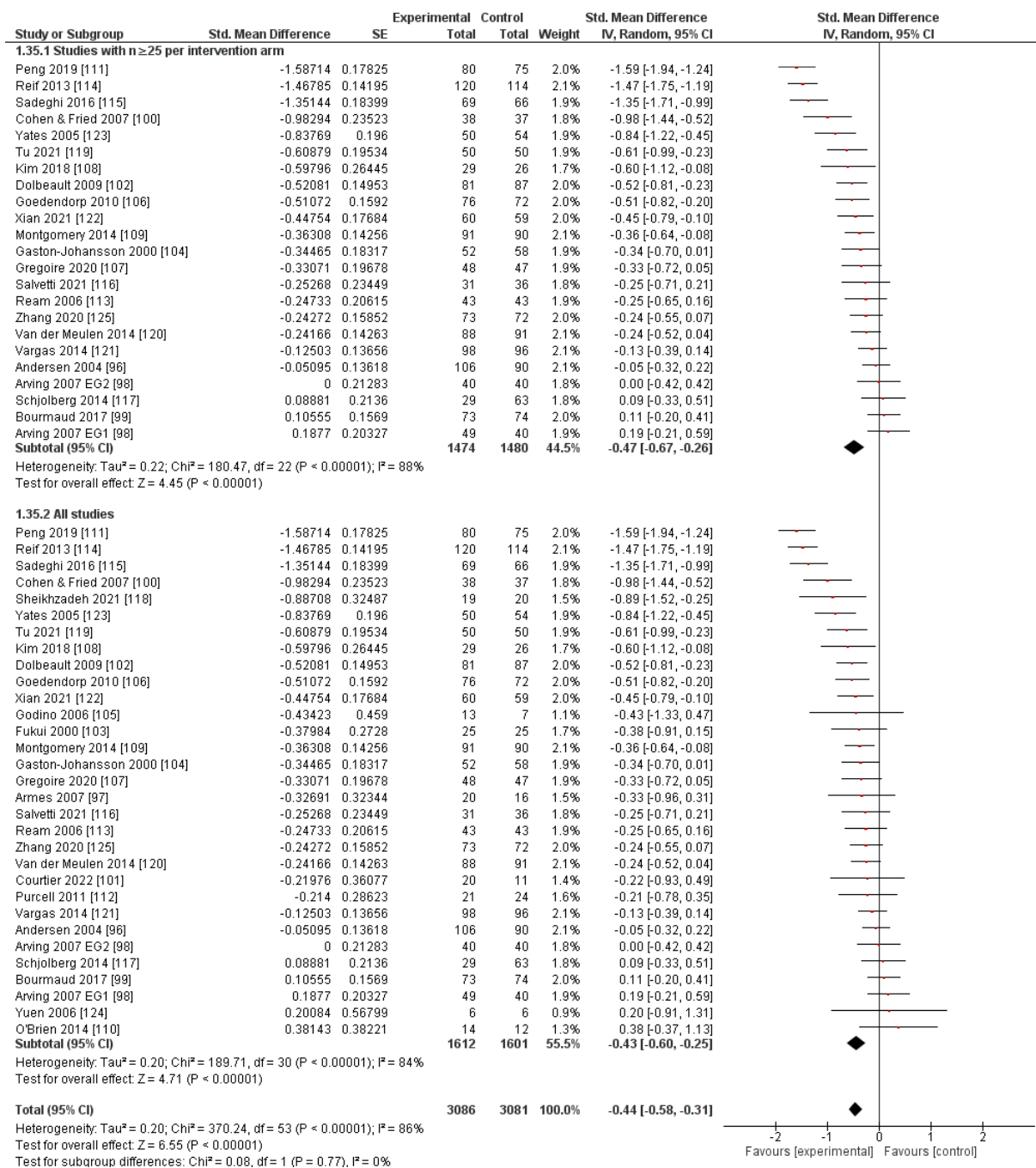


**Figure S6.1.4.** Comparison of effects of yoga interventions with different control groups (waitlist-control vs. standard care vs. vs. attention control).

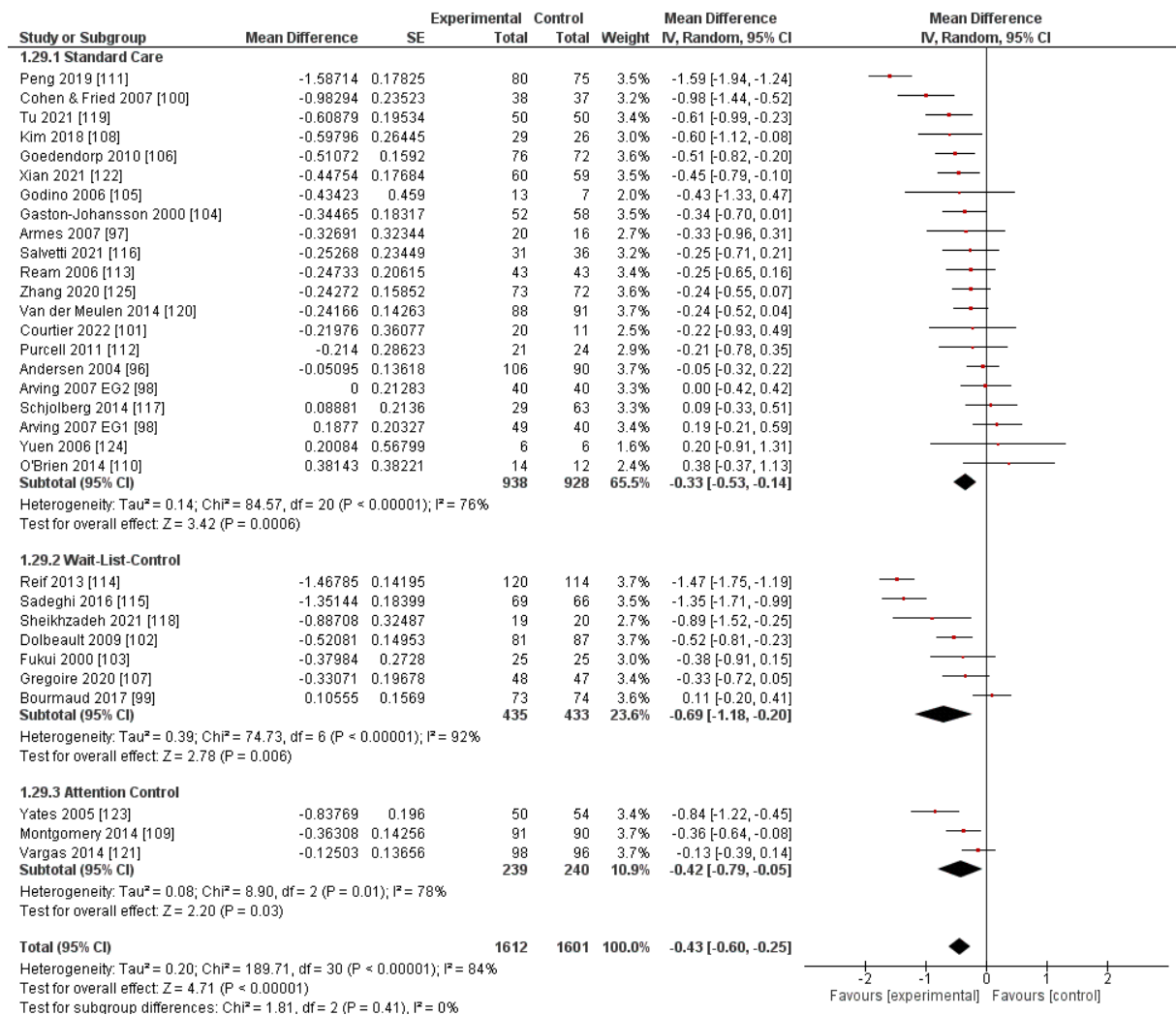
## Section S6.2. Psychosocial Interventions



**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.



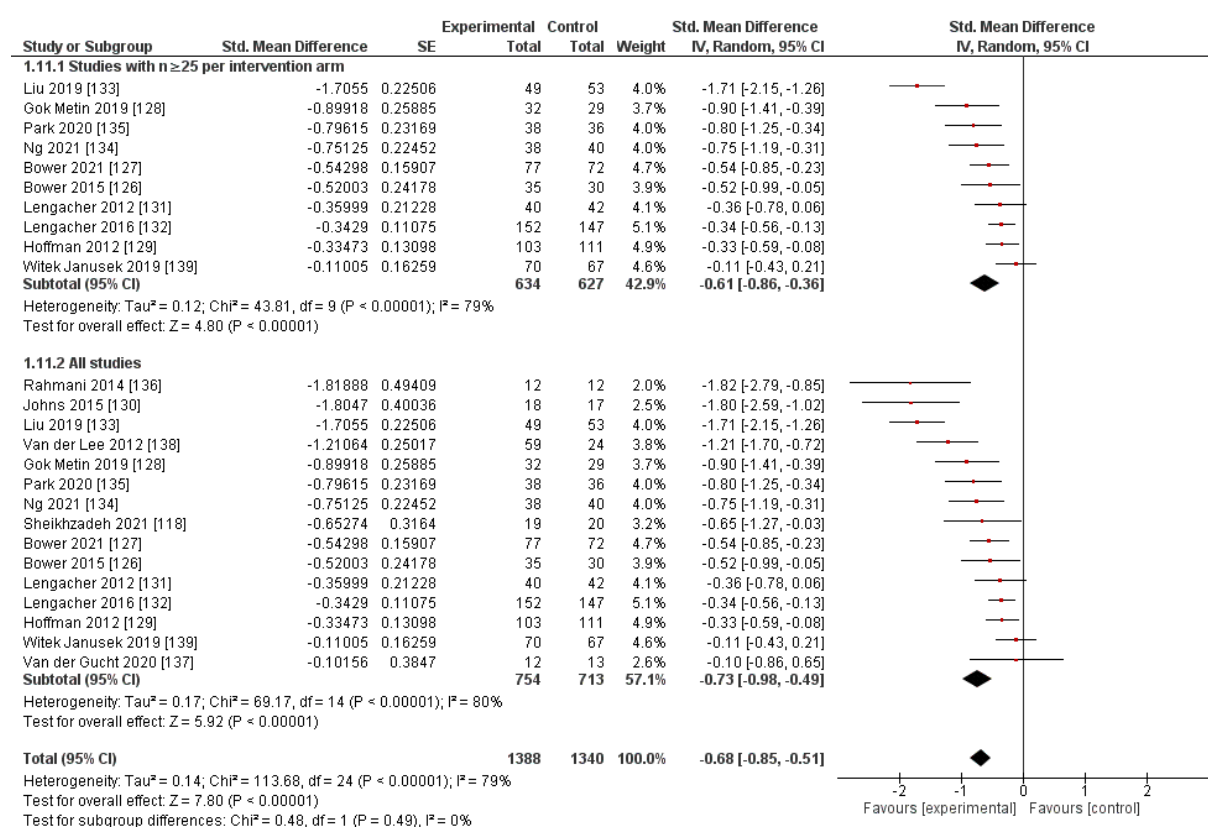
**Figure S6.2.2.** Sensitivity analysis for the comparison of the effect of psychosocial interventions with more than 25 patients per intervention arm vs. all studies.



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

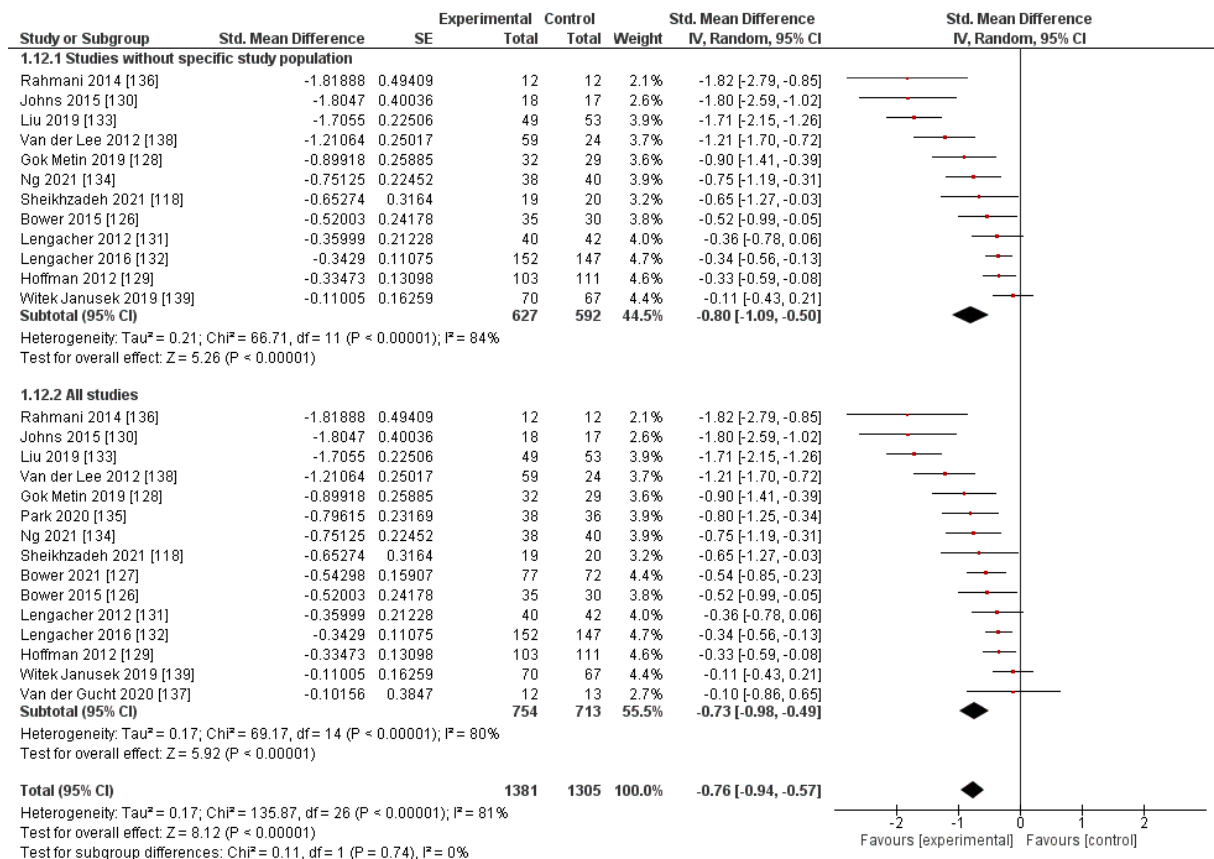
*General note:* For psychosocial interventions, we did not perform a sensitivity analysis with respect to a specific study population because this only concerned the study from Kim (2018 [108]; study population at high risk for depression), whose SMD was close to the mean effect (SMD = -0.60; 95% CI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

## Section S6.3. Mindfulness-based Interventions

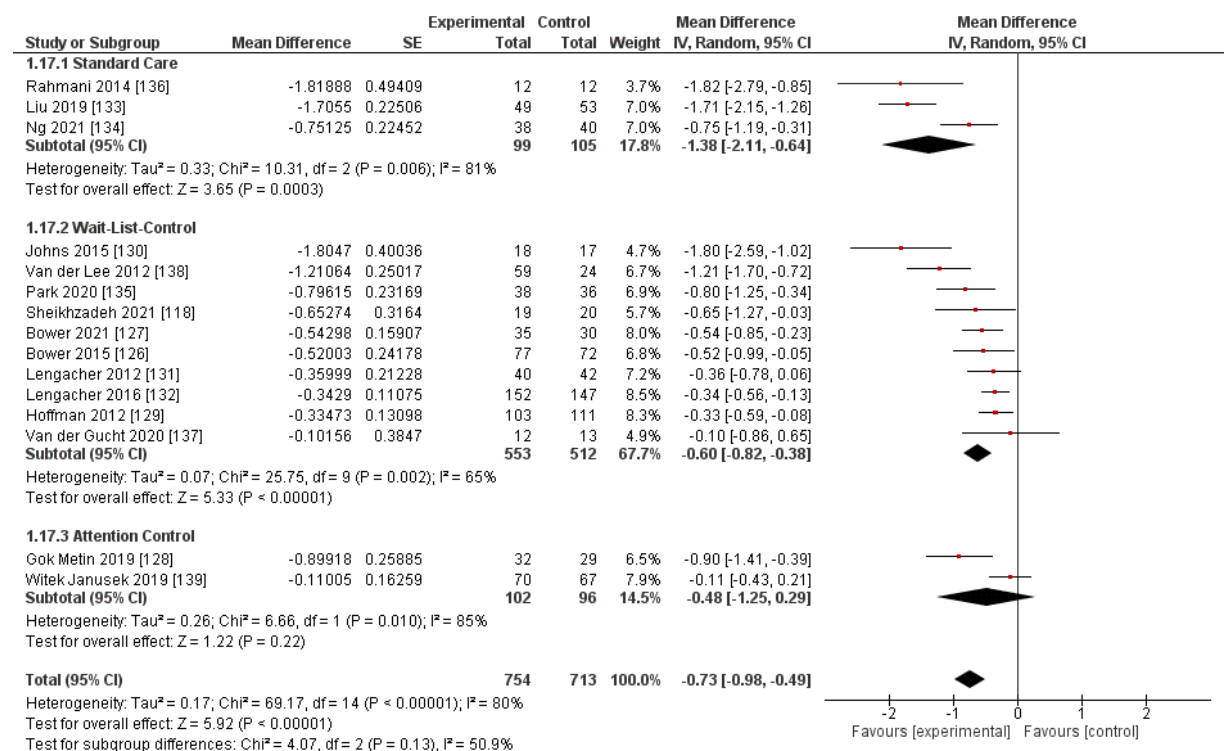


**Figure S6.3.1.** Sensitivity analysis for the comparison of the effect of mindfulness-based interventions with more than 25 patients per intervention arm vs. all studies.





**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).

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