

Evidence-Informed Palliative Oncology: What does a Systematic Review from a Developing Country Add on to?

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This letter to editor critically appraises the published systematic review in Indian Journal of Palliative Care (IJPC) where this manuscript was rejected upon editorial review. The systematic review was done by Singh and Chaturvedi (2015) and was published in the Jan-Apr 2015 issue of IJPC, which concluded by emphasizing the importance of combining pharmacological and non-pharmacological therapies for palliation of cancer pain using complementary and alternative medicine (CAM).

The review considered acupuncture, massage, reflexology, yoga, TaiChi, hypnotherapy, aromatherapy, music therapy, TENS and cognitive behavioral therapy (CBT) as identified from unknown number of studies utilizing an unreported search strategy. This review was an evidence-informed narrative review rather than a systematic review. A systematic review is defined as "Systematic reviews are a type of literature review in which authors systematically search for, critically appraise, and synthesize evidence from several studies on the same topic" (Milner, 2015). The review not only missed the search strategy, critical appraisal, and synthesis, but also the validity of the findings of this review was poor since it was biased.

While Roundtree et al (2009) identified poor reporting of search strategy and conflicts of interest among systematic reviews on biologic agents in arthritis, such situation should never be encouraged in palliative care, and especially by IJPC. The review also missed citing four previously published systematic reviews on CAM interventions for cancer pain, such as those by Bao et al (2014), Bardia et al (2006), and Landier and Tse (2010).

Due to the enormous amount of scientific information published every year, systematic reviews and meta-analyses have become indispensable methods for the evaluation of medical treatments in an era of evidence-based medicine (Leucht et al, 2009). Hence it is misleading to the readers of developing countries to say that this review was systematic, and thus this letter provides some optional suggestions to the authors.

Provide information on search strategy, critical appraise the identified studies, and synthesize data according to PRISMA statement and checklist

(or)

Rename the published review with an erratum as "evidence-informed narrative review".

The findings of other three systematic reviews were as follows:

Landier and Tse (2010) searched MEDLINE, CINAHL, PsycINFO, and COCHRANE and identified 32 articles that met their criteria. Their results suggested that mind-body interventions, including hypnosis, distraction, and imagery, may be effective, alone or as adjuncts to pharmacological interventions, in managing procedure-related pain, anxiety, and distress in pediatric oncology.

Bardia et al (2006) searched Medline, EMBASE, CINAHL, AMED, and Cochrane database, and reviewed 18 randomized clinical trials on a total of

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1499 patients. They concluded that Hypnosis, imagery, support groups, acupuncture, and healing touch promised to be effective in the short term management of cancer-related pain.

It is worth mentioning the detailed study by Bao et al (2014) which was a systematic overview of 27 systematic reviews searched from Cochrane Library, PubMed, Embase, and ISI Web of Knowledge. The authors concluded as, "based on available evidence, we could find that psychoeducational interventions, music interventions, acupuncture plus drug therapy, Chinese herbal medicine plus cancer therapy, compound kushen injection, reflexology, lycopene, TENS, qigong, cupping, cannabis, Reiki, homeopathy (Traumeel), and creative arts therapies might have beneficial effects on adult cancer pain. No benefits were found for acupuncture (versus drug therapy or sham acupuncture), and the results were inconsistent for massage therapy, transcutaneous electric nerve stimulation (TENS), and *Viscum album L* plus cancer treatment."

I sincerely feel that this review by Singh and Chaturvedi (2015) had very little to add evidence (both in quantity and quality) compared to the study by Bao et al (2014) since they did not even cite recent articles eg., only two references were 2012, and another two were 2013. On the contrary, Bao et al (2014) cited nine 2013 articles and eight 2012 articles. Please consider my point from the light of value of reporting quality and dissemination of scientific knowledge along an evidence-informed palliative care model.

I wish IJPC lead from the front by being a forerunner for such noble efforts to rectify errors in reporting and publishing palliative care evidence.

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