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[Intervention Review]

Multidisciplinary rehabilitation for follow-up of women treated for breast cancer

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ABSTRACT

Background

Breast cancer is the most common malignancy in women worldwide. Multidisciplinary rehabilitation aims to improve outcomes for women but the evidence base for its effectiveness is yet to be established.

Objectives

To assess the effects of organised multidisciplinary rehabilitation during follow-up in women treated for breast cancer.

Search methods

We searched the Cochrane Breast Cancer Group Specialised Register, Cochrane Central Register of Controlled Trials (CENTRAL) (*The Cochrane Library*), MEDLINE, EMBASE, CINAHL, AMED, PEDro and LILACS in December 2011.

Selection criteria

Randomised and controlled clinical trials (RCTs, CCTs, respectively) that compared multidisciplinary rehabilitation with some form of control intervention (such as a lower level or different type of intervention, minimal intervention, waiting list controls or no treatment, interventions given in different settings).

Data collection and analysis

The type of data retrieved did not allow for quantitative synthesis and therefore a narrative synthesis was provided. The methodological quality of the included studies was evaluated by three authors using the risk of bias tool.

Main results

Two RCTs, including 262 participants, met the inclusion criteria. Both trials scored poorly for methodological quality. There was 'low level' evidence that multidisciplinary rehabilitation produced short-term gains at the levels of impairment (that is range of shoulder movement), psychosocial adjustment and quality of life after breast cancer treatment (up to 12 months). No evidence was available for the longer-term functional outcomes for caregivers or the cost effectiveness of these programmes. It was not possible to suggest the most appropriate frequency and duration of therapy or choice of one type of intervention over another.



Authors' conclusions

There was 'low level' evidence that multidisciplinary rehabilitation can improve the outcomes of people with breast cancer in terms of functional ability, psychosocial adjustment and participation in social activities. There was no evidence available on functional gain at the level of activity. This review highlights the limitations of RCTs in rehabilitation settings and the need for high-quality trial-based research in this area. Regular evaluation and assessment of breast cancer survivors for rehabilitation is recommended.

PLAIN LANGUAGE SUMMARY

Multidisciplinary rehabilitation for follow-up of women treated for breast cancer

Breast cancer is the most common cancer in women worldwide. The majority of women diagnosed with breast cancer undergo treatment involving surgery and radiotherapy or chemotherapy, or both. With these major advances in breast cancer management, many patients still have to deal with short or long-term side effects and psychological distress related to the disease and treatment, which have a substantial impact on their quality of life. Multidisciplinary rehabilitation aims to improve outcomes for women but the evidence base for its effectiveness is yet to be established. Multidisciplinary rehabilitation programmes vary and include more than one intervention, usually selected from medical, exercise, education, and psychological counselling and support interventions. This review evaluated trials that assessed the effects of organised multidisciplinary rehabilitation during follow-up in women treated for breast cancer.

The review identified only two randomised controlled trials, involving 262 patients with breast cancer. The data from these studies provide low-grade evidence for multidisciplinary rehabilitation in producing short-term gains at the levels of impairment (range of shoulder movement), psychosocial adjustment and quality of life after breast cancer treatment. None of the studies reported the longer-term functional outcomes of such care, the impact on caregivers or cost effectiveness of these programmes.

Overall, the results of this review suggest that multidisciplinary rehabilitation is not harmful and may improve functional ability and quality of life in the short term. This review highlights the lack of robust trials in the field and the need for further high-quality trial-based research.