

COGNITIVE BEHAVIORAL THERAPY VS. MINDFULNESS-BASED COGNITIVE THERAPY IN BREAST CANCER PATIENTS IN ASIA: A SYSTEMATIC REVIEW

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1 Introduction

Breast cancer remains a primary cause of female mortality globally, with the Philippines reporting among Asia's highest incidence rates (Carmela et al. J Clin Oncol 2024; 42: e2313). Over 30% of Asian patients experience significant psychological distress, yet comparative evidence for interventions remains sparse (Mo et al. Front Oncol 2026; 16).

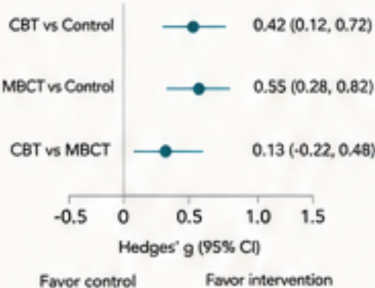
This study aims to compare the efficacy of Cognitive Behavioral Therapy (CBT) versus Mindfulness-Based Cognitive Therapy (MBCT) in enhancing Quality of Life (Q.o.L) of Asian breast cancer patients.

CBT focuses on identifying and restructuring maladaptive thought patterns, MBCT integrates mindfulness practices to redefine the patient's relationship with negative emotions and moods.

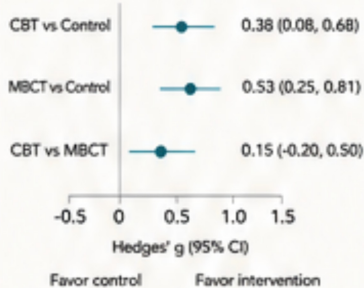
3 Results

Both MBCT and CBT demonstrated consistent efficacy in reducing anxiety and depression. MBCT showed significant potency for anxiety (Hedges' g = 0.55-0.66) and continuous longitudinal improvement in depressive symptoms. However, direct comparison revealed no statistically significant difference between modalities for depression.

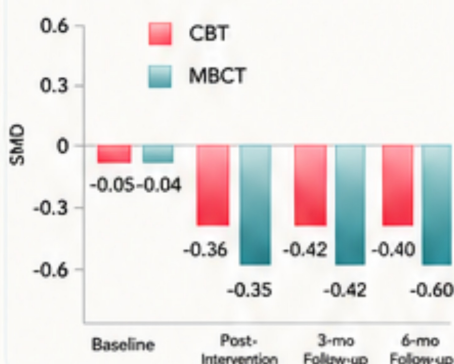
Effect on Anxiety (Hedges' g)



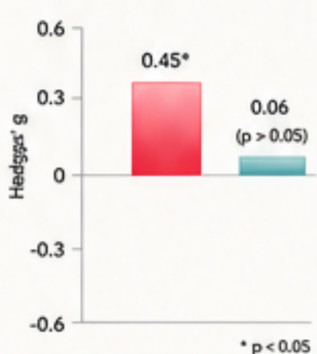
Effect on Depression (Hedges' g)



Change in Depression Over Time (Standardized Mean Difference)



Effect on Cancer-Related Fatigue (Compared to Control)



Secondary Benefits Observed



Improved Sleep Quality



Better Physical Function



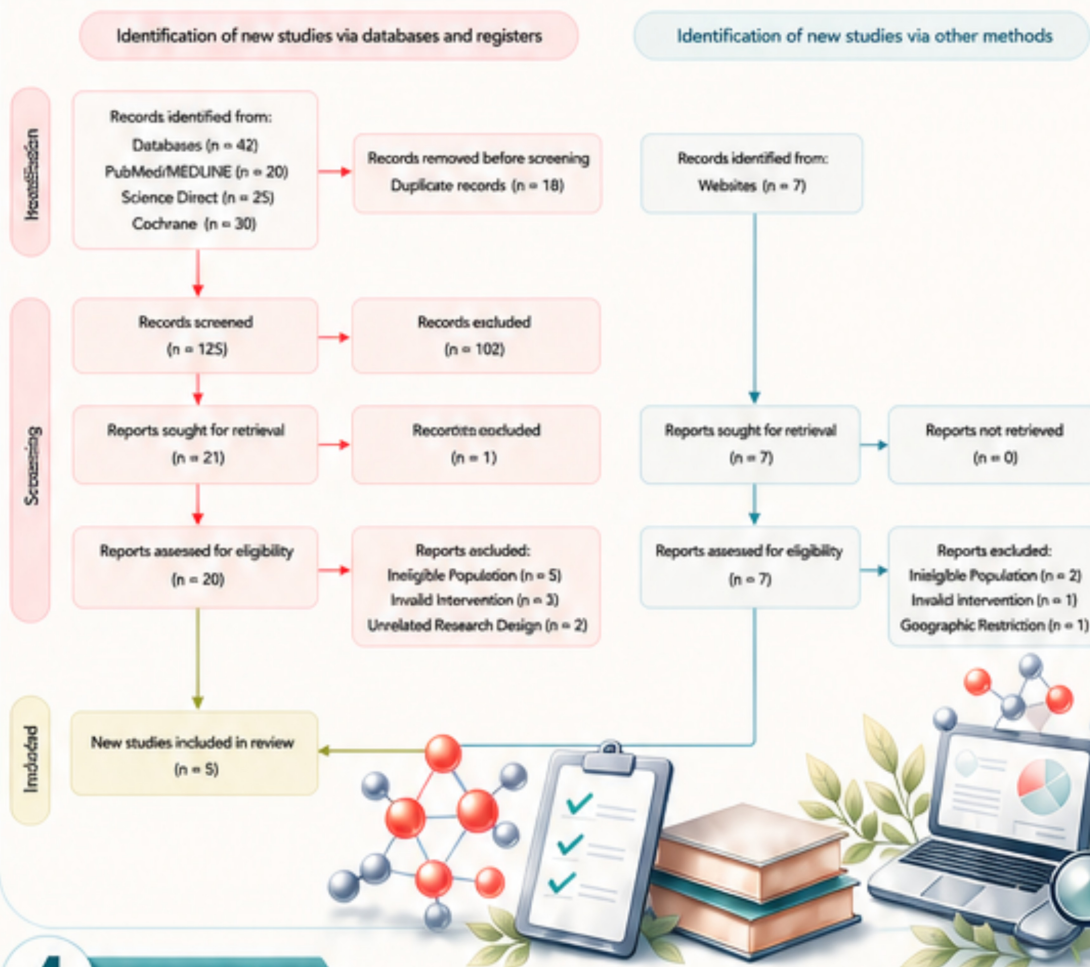
Enhanced Emotional Well-being



Improved Quality of Life

Findings suggest that the approach to treatment be symptom-driven, guided by patient preference, and integrated into holistic wellness practice.

2 Methodology



4 Discussion



Efficacy

MBCT showed greater effects on anxiety and sustained improvement in depression. Both interventions similarly reduced depressive symptoms.



Fatigue

CBT was superior to controls in reducing cancer-related fatigue, whereas MBCT showed no statistically significant effect.



Clinical Implications

Treatment should be symptom-driven, person-centered, and informed by cultural receptivity to mindfulness practice.



Limitations

Limited number of RCTs, small sample sizes, heterogeneity in interventions, and variation in outcome measurements.

5 Conclusion



CBT and MBCT are effective, comparable modalities for the psychological burden of breast cancer in Asia. Further large-scale, randomized controlled trials are required to establish definitive clinical differences and optimize personalized care.

6 References

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