

**Tabel 11. Uitgangsvraag 10 – Hoe is empowerment van de (ex)patient te vergroten zodat oncologische revalidatie mogelijk is?,
Overzicht van studie karakteristieken naar interventie studies om adherence aan revalidatieprogramma's te vergroten.**

Study (trial) ID	Study type	Source of funding/ conflicts of interest	Setting	Hypotheses	Eligibility criteria	Sample size/ Lost to follow up	Duration of the Study	Randomization method	Patient characteristics and group comparability	Interventions and compliance	Control/ Comparator (including duration, dose)	Primary Outcome Measure (s) Secondary Outcome Measure (s)	Effect size - Primary outcome(s) Effect size – Secondary outcome (s)	All other outcomes, endpoints	Critical appraisal of study quality	Level of evidence
Jones, 2005	3-armed RCT			Does theory of planned behavior mediate effects of an oncologists recommendation to exercise?	Newly diagnosed breast cancer survivors	450	5 weeks	Computer-generated random numbers in permuted blocks; sealed envelopes.	Balanced groups except more postmenopausal women in RR group	Recommendation+ referral (RR: 150). Recommendation only (RO: 150)	Usual care (UC: 150)	Theory of planned behavior (TPB) constructs	RO vs. UC: RO better for normative belief (p= 0.001), attitude (p= 0.045) and intention (p= 0.001). RR vs. UC: RR better for normative belief, subjective norm, and intention.		Randomization & allocation concealment adequate; blinding unclear	B
Benett 2007	RCT				Fatigued cancer survivors > 18 years	56/1	6 months	Computer generated randomization scheme.	Comparable groups	Motivational interviewing counseling sessions			No difference in aerobic fitness, mental health or fatigue		Low risk of bias, but blinding unclear	B