

Table 2: Study results

Authors	Themes	Results	Limitations
Brotto & Heiman 2007	Women reported mindfulness component of PED to be the most helpful.	Mindfulness was helpful as it enabled women to tune into sexual arousal, view their bodies in a positive light. Women found unanimously that mindfulness was the most helpful segment.	Small pilot study. Lack of control group. Small segment of 4 other interventions including CBT, education, relationship exercises, pelvic floor muscle strengthening). Short number of sessions not equating to longer MBSR programme.
Chambers et al 2012	Group identification Acceptance and diversity Peer learning Acceptance of disease progression	Mindfulness-based group interventions appear to have utility in this patient group and show promise for reducing anxiety, avoidance, and fear of cancer recurrence. Peer learning appeared to be helpful in generating acceptance of advancing disease.	Small number of participants. No control group so unable to conclude that improvements are solely due to the intervention of mindfulness.
Eyles et al 2015	Barriers to participation and recruitment challenges. Acceptability, benefits – band of inner strength Acceptability challenges	19 women completed the course. 1 dropped out due to baseline measures and illness progression. Provided encouraging evidence that MBSR is acceptable and can be delivered to patients with MBC but a shortened version may increase recruitment and adherence. Indicated that mindfulness can improve anxiety in patients with advanced stage breast cancer as rumination decreases and	Sample size was lower than researchers had hoped. Lack of educational and ethnic diversity (mostly white English middle class with higher or further education) therefore the results cannot be generalised to the population of women with MBC. No control group. The participants were highly motivated and their commitment may be due to being part of a research study.

		are less likely to avoid difficult feelings.	
Hoffman et al 2012	<p>Participants of MBSR had significantly improved results compared to the control group. Themes;</p> <ul style="list-style-type: none"> Being calmer, centred, at peace, connected, more confident The value and challenges of mindfulness practice Being more aware Coping with stress, anxiety and panic Accepting things as they are, being less judgemental of myself and others Improved communication and personal relationships Making time and creating space for myself <p>Unique to this study was the need to make time and space for themselves and permission to engage in self care.</p>	MBSR and mindfulness practice can enhance the quality of life of breast cancer survivors by teaching a way of coping. Unique to this study was the need to make time and space for themselves and permission to engage in self care.	The method of data collection, utilising semi structured interviews would have captured greater depth and breadth of experience. Missing data, some participants were not asked one of the questions, which has implications for the meaning of frequencies reported.
Dobkin 2008	<ul style="list-style-type: none"> Acceptance Regaining and sustaining mindful control Taking responsibility for what could change Spirit of openness and connectedness 	Overtime participants in MBSR programme "reperceive" what they encounter in their daily life experiences.	Small sample, no control group.
Mackenzie et al 2005	<ul style="list-style-type: none"> Opening to change Self control Shared experience Personal growth Spirituality. Themes interpreted to fit mindfulness model of "reperceiving". 	Five themes were identified and discussed.	Small sample group. Subjective views and participants had attended a weekly practice group for some years.