Introduction and Aim
Patients symptoms and problems varies greatly after breast cancer treatment which calls for individualized rehabilitation. Despite this there is a overemphasis of studies focusing on evaluating the effect of specific interventions on one or a few outcomes instead of focusing on how the most effective intervention could be matched with each patients specific needs.

The aim of this review of systematic reviews was to evaluate the current evidence of various rehabilitation interventions to patients after breast cancer surgery.

Conclusion
This study show that one symptom or problem could be treated with a range of different interventions. For example patients suffering from fatigue could benefit from interventions such as exercise, acupoint stimulation, massage or yoga depending on the patients’ preferences and the diverse array of etiological origins of fatigue.

The variety of interventions with positive outcomes indicates that it is possible to match patients’ needs and preferences with evidence-based interventions, which is fundamental when aiming to optimize rehabilitation. To enable such a match, the HCP needs tools to identify patients’ specific needs as well as knowledge about effective interventions. These results could be used as a fundament for individualized rehabilitation in clinical practice.

Method
This study was conducted as a systematic review of reviews. Full-text-studies published in English from 2009 were searched. Reviews that included randomized and non randomized controlled trials that assessed the effect of rehabilitation interventions following breast cancer treatment for women (≥ 18 years) were included.

Methodological quality was evaluated by AMSTAR. Of 1269 identified studies 38 were included.

Results
Five rehabilitation areas were identified during the analysis; Exercise and physical activity (PA), Complementary and alternative medicine (CAM), Yoga, Lymphedema and Psychosocial interventions (Figure 1). Each group include different types of interventions. The strongest evidence was found for exercise/PA, yoga and lymphedema treatment. Exercise interventions was shown to improve physical outcomes such as shoulder mobility, lymphedema, pain, fatigue and QoL while effects of yoga were shown on QoL, anxiety, depression, sleep disturbance, fatigue and gastrointestinal symptoms. Effects was also shown of psychosocial interventions such as cognitive behaviour therapy on QoL, anxiety, depression and mood and mindfulness on stress, anxiety and depression. Also effect of CAM was shown but should be interpreted with caution based on study quality and number of studies.