1	ONS Guidelines ™ to Support Patient Adherence to Oral Anticancer Medications	
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13 Table 1. Study characteristics of additional studies for PICO 1

Study	Country	Study	N subjects	% female	Age mean	Type of cancer	Tools/methods used	Timing of risk	Findings from the risk assessment	Funding
		Design	(intervention/co		(SD) /	regimen	to assess risk	assessment		Source
			mparator)		Median					
Study					(IQR)					
Berry/	US	RCT	70 (49/21)	40	Median: 61	Diverse cancers	Measured odds of	Demographic	Symptom distress: OR: SDS-15+1	N/A
2015					Range: 34-	on chemotherapy	low/medium	characteristics	vs SDS-15a 1.1 (1.0–1.2)	
					80	and hormonal	adherence on	at baseline.		
						therapy	Symptom distress:	Unknown when	Depression:	
							SDS-15, Depression:	depression and	Demographic characteristics:	
							PHQ-9; demographic	symptom	Lack of a spouse/	
							characteristics	distress	partner, symptom distress,	
								assessments	younger age, not working at the	
								were taken.	start of therapy, female sex, and	
2015									oral chemotherapy vs oral	
									hormonal medications	

									NS association with low/medium	
									adherence: cancer stage, working	
									status, education, minority	
									identification, age,	
									married/partner status, time on	
									regimen	
ecke	US	Cohort	30 (23/7)	94	Mean (SD):	Diverse cancers	Depression: CESD-	Baseline and	Functional ability (SF-12): NS btw	N/A
/200					59.93	on diverse	20;, Functional	end of study (at	adherence and nonadherence	
					(12.03)	treatments	ability: SF-12	the exit	group	
					Range:			interview)		
					21-71+				Depression (CESD-20): lower	
									scores at baseline (10.91 vs 13.13)	
									and end of study (8.67 vs 11.0) in	
									adherence group (NS)	
osSa	France	Cohort	129	40%	Median: 70	Renal cell, lung,	Depression: CES-D,	Baseline (before	Significant negative association	N/A
tos/						prostate,	Anxiety: STAI-Trait	initiation of	between depression and non-	
019						colorectal, breast	(score range, Global	treatment)	adherence	

						cancers treated	cognitive status:			
						with targeted	MoCA, Digit			
						therapy,	memory: WAIS-III,			
						chemotherapy,	Information			
						and	processing speed:			
						chemoradiothera	TMT, Autonomy:			
Jacob s/ 2017						ру	IADL			
Jacob	US	Cohort	90	55.6	Mean (SD):	Diverse cancers	Symptom distress:	Baseline and	- Demographic: Women had	Massac
s/					58.06	on oral	Symptom Distress	post-	greater adherence than men	husetts
2017					(13.08)	chemotherapy	Scale, Anxiety and	assessment (12	(93.48% vs 83.90%) (S)	General
					Range: 28-		depressive	weeks)	- Significant associations with	Hospital
					88		symptoms: Hospital		better adherence: improvements	Cancer
							Anxiety and		in symptom distress (-0.79),	Center
							Depression Scale,		depressive symptoms (-1.57),	
							Cancer-specific		quality of life (0.38),	
							psychological		- Improvements in patient-	
							distress: Cancer		reported symptom distress (23.94	

							Worries Inventory		at baseline and -0.22 change from	
							(CWI)		baseline), depressive symptoms	
									(4.23 at baseline and 0.37 change	
									from baseline), satisfaction with	
									clinician communication and	
									treatment (92.68 at baseline and -	
									2.84 change from baseline), and	
									perceived burden to others (5.04	
									at baseline and -0.04 change from	
									baseline) were associated with	
									better adherence. No association	
									between anxiety and adherence	
Krikor	US	RCT	200 (101/99)	77	Interventio	Diverse cancers	Beliefs about	Assessment	Non-adherence was associated	N/A
ian/					n - Mean	on oral	medicines: BMQ	taken at	with forgetfulness, wanting to	
2019					(SD): 61.8	antineoplastic		baseline.	avoid side-effects, being	
					(11.5)	medication		Demographic	depressed or overwhelmed,	
					Control -			forms were	falling asleep before taking	

					Mean (SD):			updated at later	medication. Numbers not	
					61.9 (12)			time points.	provided. Supplement only	
									provides the questions in BMQ.	
									Statistically significant	
									correlations associated with non-	
									adherence were forgetfulness (p =	
									0.009), wanting to avoid side	
									effects (p = 0.02), feeling	
									depressed or overwhelmed (p =	
									0.032), or falling asleep before	
									taking medication (p = 0.048) in	
									both groups	
Krolo	German	Cohort	73	74	N/A	Breast cancer,	N/A	Separated into	Found no associations between	Supple
p/201	У					colorectal cancer,		initially non-	age, gender, any	mentar
3						and esophageal		adherent and	sociodemographic or disease-	y grant
						cancer treated		adherent after	related characteristics to	was

						with capecitabine		first follow-up	adherence. No numbers	provide
						in combination or			reported.	d by
						monotherapy				Roche,
										Basel
Timm	Netherl	Cohort	62	47	Mean: 63.5	Non small cell	Demographic	Collected at	Relationships with incorrect	Roche
ers/	ands					lung cancer on	characteristics,	baseline	intake were: older age (OR 1.10,	The
2015						erlotinib	smoking, co-		95 % CI 1.00–1.21), MARS < 25	Nethe
							medications, Quality		(OR 4.83, 95 % Cl 1.06–21.99),	ands
							of life: SF-12,		oculair symptoms (OR 3.13, 95 %	
							Attitude(s) towards		CI 1.11–8.82) and stomatitis (OR	
							medication: BMQ,		6.59, 95 % CI 1.77–24.60)	
							Illness perception:			
							Brief IPQ, and		BMQ and Brief IPQ can be found	
							symptoms (likert		in Table 8	
							scale)			
Wicke	US	Cohort	198 (162/36)	100	Mean (SD):	Breast cancer	Sociodemographic	Information on	Depressive symptoms, fatigue,	Natior
rsham					59.1 (7.5)	treated with	variables: University	predictor	gastrointestinal symptoms,	I

'usuf	US	Cohort	73 (54/19)	100	Mean (SD):	Breast cancer on	Depression: The	All measured at	Psychological and menopause	N/A
2013 ′usuf							всрт			
							of hormonal therapy:			
							subscale, Side effects			
							Tension-Anxiety			
							States (POMS)			
							Profile of Mood			
							Inventory-II, Anxiety:			
							Depression			
							symptoms: Beck			
							Depressive		reported	
							Questionnaire,		nonadherence. Numbers are not	
							Sociodemographic		identified as linear predictors of	
						Tamoxifen	Disorders		and total BCPT score were	
						Examestane,	Research in Chronic	treatment	symptoms, musculoskeletal pain,	Nursi
					75	Letrozole,	of Nursing Center for	measured pre-	concerns, gynecological	e for
2013					Range: 39-	Anastrozole,	of Pittsburgh, School	variables was	cognitive symptoms, weight	Instit

v/	55 (10.1)	tamoxifen and	Patient Health	baseline	symptoms (depression,
2020		aromatase	Questionnaire (PHQ-		generalized anxiety, insomnia,
		inhibitors	8), Tendency to		somatosensory amplification, hot
			perceive normal		flash frequency, and hot flash-
			visceral or somatic		related interference) were
			sensations as being		assessed pre-AET initiation as
			dangerous,		predictors of subsequent non-
			abnormal, intense,		adherence
			or potentially		Adherent vs non-adherent:
			harmful The		Anxiety: 3.1(4.2) vs 4.1(4.6)
			Somatosensory		Depression: 3.4 (3.3) vs 6.0 (3.9)
			Amplification Scale		Insomnia (subthreshold): 7.5 (5.3)
			(SSAS), Anxiety: The		vs 7.7(4.6)
			Generalized Anxiety		Hot flash related interference: 6.2
			Disorder (GAD-7),		(15.2) vs 7.4(14.1)
			Sleep: The Insomnia		Somatosensory Amplification:
			Severity Index (ISI),		22.3(6.5) vs 26.5(8.5)

Hot flash related	Hot flash frequency: 1.1(2.0) vs
interference: The	2.0(3.0)
Hot Flash-Related	
Daily Interference	
Scale (HFRDIS)	
	interference: The Hot Flash-Related Daily Interference

14

Table 2. Evidence Profile for PICO 1 15

- 17 regimen
- Setting: Outpatient 18

subbeunssions gous out of the service and the	5 Qu 7 reg				k/barriers com	npared to sta	andard of care for	Patients sta	arting a r	new oral anti-ca	ancer medicati	on
please email			Certainty as	ssessment			Nº of patie	ents		Effect		
Nº of studies studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerat ions	standardized assessment for risk/barriers	standard of care	Relati ve (95% Cl)	Absolute (95% Cl)	Certainty	Importance
	ce rate	(follow u	p: 4 months; ass	sessed with: se	elf-report)							
	rando mised	not serious	not serious	serious ^b	very serious ^{c,d}	none	25 participants w tailored intervent			-	⊕○○○ VERY LOW	CRITICAL
anse only. Copyright 202.	trials	а					95.1% vs 20 parti adherence rate o	-	he contr	ol arm with an		
Self-effic	acy to r	nanage n	nedications - no	t reported							·	
	-	-	-	-	-	-	-	-	-	-	-	IMPORTANT
ີ Health-re	elated C	Quality of	Life and Patient	t-reported Ou	tcomes (HRQC	DL/PROs) - n	ot reported	l	<u> </u>		<u> </u>	

-	-	-	-	-	-	-	-	-	-	-	-	CRITICAL
ient sa	tisfa	action - not r	eported	1			<u> </u>		<u> </u>		11	
-	-	-	-	-	-	-	-	-	-	-	-	CRITICAL
19		CI: Confidenc	e interval									
20	ſ	Explanations										
21	;	a. Minimal in	formation provi	ided about ran	domization	and allocatior	concealment.					
22	ſ	b. Interventic	on included taild	ored coaching i	ntervention	in addition to	risk assessment.					
23	I	c. Sample do	esn't meet optir	nal informatio	n size. Conc	erns with frag	ility.					
24	I	d. The possib	ility of no differ	ence cannot b	e excluded o	due to limited	information.					
25	ſ	References										
26		1. Schneider,	Susan M., Adar	ns, Donna B., C	osselin, Tra	acy. A Tailored	Nurse Coaching	Interventior	n for Oral	Chemotherap	y Adherence. J	lournal of
27		the Advanced	Practitioner in	Oncology: 201	4.							

Table 3. Evidence Profile for PICO 2 28

Setting: Outpatient 30

		C	Certainty assess	nent			Nº of pa	tients		Effect		
Nº off	Study design	Risk of bias	Inconsistency	Indirectness	Impreci sion	Other consid eration s	educational programs	standard of care	Relative (95% CI)	Absolute (95% Cl)	Certainty	Importance
Adheren	nce rate (fo	ollow up:	3-12 weeks; ass	essed with: s	elf-report	and pill	count)					

sions@ons.org. ONS reserves all rights.	28 29 30	9 Ques				to standa	rd of care	e for patients s	tarting a ne	w oral antica	ncer medication regimen		
il pubpermis			C	Certainty assess	ment			Nº of pa	tients		Effect		
adapt,	№ of tudies	Inconsistency Indirectness											Importance
or permission	dheren	ce rate (fo	ollow up:	3-12 weeks; as	sessed with: se	elf-report	and pill	count)					
Society. Fo	2 ^{1,2}	randomi	serious	not serious	not serious	very	none	215	156	-	MD 0.4 % higher	000	CRITICAL
w Nursing		sed ^a serious									(1.87 lower to 2.68 higher)	VERY LOW	
4 by the Oncolog		trials				b,c							

Adherence rate (follow up: 2-24 weeks; assessed with: self-report and medication event monitoring system pillboxes)

³ 4 ^{3,4,5,6}	observat	very	not serious	not serious	serious	none	83	100	-	MD 10.61 % higher	000	CRITICAL
user licens	ional	serious			b					(7.21 higher to 14.01	VERY LOW	
-2024. Single-	studies	d								higher)		

Proportion with high adherence (follow up: 14-24 weeks; assessed with: MMAS-4 and MMAS-8)

Down

rights.												
2 ^{7,8}	randomi	serious	not serious	not serious	not	none	222/391	175/354	RR 1.16	79 more per 1,000	$\oplus \oplus \oplus \bigcirc$	CRITICAL
	sed	e			serious		(56.8%)	(49.4%)	(1.01 to	(from 5 more to 163 more)	MODERATE	
015.0 015.0	trials								1.33)			
Patient s	satisfactio	n (assesso	ed with: Helpful	ness of meeti	ng with s	pecialty p	oharmacist an	d medicatio	on navigator	- % "very")		
							20/20	22/27				
1 ⁹	observat	very	not serious	not serious	very	none	30/39	32/37	RR 0.89	95 fewer per 1,000	⊕000	CRITICAL
	ional	serious			serious		(76.9%)	(86.5%)	(0.72 to	(from 242 fewer to 86	VERY LOW	
	studies	f,g			c,h				1.10)	more)		
Patient s	satisfactio	n (assesso	ed with: Helpful	ness of medic	ation info	o sheet - '	% "very")			<u> </u>		
1 ⁹	observat	very	not serious	not serious	very	none	25/39	28/37	RR 0.85	114 fewer per 1,000	⊕000	CRITICAL
OCIEW. FOLD	ional	serious			serious		(64.1%)	(75.7%)	(0.63 to	(from 280 fewer to 106	VERY LOW	
ov Nursing So	studies	f,g			c,h				1.14)	more)		
Patient s	satisfactio	n (assesse	ed with: Helpful	ness of check	in with n	nedicatio	n navigator -	% very")				
1 ⁹	observat	very	not serious	not serious	serious	none	27/39	34/37	RR 0.75	230 fewer per 1,000	000	CRITICAL
	ional	serious			b		(69.2%)	(91.9%)	(0.60 to	(from 368 fewer to 46	VERY LOW	
user license	studies	f,g							0.95)	fewer)		
Patient l	knowledge	e of regim	nen (follow up: 2	2 cycles; asses	sed with:	Dosage a	and frequency	y)				
1 ¹⁰	observat	very	not serious	not serious	serious	none	29/29	23/29	RR 1.26	206 more per 1,000	⊕000	CRITICAL
DOWINGAUE											14	

rights.												
erves all	ional	serious			b		(100.0%)	(79.3%)	(1.03 to	(from 24 more to 412	VERY LOW	
.org. ONS res	studies	i							1.52)	more)		
Patient	knowledge	e of regim	nen (follow up: 2	2 cycles; asses	sed with:	How to	manage misse	d doses)			1	
1 ¹⁰	observat	very	not serious	not serious	serious	none	29/29	19/29	RR 1.51	334 more per 1,000	000	CRITICAL
. please ema	ional	serious			b		(100.0%)	(65.5%)	(1.16 to	(from 105 more to 642	VERY LOW	
dapt, or reuse	studies	i							1.98)	more)		
	knowledge	e of regin	nen (follow up: 2	2 cycles; asses	sed with:	Dosage	schedule)	1			1	
1 ¹⁰	observat	very	not serious	not serious	serious	none	29/29	22/29	RR 1.31	235 more per 1,000	000	CRITICAL
permission t	ional	serious			b		(100.0%)	(75.9%)	(1.06 to	(from 46 more to 470	VERY LOW	
Society. For	studies	i							1.62)	more)		
Quality	of life - no	t reporte	d				<u> </u>	<u> </u>				
4 by the Onco	-	-	-	-	-	-	-	-	-	-	-	CRITICAL
right 202	1 CI: C	onfidence	interval; MD: N	lean differenc	e; RR: Ris	k ratio						
se only. Cop)	2 Expla	anations										
Be-user licen:	a. Some concern with measurement of outcome due to subjectivity in self-report. Serious concern with missing outcome data and selection of											
7-2024. Singl	4 the r	eported r	esult.									
Downloaded on 05-07-2024. Single-user license only. Copyright 200 <u>4 by the Onc</u> C C C C C C C C C C C C C C C C C C C	5 b. Sn	nall sampl	e, concerns with	n fragility.								
Downloa											15	

- 36 c. The 95% CI cannot exclude the potential for no difference.
- d. Critical concern with confounding and missing data. Serious concern with bias in the selection of participants.
- e. Some concerns with randomization, effect of assignment to intervention, missing outcome data and measurement of the outcome.
- 39 f. Critical concern with confounding, moderate concern in selection of participants and measurement of outcome.
- 40 g. Not measuring satisfaction before and after intervention, instead looks at satisfaction a little after start of intervention and end of
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- 42 h. Few events reported do not meet the optimal information size and suggest fragility of the estimate.
- 43 i. Critical concern with confounding.
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Table 4. Evidence Profile for PICO 3 70

- 72 regimen
- 73 Setting: Outpatient

700 500 500 500 711 100 500 500 711 100 500 500 711 100 500 500 500 500 500 500 500 500 5	Ques regin	stion : Sta	-		g assessment o	of adhere	nce compared to	o usual care	for patien	ts on an oral anti-cancer med	ication	
e, please eme			Certainty asse	essment			Nº of pat	ients		Effect		
Nº of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other conside rations	standardized, periodic/ongoi ng assessment of adherence	standard of care	Relative (95% Cl)	Absolute (95% Cl)	Certainty	Importance
Adherenc	random	-	12 weeks; ass not serious	essed with: e	-		75	83	-	MD 2.34 % higher	$\Phi\Phi OO$	CRITICAL
	ised trials	serious	not senous	not serious	very serious	none	/5	65	-	(5.58 lower to 10.26 higher)	rom	CRITICAL
Adherenc	e rate (fo	ollow up	: 6 months; ass	essed with: s	elf-report)							
	observa tional studies	very serious c	not serious	not serious	serious ^a	none	34	51	-	MD 7 % higher (0.66 higher to 13.34 higher)	⊕OOO VERY LOW ^d	CRITICAL

1 ³	random	serious	not serious	not serious	very serious	none	31	37	-	MD 0.32 % higher	$\oplus O O O$	CRITICAL
	ised	e			a,b					(0.08 lower to 0.72 higher)	VERY LOW	
	trials											
Quality	of life (foll	ow up: 1	2 weeks; asse	ssed with: FA	CT-G; higher=I	better; N	IID 5-7; Scale fro	m: 0 to 108)			
1 ¹	random	not	not serious	not serious	serious ^a	none	77	85	-	MD 2.28 points higher	$\oplus \oplus \oplus \bigcirc$	CRITICAL
	ised	serious								(1.93 higher to 2.63 higher)	MODERATE	
	trials	f										
Quality	of life (foll	ow up: 3	months; asse	ssed with: EO	RTC; higher=b	etter; M	lID 4-11)					
1 4	observa	serious	not serious	not serious	serious ^a	none	56	56	-	MD 15.7 points higher	$\oplus \oplus \bigcirc \bigcirc$	CRITICAL
	tional	g								(8.84 higher to 22.56	LOW	
	studies									higher)		
Patient	satisfactio	n (follow	up: 3 months	; assessed wit	th: self-report	(single c	uestion on satis	faction))				
1 ⁵	observa	very	not serious	not serious	very serious ⁱ	none	20/20 (100.0%)	15/20	RR 1.32	240 more per 1,000	⊕000	CRITICAL
	tional	serious						(75.0%)	(1.02 to	(from 15 more to 540 more)	VERY LOW	
	studies	h							1.72)			
							y score; higher=v					

				I			Γ	I				1
1 ⁶	random	serious	not serious	not serious	very serious	none	92	91	-	MD 1 points higher	000	CRITICAL
	ised	j			a,b					(1.72 lower to 3.72 higher)	VERY LOW	
	trials											
ancer-re	elated mo	orbidity (follow up: 21-2	28 days; asses	ssed with: Syn	nptom Ex	perience Invent	ory; higher=	worse; Sc	ale from: 0 to 190)		L
1 ³	random	serious	not serious	not serious	very serious	none	31	37	-	MD 1.75 points lower	000	CRITICAL
	ised	e			a,b					(9.48 lower to 5.98 higher)	VERY LOW	
	trials											
ancer-re	elated mo	orbidity (follow up: 8 w	eeks; assesse	d with: Sympt	om Expe	rience Inventor	y; higher=wo	orse; Scale	from: 0 to 190)	<u> </u>	<u> </u>
1 7	observa	very	not serious	not serious	serious ^a	none	24	30	-	MD 4.78 points lower	000	CRITICAL
	tional	serious								(7.8 lower to 1.76 lower)	VERY LOW	
	studies	k										
elf-effic	acy (follo	w up: 21	-28 days; asses	ssed with: MA	ASES-R; higher	=better;	Scale from: 1 to	4)				
1 ³	random	serious	not serious	not serious	very serious	none	31	37	-	MD 0.51 points lower	000	IMPORTAN
	ised	e			a,b					(1.3 lower to 0.28 higher)	VERY LOW	
	trials											
elf-effic	acy (follo	w up: 8 v	weeks; assesse	d with: MASE	S; higher=bet	ter; Scale	e from: 1 to 4)					
1 7	observa	very	not serious	not serious	very serious	none	24	30	-	MD 0.01 points lower	000	IMPORTAN

t	tional	serious			a,b					(0.36 lower to 0.34 higher)	VERY LOW	
s	tudies	k										
dherence	to supp	ortive c	care/lab monito	oring - not repo	rted		<u> </u>			I		
-	-	-	-	-	-	-	-	-	-	-	-	IMPORTAN
74	CI: Co	onfidenc	ce interval; MD:	Mean differen	ce; MID: Mi	nimally ir	nportant differe	nce; RR: Risk	k ratio; MA	ASES-R: Medication Adherence	e Self-	1
75	Effica	icy Scale	e – Revision									
76	Expla	inations	i									
77	a. Sm	iall samp	ple, concerns wi	ith fragility.								
78	b. 95	% CI can	not exclude the	e possibility of r	o effect.							
79	c. Mo	derate	concern with co	onfounding. and	l measurem	ent of ou	tcome due to su	bjective me	asure. Seri	ious concern with missing dat	a.	
80	d. An	additio	nal study report	ted a risk ratio	of 0.92; 95%	5 CI: 0.54,	1.56 comparing	on-going as	sessment	to no assessment measured w	vith self-	
81	repo	rted adh	erence at 3 mo	nths.								
82	e. So	me conc	cerns due to dev	viations from th	e intended	intervent	ions.					
83	f. Sel	f-reporte	ed outcome me	asurement cou	ld lead to so	ome conc	erns with risk of	bias but not	serious.			
84	g. Cri	tical con	ncern with confo	ounding and se	rious concer	n with su	bjectivity of out	come.				
85	h. Cri	tical cor	ncern for confou	unding and mod	lerate conce	ern with i	measurement of	outcome du	ie to self-r	eport.		
86	i. Fev	v events	reported do no	ot meet the opt	imal inform	ation size	and suggest frag	gility of the o	estimate.			
87	j. Sor	ne conce	erns due to dev	iations from the	e intended i	nterventi	ons and self-rep	orted outco	me measu	rement.		
											21	1

k. Serious concern with confounding, bias in selection of participants, missing data and measurement of outcome. Moderate concern with
 deviations from intervention.

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Table 5. Evidence Profile for PICO 4 112

Setting: Outpatient 114

srves all rights.	112	2 Tab	le 5. Evid	lence Profile for	PICO 4									
g. ONS rese	113	3 Que	estion: Ac	tive follow-up co	ompared to us	ualcare for pat	tients on ar	i oral antica	ancer medicatio	n regimen who ha	ve additional risk fact	tors		
nail pubpermissions@ons.org. ONS reserves all rights	114	4 Sett	t ing : Outp	oatient										
or reuse, please er	l⁰ of	Study	Risk of	Inconsistency	Indirectness	Imprecision	Other consider	active follow-	standard of	Relative	Absolute	Certainty	Importance	
reprint, adapt,	udies	design	bias				ations	up	care	(95% CI)	(95% CI)			
post online,	lheren	ice rate (follow up	o: 6 cycles; asses	sed with: MEN	VS (medicatio	n event mo	onitoring sy	stem) pillboxes)				
ermission to	1 ¹	observ	very	not serious	not serious	very serious	none	10	10	-	MD 17.8 % higher	⊕00	CRITICAL	
ciety. For pe		ational	serious			b					(6.43 higher to	0		
Nursing So		studies	а								29.17 higher)	VERY		
the Oncology												LOW		
>	ncer-r	elated m	orbidity	- not reported	<u></u>				<u> </u>				1	
only. Copyrig	-	-	-	-	-	-	-	-	-	-	-	-	CRITICAL	
Rer license	uality o	of life - n	ot report	ed										
024. Single-	-	-	-	-	-	-	-	-	-	-	-	-	CRITICAL	
Pa 005-07-2	tient s	satisfacti	on - not r	eported					·					
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rights.																	
eserves all rights.	-	-	-	-	-	-	-	-	-	-	-	-	CRITICAL				
org. ONS r	atient	self-effic	acy about	t treatment - no	t reported		1	I			I	1	11				
sions@ons	-	-	-	-	-	-	-	-	-	-	-	-	IMPORTANT				
il pubper <u>mis</u>	11	5 CI :	Confidenc	ce interval; MD:	Mean differen	lice											
please ema	11	6 Exp	lanations	5													
t, or reuse,	11	7 a. C	critical cor	ncern with confo	unding.												
eprint, adap	11	8 b. S	mall sam	ple, concerns wit	th fragility.												
ost online, r	11	9 Ref	References														
mission to p	12	0 1.V	References 1. Vacher, Laure, Thivat, Emilie, Poirier, Camille, Mouret-Reynier, Marie-Ange, Chollet, Philippe, Devaud, Hervé, Dubray-Longeras, Pascale,														
iety. For per	12	1 Kwi	1. Vacher, Laure, Thivat, Emilie, Poirier, Camille, Mouret-Reynier, Marie-Ange, Chollet, Philippe, Devaud, Hervé, Dubray-Longeras, Pascale, Kwiatkowski, Fabrice, Durando, Xavier, van Praagh-Doreau, Isabelle, Chevrier, Régine. Improvement in adherence to Capecitabine and Lapatinib														
Nursing Soc	12	2 by	way of a t	herapeutic educ	ation program	n. Supportive C	are in Canc	er; 07/2020).								
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Down												25					

Table 6. Evidence Profile for PICO 5 123

125 Setting: Outpatient

serves all rights.	12	23 Tak	ole 6. Evi	dence Profile fo	r PICO 5								
rg. ONS reser	12	24 Q u	estion: C	oaching compar	ed to usual ca	are for patien	ts on an ora	l anti-can	cer medica	ition regimen v	who have additional risk factors		
ions@ons.o	12	25 Set	ting : Out	patient									
il pubpermiss				Certainty ass	sessment			Nº of ∣	patients		Effect		
t, or reus	№ of tudies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerati ons		standard of care	Relative (95% CI)	Absolute (95% Cl)	Certainty	Importance
on to post online, r	dhere	nce rate (follow u	p: 3-4 weeks; as	sessed with:	pill count)							
r permissic	1 ¹	random	serious	not serious	not serious	very serious	none	101	99	-	MD 0.8 % higher	000	CRITICAL
v Nursing Society. For		ised trials	а			b,c					(2.24 lower to 3.84 higher)	VERY LOW	
he Oncolog	dhere	nce rate (follow u	p: 2 educational	sessions eve	ry three cycle	es; assessed	with: M	EMS pillbo	xes) ^d			
oyright 2024 by t	1 ²	observa	very	not serious	not serious	serious ^c	none	10	10	-	MD 17.8 % higher	000	CRITICAL
e only. Co		tional	serious								(6.43 higher to 29.17 higher)	VERY LOW	
ngle-user licens		studies	e										
7-2024. Sir	dhere	nce (follo	w up: 3 r	nonths; assesse	d with: MPR	greater than	or equal to	90%)	· ·			•	
paded on 05-0	1 ³	random	serious ^f	not serious	serious ^g	very serious	none	59/64	54/59	RR 1.01	9 more per 1,000	000	CRITICAL
Downic				1		•	•		· ·			26	

oserva very ional serious ⁱ cudies		serious ^g	serious ^c	none	84	(91.5%) 281	(0.91 to 1.12)	(from 82 fewer to 110 more) MD 2.98 % higher (2.95 higher to 3.01 higher)	VERY LOW ⊕○○○ VERY LOW	CRITICAL
e (follow up: 6-3 oserva very ional serious ⁱ udies	serious ^j	serious ^g	serious ^c		84	281	-	· ·		CRITICAL
oserva very ional serious ⁱ cudies lated morbidity	serious ^j	serious ^g	serious ^c		84	281	-	· ·		CRITICAL
ional serious ⁱ udies	ī				84	281	-	· ·		CRITICAL
ated morbidity		erity (follow u	p: 3 months; a	2000000				(2.95 higher to 3.01 higher)	VERY LOW	1
ated morbidity	· -Symptom seve	erity (follow u	p: 3 months; a	accased			1		1	
	-Symptom sev	erity (follow u	p: 3 months;	assassad		1				I
: 0 to 130)			-	assessed M	vith: 13 ite	em M.D. A	nderson Sympto	om Inventory; higher=worse; M		point scale
										-
ndom serious ^f	f not serious	not serious	very serious	none	64	62	-	MD 0 points	000	CRITICAL
ised			b,c					(0.55 lower to 0.55 higher)	VERY LOW	I
trials										I
f-efficacy (follo	່ ວw up: 3 month	s; assessed wi	ith: General se	elf-efficacy	/ scale; hig	her=bette	r; Scale from: 1	to 40)	<u> </u>	
ndom serious ^f	f not serious	not serious	very serious	none	64	62	-	MD 1.8 points higher	000	IMPORTAN
ised			b,c,h					(0.01 lower to 3.61 higher)	VERY LOW	I
trials										I
life (follow up:	3 months; asse	essed with: FA	CT-B; higher=	better; MI	D 7-8 poin	ts; Scale f	rom: 0 to 144)		<u> </u>	
ndom serious ^f	f not serious	not serious	very serious	none	64	62	-	MD 0.2 points higher	000	CRITICAL
iso tri If- iso tri	ed ials -efficacy (follo dom serious ^f ed ials fe (follow up:	ed ials -efficacy (follow up: 3 months dom serious ^f not serious ed ials ife (follow up: 3 months; asse	ed ials -efficacy (follow up: 3 months; assessed wi dom serious ^f not serious not serious ed ials ife (follow up: 3 months; assessed with: FA	ed ials -efficacy (follow up: 3 months; assessed with: General second dom serious f not serious not serious very serious ed ials ife (follow up: 3 months; assessed with: FACT-B; higher=	ed ials -efficacy (follow up: 3 months; assessed with: General self-efficacy dom serious f not serious not serious very serious none ed ials ife (follow up: 3 months; assessed with: FACT-B; higher=better; MI	ed ials -efficacy (follow up: 3 months; assessed with: General self-efficacy scale; hig dom serious f not serious not serious very serious none 64 ed ials ife (follow up: 3 months; assessed with: FACT-B; higher=better; MID 7-8 poin	ed ials b,c -efficacy (follow up: 3 months; assessed with: General self-efficacy scale; higher=better dom serious f not serious not serious very serious none 64 62 ed ials b,c,h fe (follow up: 3 months; assessed with: FACT-B; higher=better; MID 7-8 points; Scale fr	ed ials b,c -efficacy (follow up: 3 months; assessed with: General self-efficacy scale; higher=better; Scale from: 1 dom serious f not serious not serious very serious none 64 62 - ed b,c,h 64 62 - ials is serious f not serious reference for the follow up: 3 months; assessed with: FACT-B; higher=better; MID 7-8 points; Scale from: 0 to 144)	ed b,c (0.55 lower to 0.55 higher) ials b,c (0.55 lower to 0.55 higher) -efficacy (follow up: 3 months; assessed with: General self-efficacy scale; higher=better; Scale from: 1 to 40) dom serious f not serious not serious very serious none 64 62 - MD 1.8 points higher ed b,c,h b,c,h b,c,h Image: b,c,c,h <td>ed b,c b,c (0.55 lower to 0.55 higher) VERY LOW ials cefficacy (follow up: 3 months; assessed with: General self-efficacy scale; higher=better; Scale from: 1 to 40) MD 1.8 points higher $\oplus \bigcirc \bigcirc \bigcirc$ dom serious f not serious not serious none 64 62 - MD 1.8 points higher $\oplus \bigcirc \bigcirc \bigcirc \bigcirc$ ed b,c,h b,c,h low 64 62 - MD 1.8 points higher $\Psi \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$ ials low serious f not serious with: FACT-B; higher=better; MID 7-8 points; Scale from: 0 to 144) VERY LOW</td>	ed b,c b,c (0.55 lower to 0.55 higher) VERY LOW ials cefficacy (follow up: 3 months; assessed with: General self-efficacy scale; higher=better; Scale from: 1 to 40) MD 1.8 points higher $\oplus \bigcirc \bigcirc \bigcirc$ dom serious f not serious not serious none 64 62 - MD 1.8 points higher $\oplus \bigcirc \bigcirc \bigcirc \bigcirc$ ed b,c,h b,c,h low 64 62 - MD 1.8 points higher $\Psi \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$ ials low serious f not serious with: FACT-B; higher=better; MID 7-8 points; Scale from: 0 to 144) VERY LOW

ghts.															
serves all rights	ised				b,c	, 				(6.18 lower to 6.58 higher)	VERY LOW				
a. ONS res	trials														
[§] Patien	satisfac	tion (follo	w up: 3 months	; assessed wi	th: self-desig	ned scale; h	igher=be	tter; Scale	 ≥ from: 0 to 5)						
	1	lf		T	· · · · · · · · · · · · · · · · · · ·							CRUTICAL			
mail pubber	randon	n serious ^f	not serious	not serious	very serious	none	64	62	-	MD 0.1 points higher	000	CRITICAL			
please er	ised				b,c	1				(0.9 lower to 1.1 higher)	VERY LOW				
pt. or reuse	trials														
eprint, ada	.26 C	I: Confiden	ice interval; MD	: Mean differ	ence; MEMS:	Medication	event m	L onitoring s	System; MPR: M	edication possession ratio; RR: F	lisk ratio;				
online, r	.27 N	/IID: Minim	ally important d	lifference											
lission to post online	.28 Ex	Explanations													
E		Explanations a. Serious concern with missing outcome data and selection of the reported result.													
J Society.	.29 a.	. Serious co	oncern with miss	sing outcome	data and sele	ction of the	reported	result.							
۵۸ Nursing	.30 b	. The 95% (CI cannot exclud	e the potenti	al for no diffe	rence.									
the Oncolo	.31 c.	. Small sam	nple, concerns w	ith fragility.											
ght 2024 by	.32 d	. Reflects t	he mean of the	daily adheren	ce scores whi	ch correspo	and to the	• proportic	on of pills actual	ly taken (recorded opening by N	1EMS) in				
uly. Copyriç	.33 co	omparison	with prescribed	amounts (ex	pected openir	ngs).									
ser license o	.34 e.	. Critical co	oncern with conf	ounding and	missing outco	ome data.									
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1 105-07-202	.36 g.	. MPR is su	irrogate for adhe	erence.											
in orded or															
Dowr											28				

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- 139 j. Concerns with heterogeneity due to I2 value of 100%.
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153 **Table 7. Evidence Profile for PICO 6**

154 **Question**: Motivational interviewing compared to usual care for patients on an oral anti-cancer medication regimen who have additional risk

155 factors

156 **Setting**: Outpatient

, please e			Certainty a	ssessment			Nº of pati	ents		Effect		
Nº of studies	, in the second s	Risk of bias	Inconsistency	Indirectness	Imprecision	Other consideratio ns	motivational interviewing	standard of care	Relative (95% Cl)	Absolute (95% Cl)	Certainty	Importance
Adherence rate (follow up: 12 weeks; assessed with: self-report)												
	random	not	not serious	not serious	very serious	none	57	114	-	MD 3.23 % higher	$\oplus \oplus \bigcirc \bigcirc$	CRITICAL
	ised	seriou			a,b					(0.45 higher to 6.02	LOW	
	trials	S								higher)		
Cancer-	related m	orbidity	- Summed sym	ptom severity	y (follow up: 8	8 weeks; asses	ssed with: Sympt	om Experie	ence Invent	ory; Higher=worse; Scale	from: 0 to 1	190)
1 ²	observa	very	not serious	not serious	serious ^a	none	24	30	-	MD 4.78 points lower	000	CRITICAL
	tional	seriou								(7.8 lower to 1.76	VERY LOW	
- U/ - 20 24. Single	studies	s ^c								lower)		

g Patient-self efficacy about treatment (follow up: 12 weeks; assessed with: MASES; higher=better; Scale from: 1 to 96)

rights.												
1 ³	random	seriou	not serious	not serious	serious ^a	none	40	40	-	MD 9.9 points higher	$\oplus \oplus \bigcirc \bigcirc$	IMPORTAN
rg. ONS res	ised	s ^d								(9.68 higher to 10.12	LOW	т
ssions @ ons.c	trials									higher)		
	self effica	acy abou	t treatment (fo	ollow up: 8 we	eks; assessed	l with: MASES	; higher=better;	Scale from:	1 to 4)			<u> </u>
^{em} 1 ²	observa	very	not serious	not serious	serious ^{a,f}	none	24	30	-	MD 0.01 points lower	000	IMPORTAN
pt. or reuse. r	tional	seriou								(0.36 lower to 0.34	VERY LOW	т
a. reprint. ada	studies	s ^{c,e}								higher)		
Quality of life - not reported												
or permission	-	-	-	-	-	-	-	-	-	-	-	
Patient s	satisfactio	on - not	reported									
ology Nursing	-	-	-	-	-	-	-	-	-	-	-	
^{the} 15	7 CI : (Confiden	ce interval; MC): Mean differe	ence; MASES:	Medication A	dherence Self-Ef	ficacy Scale			I	1]
Copyright 2024 by	8 Exp	lanation	S									
^{do} خ 15	9 a. S	mall sam	ple reported d	oes not meet t	he optimal in	formation size	e and suggests fra	agility of the	e estimate.			
16 Idence	0 b. C	annot e>	clude no mear	ingful improve	ement in adhe	erence.						
16. 2024. Single	1 c. Se	erious co	oncern with cor	founding, sele	ction of parti	cipants, missii	ng data and meas	surement of	outcome.	Moderate concerns due	to deviations	i
aded on 05-07-2024. 16	2 fror	n intend	ed interventior	IS.								
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- d. Some concerns with bias due to subjectivity of outcome measurement and limited information provided about analysis used to estimate the
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- 165 e. Scale used to measure outcome not specified.
- 166 f. CI does not have meaningful difference thus not docked down for CI.
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175 Table 8. Evidence Profile for PICO 7

177 Setting: Outpatient

reserves all rights.	175	5 Tal	ole 8. Ev	idence Profile f	for PICO 7								
j. ONS rese	176	5 Qu	estion: ⁻	Technology con	npared to usu	al care for pa	atients on an or	ral anti-cancer m	nedication regir	nen			
issions @ ons.org	177	7 Set	ting: Ou	Itpatient									
ail pubperm				Certainty a	issessment			Nº of pa	tients		Effect		
or reuse, please em	Nº of	Study	Risk of	Inconsistency	Indirectness	Imprecision	Other consideratio	technology	standard of	Relative	Absolute	Certainty	Importance
ne, reprint, adapt	udies	design	bias				ns		care	(95% CI)	(95% CI)		
	dheren	ce rate	(follow ι	up: 3-6 months;	; assessed wi	th: self-repor	t and smart bo	ottle openings)					
or permission	2 ^{1,2}	rando	serious	serious ^b	not serious	serious ^c	none	91	99	-	MD 8.23 % higher	000	CRITICAL
g Society. Fr		mised	а								(2.9 higher to 13.55	VERY	
ology Nursin		trials									higher)	LOW	
by the Onco	dheren	ce rate	(follow u	ıp: 6 months; a	ssessed with	: MPR)							
oyright 2024	1 ³	observ	very	not serious	not serious	serious ^c	none	50	51	-	MD 4.7 % higher	000	CRITICAL
se only. Cor		ational	serious								(1.19 higher to 8.21	VERY	
ngle-user licen:		studies	d								higher)	LOW	
07-2024. Si	dheren	ce - Rela	ative do	se intensity (fol	llow up: 3-13	weeks; asses	ssed with: pill o	counts)	·				
oaded on 05-	2 ^{4,5}	rando	serious	not serious ^f	not serious	very serious	none	149	152	-	MD 0.01 % lower	000	CRITICAL
Down												22	

	mised	e			c,g					(0.04 lower to 0.02	VERY	
	trials									higher)	LOW	
ncer	related n	norbidity	v - Summed sy	mptom sever	ity (follow up:	21 days; ass	essed with: Syn	nptom Experiei	nce Inventory;	higher=worse; Scale from	om: 0 to 190))
1 ⁶	rando	not	not serious	not serious	very serious	none	49	26	-	MD 3.5 points	$\oplus \oplus \bigcirc \bigcirc$	CRITICAI
	mised	serious			c,g					lower	LOW	
	trials									(12.48 lower to 5.48		
										higher)		
uality	of Life (f	ollow up	: 3-12 weeks;	assessed with	n: FACT-G and	WHO Quality	y of Life-BREF So	ale; higher=be	tter)			
2 ^{1,7}	rando	serious	serious ^h	not serious	serious ^c	none	77	85	-	SMD 1.44 SD higher	0000	CRITICAI
	mised	а								(1.15 higher to 1.74	VERY	
	trials									higher)	LOW	
uality	of Life (f	ollow up	: 6 months; as	sessed with:	assessed using	g the EuroQo	l-5D (EQ-5D); N	IID 0.061; high	er=better)			
1 ³	observ	very	not serious	not serious	serious ^c	none	50	51	-	MD 0.13 points	0000	CRITICAL
	ational	serious								higher	VERY	
	studies	d								(0.07 lower to 0.2	LOW	
										higher)		
				1	1		1	1			1	

18	rando	serious	not serious	not serious	very serious	none	56	33	-	MD 0 points	000	CRITICAL				
	mised	i			c,g					(1.31 lower to 1.31	VERY					
	trials									higher)	LOW					
178	8 CI :	Confide	nce interval; M	D: Mean diffe	erence; MPR:	Medication po	ossession ratio; SI	MD: Standard	lised mean differe	ence						
179	9 Exj	planatio	ns													
180) a. I	Limited i	nformation on	effect of assi	nment to int	ervention and	some concerns w	ith measure	ment of the outco	ome.						
181	1 b.	Rated do	own due to l2 va	alue of 74%.												
182	2 c. S	c. Small sample, concerns with fragility.														
183	3 d.	Critical concerns with confounding. Serious concerns with missing data.														
184	4 e.S	e. Some concerns with bias due to deviations from the intended interventions.														
185	5 f. l	2 value is	s 61%; howeve	r, rating dowr	n for imprecis	ion accounts fo	or the variability b	oetween stud	ly findings.							
186	6 g. 9	95% CI ca	annot exclude t	he possibility	of no effect.											
187	7 h.	Rated do	own due to the	12 value of 95	%.											
188	8 i. S	ome con	icerns with effe	ect of assignm	ent to interve	ention and me	asurement of out	come.								
189	9 Re	ferences	;													
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191	1 Bu	zaglo, Jo	anne, Muzikan	sky, Alona, Le	nnes, Inga T.,	Safren, Stever	n A., Pirl, William	F., Temel, Jei	nnifer S Random	ized Trial of a Smart	phone					
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213 Table 9. Evidence Profile for PICO 8

215 Setting: Outpatient

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g. ONS reserves	214	4 Q u	estion:	Interactive tech	nology compa	ared to non-in	teractive tech	nology for pa	tients on an oral a	anti-cancer medica	ation regimen			
ons@ons.or	215	5 Set	ting: Ou	itpatient										
iil pubpermissi				Certainty a	assessment			Nº of	fpatients	Ef	fect			
, or reu	Nº of Study Risk of Inconsistency Indirectness Imprecision Consideratio ns technology (95% CI) (95% CI) (95% CI)													
to post online,	Adherence (follow up: 8 weeks; assessed with: only adherence rate ≥80%)													
permission	1 ¹	rando	very	not serious	not serious	very serious	none	56/79	33/40 (82.5%)	RR 0.86	116 fewer per	000	CRITICAL	
ociety. For		mised	seriou			b,c		(70.9%)		(0.70 to 1.05)	1,000	0		
/ Nursing S		trials	s ^a								(from 248 fewer	VERY		
24 by the Oncology											to 41 more)	LOW		
	ancer re	elated n	norbidit	y - Exit symptoı	m severity (fo	llow up: 8 we	eks; assessed	with: Sympt	om Experience In	ventory range 0-1	.50; higher = worse)		
e only. Cop	11	rando	seriou	not serious	not serious	very serious	none	79	40	-	MD 4.12 points	⊕00	CRITICAL	
user license		mised	s ^d			b,e					higher	0		
24. Single-		trials									(0.4 lower to 8.64	VERY		
aded on 05-07-20											higher)	LOW		
Downlo												20		

38

ealth-re	lated	d Quality (of Life and Patie	ent-reported (Jutcomes (HI	RQOL/PROs) -	not reported									
-	-	-	-	-	-	-	-	-	-	-	-	CRITICAL				
atient sa	atisfa	action - no	ot reported	<u> </u>	<u>I</u>	<u> </u>	<u> </u>		1		I	1				
-	-	-	-	-	-	-	-	-	-	-	-	CRITICAL				
216	; (CI: Confide	ence interval; Rf	R: Risk ratio; N	/D: Mean diff	ierence	1	I	1							
217	' F	Explanatio	ins													
218	; ē	a. Serious concerns with randomization, measurement of outcome and bias in selection of the reported result.														
219) ł	b. 95% CI cannot exclude no difference.														
220) (c. Few eve	nts reported dc	o not meet the	optimal info	rmation size a	nd suggest fra	agility of the estin	nate.							
221	. (d. Serious	concerns with r	randomization												
222	<u>!</u> €	e. Small sa	imple, concerns	s with fragility.												
223	; 1	References	S													
224	ł :	1. Spoelstr	a, Sandra L., Gi	ven, Barbara A	۹., Given, Cha	rles W., Grant	, Marcia, Siko	rskii, Alla, You, M	1ei, Decker, Veroni	ica. An Interventic	on to					
225	5 1	Improve A	dherence and N	Vanagement c	of Symptoms	for Patients Pr	escribed Oral	Chemotherapy A	Agents: An Explora	atory Study. Cance	er Nursing;					
226	; (01/2013.														

Table 10. Evidence Profile for PICO 9

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Adhoron	Study design	bias	Inconsistency p: 6 cycles; asse			ions	structured oral anti-cancer medication program	no structured oral anti-cancer medication program	Relative (95% Cl)	Absolute (95% CI)	Certainty	Importance
Soc.	observat ional studies		not serious	not serious	serious ^b	none	18	29	-	MD 12.22 % higher (9.19 higher to 15.24 higher)	⊕⊖⊖ ⊖ Very Low	CRITICAL
07-202	ce rate (fc observat		p: 6 months - e not serious	nd of treatme	nt; assessed v	with: medica	ation possession rat	io) 31123	-	MD 6 %	⊕00	CRITICAL

2												
3 2 2 2	ional	serio								higher	0	
2 2 2 2 3	studies	us ^c								(4 higher to	VERY	
2 5 9 2 5 5										8 higher)	LOW	
Adheren	ice (follow	up: en	d of treatment	; assessed wit	th: pill countin	lg)				<u> </u>		
1 ⁷	observat	very	not serious	serious ^d	very serious	none	87/100 (87.0%)	38/50 (76.0%)	RR 1.14	106 more	⊕00	CRITICAL
5	ional	serio			b,f				(0.96 to	per 1,000	0	
	studies	us ^e							1.36)	(from 30	VERY	
										fewer to 274	LOW	
										more)		
Cancer-r	elated mo	orbidity	- Physical func	tioning (follow	w up: 1 year; a	issessed wit	th: EORTC QoL physic	al function; higher =	better; MID	6 points; Scal	e from: 0 to	o 100)
1 ⁸	observat	very	not serious	serious ^g	serious ^b	none	56	56	-	MD 11.1	⊕00	CRITICAL
	ional	serio								points	0	
	studies	us ^e								higher	VERY	
										(7.45 higher	LOW	
										to 14.75		
										higher)		
								o 11 nointe: Ceolo fro				

Quality of Life (follow up: 1 year; assessed with: EORTC Health/QoL Global; higher = better; MID 4 to 11 points; Scale from: 0 to 100)

Downloade

rights.												
reserves all rights 1 8	observat	very	not serious	not serious	serious ^b	none	56	56	-	MD 15.7	$\oplus \bigcirc \bigcirc$	CRITICAL
org. ONS res	ional	serio								points	0	
isions @ ons.	studies	us ^e								higher	VERY	
ail pubpermis										(12.7 higher	LOW	
, please em										to 18.7		
apt, or reuse										higher)		
é	satisfactio	n (follo	w up: once dur	ring or after tr	eatment; asso	essed with:	telephone survey)		1	1	I	
to bost oull	observat	very	not serious	not serious	serious ^b	none	20/20 (100.0%)	15/20 (75.0%)	RR 1.32	240 more	$\oplus \bigcirc \bigcirc$	CRITICAL
permission to	ional	serio							(1.02 to	per 1,000	0	
Society. For p	studies	us ^h							1.72)	(from 15	VERY	
gy Nursing S										more to 540	LOW	
oy the Oncold										more)		
yright	financial to	oxicity	follow up: 1 ye	ear; assessed v	with: EORTC f	inancial diff	iculties; higher = wor	se; Scale from: 0 to 1	00)			
^{do} . 1 ⁸	observat	very	not serious	not serious	very serious	none	56	56	-	MD 0	00	CRITICAL
-user license	ional	serio			b,f					(1.57 lower	0	
2024. Single	studies	us ^e								to 1.57	VERY	
ded on 05-07-										higher)	LOW	
Download	1	ı		1	11		1	1	1	1	42	

Time to obtain medication - not reported CRITICAL _ _ **OCM** model/value-based care - not reported CRITICAL CI: Confidence interval; MD: Mean difference; RR: Risk ratio **Explanations** a. Critical concerns with confounding and missing data. Moderate concern with measurement of outcome. b. Small sample, concerns with fragility. c. Critical concerns with confounding. Moderate concerns with selection of participants. d. Indirect measure of adherence. e. Critical concerns with confounding. f. The 95% CI cannot exclude the potential for no difference. g. Indirect measure of morbidity. h. Critical concerns with confounding. Serious concerns with selection of participants. References 1. Krolop, Linda, Ko, Yon-Dschun, Schwindt, Peter Florian, Schumacher, Claudia, Fimmers, Rolf, Jaehde, Ulrich. Adherence management for patients with cancer taking capecitabine: a prospective two-arm cohort study. BMJ Open; 07/2013.

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