Table 6: Systematic reviews of massage therapy for depression/mood in cancer patients
Source: Karen Pilkington, CAM-Cancer Consortium. Massage [online document]. https://cam-cancer.org/en/massage-classicalswedish, February 15th, 2021.

First author (year)	Main outcomes	Number of studies Type of studies Number of patients included	Methods, quality assessment	Main results/Conclusion
Boyd (2016)	Pain, function-related and health-related QOL, all cancer patients.	16 CTs (n=2034) Meta-analysis conducted on 15 studies.	At least 4 (not specified in text) electronic databases were searched through February 2014 in English. Samueli Institute's systematic Rapid Evidence Assessment of Literature review process was utilised. Eligible RCTs assessed using the SIGN 50 Checklist. Methodological limitations: Only trials reported in English were included which may introduce bias.	**Stress, Mood, and Health-Related QOL** Massage vs active comparator. 8 studies (n=620) 3 studies (n=234) included in Meta-analysis. (SMD, −1.24 (95% CI, −2.44 to −0.03; I2 = 93.56%).
Calcagni (2019)	Wide range of psychological and physical outcomes –categorised as symptom, quality of life, mood	41 RCTs (24 of massage; n=1584)	6 databases were searched to Sept 2018 with no language restrictions Jadad was used to assess quality. Median score of 2 (range 1-5). Authors state that studies reported both significant and non-significant results	Massage vs control (no additional treatment or visit by staff or non massage touch therapy) **Mood** 4 studies showed a significant decrease in anger, anxiety, depression, stress and mood disturbance but were at high risk of bias.
Greenlee (2017)	Wide range of outcomes	8 RCTs (n not reported)	4 databases were searched to December 2015 restricted to English Each article was scored according to the quality of design and reporting based on the Jadad scoring scale and a modified scale adapted from the Delphi scoring system. Grades of evidence for a specific outcome using a modified version of the US Preventive Services Task Force grading system.	Massage vs control (not specified) **Mood disturbance** Massage is recommended for improving mood disturbance based on 6 RCTs B

Lee (2016)	Quality of life, negative emotions and disease-related symptoms in women with breast cancer	7 RCTs (n= 704)	5 databases were searched to January 2015 with no language restrictions Two of the 7 trials compared reflexology, and either scalp massage or foot manipulation against control. Cochrane risk of bias (ROB) and Jadad score used for assessment. Four studies were at high risk of bias according to ROB and 2 were unclear. The remaining study was assessed as low risk.	**Depression** 4 studies favoured massage therapy, but did not reach statistical significance (SMD = −0.15, 95%CI = −0.49 to 0.18, I2= 32%).
Pan (2014)	Breast cancer-related symptoms	18 RCTs (n=950)	3 electronic databases searched for studies published through June 2013 in English. Risk of bias evaluated using the Cochrane Handbook 5.2 standards. Anxiety, depression and pain states were inadequately controlled for non-specific effects (analgesics and anti-emetics were used by some of the participants). Small number of databases searched Methodological limitations of some of the included trials: lack of control of non-specific effects and inadequate control groups). Control groups varied from self-initiated support (n=4), standard healthcare (n=7), health educations classes (n=2), visit (n=1), modified massage treatment (n=1), bandaging (n=1) and self-administered support (n=1).	No significant differences in: depression (n=8) SMD, -0.29; 95% CI, −0.56, 0.10; p=0.17
Radossi (2016)	Range of outcomes including anxiety, nausea and vomiting and pain	9 RCTs (n= 645)	5 databases were searched to September 2016 with no language restrictions Quality scores were calculated for eligible studies using the National Institute of Health's Quality Assessment Tool for Controlled Intervention Studies, a 14-point scale. Six studies were of poor quality and three were of fair quality	Massage vs control (not specified) **Various outcomes** One trial (poor quality) found that Swedish massage improved muscle soreness, discomfort, respiratory rate, anxiety, emotional symptoms, and clinical progress scores.

| Rodríguez-Mansilla (2017) | Symptoms in children with cancer) (pain, nausea, stress, anxiety, white blood cells and neutrophils) | 7 RCTs (n=383) | 6 databases searched to November 2014 restricted to English or Spanish
Methodological quality was analysed using the Physiotherapy Evidence Database scale
4 trials were assessed as good and 3 as fair quality | Massage vs. control (not specified)
Depression
3 RCTs reported a reduction in depression (1 good and 2 fair quality) |