Experiences of patients and their relatives of postoperative radiological surveillance and surveillance intensity following primary resection of a soft tissue sarcoma and its impact on their quality of life

Maes, Danielle; McMullan, Christel; Ford, Samuel; Wilson, Roger ; Oppong, Raymond; Aiyegbusi, Olalekan Lee

DOI:
10.1136/bmjopen-2022-070327

Document Version
Publisher's PDF, also known as Version of record

Citation for published version (Harvard):
Maes, D, McMullan, C, Ford, S, Wilson, R, Oppong, R & Aiyegbusi, OL 2023, 'Experiences of patients and their relatives of postoperative radiological surveillance and surveillance intensity following primary resection of a soft tissue sarcoma and its impact on their quality of life: a systematic review protocol', *BMJ open*, vol. 13, no. 5, e070327. https://doi.org/10.1136/bmjopen-2022-070327

BMJ Open

Experiences of patients and their relatives of postoperative radiological surveillance and surveillance intensity following primary resection of a soft tissue sarcoma and its impact on their quality of life: a systematic review protocol

Danielle Maes ,[1] Christel McMullan ,[2,3,4,5] Samuel J Ford,[1] Roger Wilson ,[6] Raymond Oppong ,[7] Olalekan Lee Aiyegbusi [3,4,5,8]

To cite: Maes D, McMullan C, Ford SJ, *et al*. Experiences of patients and their relatives of postoperative radiological surveillance and surveillance intensity following primary resection of a soft tissue sarcoma and its impact on their quality of life: a systematic review protocol. *BMJ Open* 2023;**13**:e070327. doi:10.1136/bmjopen-2022-070327

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (http://dx.doi.org/10.1136/bmjopen-2022-070327).

Received 18 November 2022
Accepted 03 May 2023

For numbered affiliations see end of article.

Correspondence to
Dr Olalekan Lee Aiyegbusi; O.L.Aiyegbusi@bham.ac.uk

ABSTRACT

Introduction Postoperative radiological surveillance following primary resection of a soft tissue sarcoma (sarcoma of the retroperitoneum, abdomen, pelvis, trunk or extremities) is standard of care in all international high-volume sarcoma centres in the world. The intensity of postoperative surveillance imaging is highly varied and knowledge of the impact of surveillance and surveillance intensity on patients' quality of life is limited. The aim of this systematic review is to summarise the experiences of patients and their relatives/caregivers of postoperative radiological surveillance following resection of a primary soft tissue sarcoma and its impact on their quality of life.

Methods and analysis We will systematically search MEDLINE, EMBASE, PsycINFO, CINAHL Plus and Epistemonikos. Hand searching of reference lists of included studies will be conducted. Further searches will be performed via Google Scholar, to reveal further studies within unpublished 'grey' literature. Two reviewers will independently screen the titles and abstracts following the eligibility criteria. After retrieval of the full text of the selected studies, the methodological quality will be appraised using the Joanna Briggs Institute Critical Appraisal Checklist for Qualitative Research and the Center for Evidence-Based Management checklist for Critical Appraisal of a Cross-Sectional Study. Data on the study population, relevant themes and conclusions will be extracted from the selected papers, and a narrative synthesis will be conducted.

Ethics and dissemination The systematic review does not require ethics approval. The findings of the proposed work will be published in a peer-reviewed journal and disseminated widely to patients, clinicians and allied health professionals through the Sarcoma UK website, the Sarcoma Patient Advocacy Global Network and the Trans-Atlantic Australasian Retroperitoneal Sarcoma Working Group. In addition, the outcomes of this research will be presented at national and international conferences.

PROSPERO registration number CRD42022375118.

STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ This systematic review will involve a search of multiple databases and the titles and abstracts independently screened by two reviewers.
⇒ We will include articles reporting the findings of surveys as well as qualitative studies on sarcoma of the retroperitoneum, abdomen, pelvis, trunk or extremities.
⇒ To reduce the risk of selection bias, there will be no limits regarding language, geographical setting or publication date.
⇒ The search strategy has been robustly designed with input from information specialists from the Library Research Skills team, University of Birmingham.
⇒ A potential limitation may be difficulty identifying relevant studies. However, this is unlikely as we will be searching five databases, and conducting a search of grey literature.

INTRODUCTION

Soft tissue sarcomas (STS) and visceral sarcomas are a heterogenous group of rare, mesenchymal malignancies, including more than 80 histiotypes[1] with distinct clinicopathological and radiological presentations. The estimated incidence of STS is approximately 4–5/100 000/year in Europe.[2] Retroperitoneal sarcoma (RPS) represent 10%–20% of all soft tissue sarcomas.[3] Surgery is the standard treatment for all patients with localised STS.[1] For patients with a high-grade sarcoma in the extremity or trunk, the wide local

excision is followed by radiotherapy (RT).[4] The role of (neo)adjuvant chemotherapy to enhance local control remains a matter of debate,[5 6] as the benefit of (neo) adjuvant chemotherapy for patients with high-risk resectable STS relies on indirect evidence only.[6 7] Gaining local control for RPS includes complex, multivisceral resectional surgery, which is critical for cure.[1 3 8–10] In contrast to extremity STS, survival for patients with RPS is dictated by local or regional recurrences.[11] Despite optimisation of surgical technique, local recurrence (LR) and distant metastatic disease (MD) remain common events,[11–13] with a 5-year overall survival (OS) rate of 60% for RPS[3 12–14] and long-term OS rates between 66%[15] and 77%[4]—depending on tumour histology—for patients with extremity STS. Patterns and timings of recurrence are subject to histological subtype[12 14 16–18] and tumour grade.[18] Low-grade sarcoma tends to present as LR in a linear fashion with time and high-grade sarcoma recurs comparatively earlier with MD.[3 12 18–20] Postoperative surveillance is standard of care in all international high-volume sarcoma centres in the world and has rapidly evolved without an evidence base to become highly intensive and prolonged within most centres. The intensity of postoperative surveillance imaging is highly varied across centres throughout the world,[1 9 13 18] reflecting a lack of evidence to guide decision-making. Current recommended follow-up protocols[1 9 21–24] extrapolate from evidence in sarcoma of the limb[25 26] and expert opinion.[1 7 9 10]

Knowledge of the full impact of postoperative surveillance and surveillance intensity on long-term oncological outcomes and quality of life is limited. A Cochrane review across all solid tumour types did not identify a benefit of surveillance in improving OS, but specifically highlighted an absence of data related to health-related quality of life for cancer survivors.[27] Postoperative radiological surveillance is time and resource intensive for patients, clinicians and healthcare systems; placing a disproportionate burden on radiological resources.[28 29] It can also cause significant anxiety for patients while awaiting imaging and subsequent results.[28 29] However, details of patients' attitudes towards and acceptability of postoperative surveillance for sarcoma, their lived experiences, its impact on their quality of life and levels of anxiety and psychological stress it might cause patients is scarce and primarily focused on patients with extremity sarcoma.[30–32]

Therefore, the aim of this systematic review is to summarise the experiences of patients and their relatives/caregivers of postoperative surveillance following resection of a soft tissue sarcoma, patients' acceptance and attitudes towards postoperative surveillance and its impact on their quality of life.

Objectives

To summarise:

1. The lived experiences of patients and their relatives/caregivers of postoperative surveillance following resection of a soft tissue sarcoma, patients' acceptance and attitudes towards postoperative surveillance
2. The impact of postoperative sarcoma surveillance and postoperative surveillance intensity on their quality of life, the levels of anxiety and psychological stress it might cause patients.

METHODS AND ANALYSIS

Design

This protocol has been reported in line with the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P) checklist.[33] It has been registered with PROSPERO. The review will be conducted and reported following the PRISMA guidelines.[34] Any protocol amendment will be reported on publication of the systematic review.

Dimensions of interest

This review focuses primarily on the lived experiences of patients and their relatives/caregivers of postoperative surveillance and its impact on their quality of life. The search strategy was developed based on these key dimensions of interest. The search terms included: 'sarcoma', 'surveillance', 'quality of life' and 'anxiety'. Anxiety was added, as it is often closely related to quality of life. Although not the primary focus of the review, we have included search terms such as 'fear', 'psychological stress', 'suicide' and 'depression' within the final search strategy, to keep the search broad and to capture varying degrees of anxiety as well as fear of cancer recurrence. If we find information on surveillance leading to depression or suicide, we will report in the systematic review.

Eligibility criteria

Inclusion criteria

We will include articles:

1. Focused on the experiences of patients (and their relatives/caregivers) under postoperative radiological surveillance, including all different imaging modalities and including both high and lower intensity strategies, following primary resection of a soft tissue sarcoma from the retroperitoneum, abdomen, pelvis, trunk or extremities.
2. In which patients with a soft tissue sarcoma from the retroperitoneum, abdomen, pelvis, trunk or extremities are a subset of a larger patient population if the findings for patients with soft tissue sarcoma are separately provided.
3. That include both paediatric and adult patients with sarcoma if the results for different age groups are presented separately;
4. That include both patients with bone and soft tissue sarcoma if the results for patients with soft tissue sarcoma are presented separately.
5. That report the findings of surveys and qualitative studies (including focus groups, interviews or observations) of patients and/or their relatives/caregivers.

Exclusion criteria

We will exclude articles if:

1. The study population consists of only patients with bone sarcomas, giant cell tumours, tenosynovial giant cell tumours, gastrointestinal stromal tumours, desmoid-type fibromatosis, Kaposi sarcoma, uterine sarcoma, carcinosarcoma or benign soft tissue lesion of mesenchymal origin according to the WHO classification.[35]
2. Only clinician experiences are reported or if it is impossible to extract the data for patients and/or caregivers.

Search methods

The following electronic databases will be searched: MEDLINE, EMBASE, PsycINFO, CINAHL Plus and Epistemonikos. A comprehensive search strategy has been created with the assistance of information specialists from the Library Skills Team, University of Birmingham. The search will include combinations of keywords and Medical Subjects Headings terms for 'sarcoma', 'surveillance', 'quality of life' and 'anxiety'. The search strategy developed for MEDLINE is provided in the online supplemental appendix A. In addition, we will review the reference lists of all eligible publications to search for potential eligible studies. Further searches will be performed via Google Scholar, within abstracts and proceedings from conferences and symposia to reveal further studies within unpublished 'grey' literature. There will be no restrictions with regards to the year of publication, the geographical setting or language. The aim is to complete the systematic review between November 2022 and June 2023.

Screening process

The titles and abstracts retrieved from the database search will be exported into EndNote and duplicate entries will be removed. Two reviewers will independently screen the titles and abstract following the eligibility criteria and those that do not meet the inclusion criteria will be excluded. The full text for potentially relevant records will be obtained and independently evaluated by the two reviewers. Discrepancies during title and abstract screening or full-text evaluations will be resolved through discussions among the reviewers and a third reviewer will be consulted if required. DM is an orthopaedic surgeon with special interest in sarcoma surgery. This work is part of a PhD project carried out by DM. DM and SJF have extensive clinical experience within the field of sarcoma surgery. SJF is a consultant sarcoma surgeon. OLA and CM are both experienced researchers within the Institute of Applied Health Research who have previously published systematic reviews. CM is highly experienced in the field of qualitative research.

Appraisal of included studies

We will critically appraise the methodological quality of the included studies using the Joanna Briggs Institute Critical Appraisal Checklist for Qualitative Research[36] for qualitative research and the Center for Evidence-Based Management checklist for Critical Appraisal of a Cross-Sectional Study for surveys.[37] Appraisal of included studies will be done by DM and cross-checked by another reviewer. Based on the appraisal of methodological quality, the strength of evidence as a basis for decision-making will be defined.[38]

Data extraction and synthesis

Data extraction will be done by DM using a data extraction form. This will be cross-checked by another reviewer for accuracy and completeness.

Data will be extracted on:

1. Characteristics of the study population (including age, gender, ethnicity and type of soft tissue sarcoma); the type of postoperative sarcoma surveillance and, if available, surveillance intensity
2. The findings on the experiences of patients and or relatives/caregivers
3. The impacts of surveillance on the patients and or their relatives/caregivers.

As we anticipate substantial heterogeneity across the included studies, we will not conduct a meta-analysis or a metasynthesis. Instead, a narrative synthesis of the extracted data will be conducted according to the methods described by Popay *et al* 2006[39] and used in the systematic review by Aiyegbusi *et al*.[40]

The stages include: (1) A preliminary synthesis which involves a descriptive summary of the information extracted on study characteristics and study findings. (2) An exploration of relationships and associations between study characteristics and reported findings within individual studies, as well as across studies will be conducted. The nature of heterogeneity in the studies in terms of variability in study populations, study designs and settings and their influence will be explored during this stage. (3) A discussion of the findings, their implications and the provision of recommendations for future research and clinical practice.

DISCUSSION

Evidence with regards to the full impact of postoperative sarcoma surveillance and postoperative surveillance intensity on long-term oncological outcomes and quality of life is limited. Details of patients' lived experiences of surveillance for sarcoma, its impact on their quality of life and levels of anxiety is scarce. This systematic review will be the first to summarise results from qualitative evidence and findings of surveys reporting on the experiences of patients and their relatives/caregivers of postoperative surveillance following resection of a soft tissue sarcoma and its impact on their quality of life.

Patient and public involvement statement

This research question has been prioritised by patients and charities with support from Sarcoma UK during a preliminary Patient and Public Involvement meeting. The study protocol was developed in collaboration with members of Sarcoma UK and members of the Centre for Patient-Reported Outcomes Research, University of Birmingham.

Ethics and dissemination

Systematic reviews do not require ethics approval. We will disseminate our project findings widely to patients, clinicians and allied health professionals during the semi-annual Trans-Atlantic Australasian Retroperitoneal Sarcoma Working Group meeting, at appropriate national and international conferences and on the Sarcoma UK website. We will aim to submit our findings for publication in a peer- reviewed journal.

Author affiliations
[1]University Hospitals Birmingham NHS Foundation Trust, Birmingham, UK
[2]National Institute for Health and Care Research (NIHR) Surgical Reconstruction and Microbiology Research Centre (SRMRC), University Hospitals Birmingham NHS Foundation Trust and University of Birmingham, Birmingham, UK
[3]Centre for Patient Reported Outcomes Research (CPROR), Institute of Applied Health Research, University of Birmingham, Birmingham, UK
[4]National Institute for Health and Care Research (NIHR) Birmingham Biomedical Research Centre (BRC), University of Birmingham and University Hospitals Birmingham NHS Foundation Trust, Birmingham, UK
[5]NIHR Blood and Transplant Research Unit (BTRU) in Precision Transplant and Cellular Therapeutics, University of Birmingham, Birmingham, UK
[6]NCRI Consumer Forum, London, UK
[7]Health Economics Unit, Institute of Applied Health Research, University of Birmingham, Birmingham, UK
[8]NIHR Applied Research Collaboration (ARC) West Midlands, University of Birmingham, Birmingham, UK

Twitter Christel McMullan @christel_uob

Acknowledgements The authors would like to thank the members of the Patient and Public Involvement panel who were present during the preliminary meeting, as well as the members of Sarcoma UK and members of the Centre for Patient-Reported Outcomes Research (CPROR), University of Birmingham, for their critical review, comments and suggestions for improvement during the creation of this project. The authors would also like to thank the members of the Library Research Skills team, University of Birmingham, for their contribution to the development of the search strategy for the systematic review.

Contributors OLA is the guarantor. The protocol manuscript draft was written by DM. The manuscript was reviewed by DM, RW, OLA, CM, RO, and SJF. Revision of the manuscript was carried out by DM, CM and OLA. All authors approved the final draft.

Funding This work was supported by Sarcoma UK grant number SUK04.2021.

Competing interests CM receives funding from the National Institute for Health and Care Research (NIHR) Surgical Reconstruction and Microbiology Research Centre, the NIHR Blood and Transplant Research Unit (BTRU) in Precision Transplant and Cellular Therapeutics, Innovate UK, and Anthony Nolan and has received personal fees from Aparito outside the submitted work. OLA receives funding from the NIHR Birmingham Biomedical Research Centre (BRC), NIHR Applied Research Collaboration (ARC), West Midlands, NIHR Blood and Transplant Research Unit (BTRU) in Precision Transplant and Cellular Therapeutics at the University of Birmingham and University Hospitals Birmingham NHS Foundation, the Health Foundation, Merck, Innovate UK (part of UK Research and Innovation), Gilead Sciences, Anthony Nolan and Sarcoma UK. OLA declares personal fees from Gilead Sciences, GlaxoSmithKline (GSK) and Merck outside the submitted work. RW is the founder of Sarcoma UK but retains no role in its management, working solely as a volunteer patient. The remaining authors declare no competing interests. The views expressed in this publication are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care. Funders had no role in the design and conduct of the study, including the collection, management, analysis and interpretation of the data, and preparation and review of the manuscript.

Patient and public involvement Patients and/or the public were involved in the design, or conduct, or reporting, or dissemination plans of this research. Refer to the Methods section for further details.

Patient consent for publication Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Not applicable.

ORCID iDs
Danielle Maes http://orcid.org/0000-0002-3841-639X
Christel McMullan http://orcid.org/0000-0002-0878-1513
Roger Wilson http://orcid.org/0000-0002-6043-7306
Raymond Oppong http://orcid.org/0000-0002-0815-4616
Olalekan Lee Aiyegbusi http://orcid.org/0000-0001-9122-8251

REFERENCES

1 Gronchi A, Miah AB, Dei Tos AP, *et al*. Soft tissue and visceral Sarcomas: ESMO-EURACAN-GENTURIS clinical practice guidelines for diagnosis, treatment and follow-up☆. *Ann Oncol* 2021;32:1348–65.
2 Stiller CA, Trama A, Serraino D, *et al*. Descriptive epidemiology of Sarcomas in Europe: Report from the RARECARE project. *Eur J Cancer* 2013;49:684–95.
3 Peacock O, Patel S, Simpson JA, *et al*. A systematic review of population-based studies examining outcomes in primary Retroperitoneal sarcoma surgery. *Surg Oncol* 2019;29:53–63.
4 Beane JD, Yang JC, White D, *et al*. Efficacy of adjuvant radiation therapy in the treatment of soft tissue sarcoma of the extremity: 20-Year follow-up of a randomized prospective trial. *Ann Surg Oncol* 2014;21:2484–9.
5 George S, Wagner AJ. Low levels of evidence for Neoadjuvant chemotherapy to treat soft-tissue sarcoma. *JAMA Oncol* 2018;4:1169–70.
6 Pasquali S, Gronchi A. Neoadjuvant chemotherapy in soft tissue Sarcomas: Latest evidence and clinical implications. *Ther Adv Med Oncol* 2017;9:415–29.
7 Rothermundt C, Andreou D, Blay J-Y, *et al*. Controversies in the management of patients with soft tissue sarcoma: Recommendations of the conference on state of science in sarcoma 2022. *European Journal of Cancer* 2023;180:158–79.
8 Bremjit PJ, Jones RL, Chai X, *et al*. A contemporary large single-institution evaluation of Resected Retroperitoneal sarcoma. *Ann Surg Oncol* 2014;21:2150–8.
9 Dangoor A, Seddon B, Gerrand C, *et al*. UK guidelines for the management of soft tissue Sarcomas. *Clin Sarcoma Res* 2016;6:20.
10 Bonvalot S, Gronchi A, Le Péchoux C, *et al*. Preoperative radiotherapy plus surgery versus surgery alone for patients with primary Retroperitoneal sarcoma (EORTC-62092: STRASS): A Multicentre, open-label, randomised, phase 3 trial. *Lancet Oncol* 2020;21:1366–77.
11 Crompton JG, Ogura K, Bernthal NM, *et al*. Local control of soft tissue and bone Sarcomas. *JCO* 2018;36:111–7.
12 Gronchi A, Strauss DC, Miceli R, *et al*. Variability in patterns of recurrence after resection of primary Retroperitoneal sarcoma (RPS): A report on 1007 patients from the multi-institutional collaborative RPS working group. *Ann Surg* 2016;263:1002–9.
13 Glasbey JC, Bundred J, Tyler R, *et al*. The impact of postoperative radiological surveillance intensity on disease free and overall survival from primary Retroperitoneal, abdominal and pelvic soft-tissue sarcoma. *Eur J Surg Oncol* 2021;47:1771–7.
14 Chouliaras K, Senehi R, Ethun CG, *et al*. Recurrence patterns after resection of Retroperitoneal Sarcomas: An Eight-Institution study from the US sarcoma collaborative. *J Surg Oncol* 2019;120:340–7.
15 Gronchi A, Palmerini E, Quagliuolo V, *et al*. Neoadjuvant chemotherapy in high-risk soft tissue Sarcomas: Final results of a randomized trial from Italian (ISG). 2020: 2178–86.

16 Trojani M, Contesso G, Coindre JM, *et al*. Soft-tissue Sarcomas of adults; study of pathological Prognostic variables and definition of a histopathological grading system. *Int J Cancer* 1984;33:37–42.
17 Zaidi MY, Canter R, Cardona K. Post-operative surveillance in Retroperitoneal soft tissue sarcoma: The importance of tumor histology in guiding strategy. *J Surg Oncol* 2018;117:99–104.
18 Wilson DAJ, Gazendam A, Visgauss J, *et al*. Designing a rational follow-up schedule for patients with extremity soft tissue sarcoma. *Ann Surg Oncol* 2020;27:2033–41.
19 Ikoma N, Torres KE, Lin HY, *et al*. Recurrence patterns of Retroperitoneal Leiomyosarcoma and impact of salvage surgery. *J Surg Oncol* 2017;116:313–9.
20 De Sanctis R, Giordano L, Colombo C, *et al*. Long-term follow-up and post-relapse outcome of patients with localized Retroperitoneal sarcoma treated in the Italian sarcoma group-soft tissue sarcoma (ISG-STS) protocol 0303. *Ann Surg Oncol* 2017;24:3872–9.
21 Mehren M, Kane JM, Bui MM, *et al*. NCCN guidelines insights: Soft tissue sarcoma, version 1.2021: Featured updates to the NCCN guidelines. *J Natl Compr Canc Netw* 2020:1604–12.
22 Trans-Atlantic RPS Working Group. Management of primary Retroperitoneal sarcoma (RPS) in the adult: A consensus approach from the Trans-Atlantic RPS working group. *Ann Surg Oncol* 2015;22:256–63.
23 Gyorki DE, Brennan MF. Management of recurrent Retroperitoneal sarcoma: Management of recurrent Retroperitoneal sarcoma. *J Surg Oncol* 2014;109:53–9.
24 Management of metastatic Retroperitoneal sarcoma: A consensus approach from the Trans-Atlantic Retroperitoneal sarcoma working group (TARPSWG). *Annals of Oncology* 2018;29:857–71.
25 Rothermundt C, Whelan JS, Dileo P, *et al*. What is the role of routine follow-up for Localised limb soft tissue Sarcomas? A retrospective analysis of 174 patients. *Br J Cancer* 2014;110:2420–6.
26 Puri A, Ranganathan P, Gulia A, *et al*. Does a less intensive surveillance protocol affect the survival of patients after treatment of a sarcoma of the limb? updated results of the randomized TOSS study *The Bone & Joint Journal* 2018;100-B:262–8.
27 Høeg BL, Bidstrup PE, Karlsen RV. Follow-up strategies following completion of primary cancer treatment in adult cancer survivors. *Cochrane Database Syst Rev* 2019.
28 Feiler B. Scanxiety fear of a Postcancer ritual. *Time* 2011;177:56.
29 Gerrand CH, Billingham LJ, Woll PJ, *et al*. Follow up after primary treatment of soft tissue sarcoma: A survey of current practice in the United Kingdom. *Sarcoma* 2007;2007:1–6.
30 Tang MH, Pan DJW, Castle DJ, *et al*. A systematic review of the recent quality of life studies in adult extremity sarcoma survivors. *Sarcoma* 2012;2012:171342.
31 McDonough J, Eliott J, Neuhaus S, *et al*. Health-Related quality of life, Psychosocial functioning, and unmet health needs in patients with sarcoma: A systematic review. *Psycho-Oncology* 2019;28:653–64.
32 Winnette R, Hess LM, Nicol SJ, *et al*. The patient experience with soft tissue sarcoma: A systematic review of the literature. *Patient* 2017;10:153–62.
33 Shamseer L, Moher D, Clarke M, *et al*. Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015: Elaboration and explanation. *BMJ* 2015;350(jan02 1):g7647.
34 Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement;
35 WHO. Soft tissue and bone tumours. In: *Classification of Tumours* 3. WHO, 2020:
36 JBI Global. Critical appraisal checklist for qualitative research. 2020. Available: https://jbi.global/critical-appraisal-tools
37 Center for Evidence Based Management. Critical appraisal checklist for cross-sectional study. 2014. Available: https://www.cebma.org [Accessed 7 Nov 2022].
38 Daly J, Willis K, Small R, *et al*. A hierarchy of evidence for assessing qualitative health research. *J Clin Epidemiol* 2007;60:43–9.
39 Popay J, Roberts H, Sowden A, *et al*. Guidance on the conduct of narrative synthesis in systematic reviews;, 92.
40 Aiyegbusi OL, Macpherson K, Elston L, *et al*. Patient and public perspectives on cell and Gene therapies: A systematic review. *Nat Commun* 2020;11:6265.