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Assessment of Psychological Distress in patients with cancer and its clinical significance.

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Background: *Although distress is common among cancer patients, the current standard of care does not include consistent distress screening.Also based on evidence indicating that clinically significant distress often goes unrecognized by oncology professionals, clinical practice guidelines recommend routine screening for distress. For this study, We assessment of Psychological Distress and its routine screening needs of inpatients with cancer.Also in this study,a screening efficacy of the DT was investigated and determine whether the single-item Distress Thermometer (DT) compared favorably with longer measures.*
The psychosocial distress for those who diagnosed with cancer has long been recognized as an important problem. Aloft the years this has been well documented. Further well documented, using the accurate methodology, and that is the ability to relieve levels of distress and increase the quality of life (QL) in patients with cancer by different treatments of psychosocial. the ability of psychosocial oncologists has oftentimes been a disconnect to use data about distress levels collected for patients regular screening and to guide those patients recognized as in need of assistance to the relevant sources of care. This approach in psychosocial oncology of followed screening by suitable triage is usual but in routine clinical practice rarely happens. Despite from one third to 45% of patients with cancer routinely describe important distress had reported by Investigations, referred for psychosocial care were fewer than 10 %. one main reason that has been the bust-up between those who investigate distress within patients with cancer and those who give care like seamless arrangements have not been routinely allowed. Also, added general issue is psychosocial oncology programs continued underfunding, which surely leads to understaffing and diagnosed"distressed"people will critically under-servicing .screening by proper triage is not new but unusually occurs.

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I. What Is Screening For Distress?

The distress by NCCN Guidelines Panel of Distress Management explains as"a multifactoral unpleasant emotional an occurrence of a mental (cognitive, behavioral, feelings), cultural, and religious crisis, that may impede coping with cancer capacity, its physical problems, and treatment of these problems. along with a continuum, distress spreads, extending from the vulnerability of general routine emotions, fears, and sadness, to problems that can become damaging like anxiety, panic, depression, religious crisis, social separation[1].During this trim, distress associated with a diagnosis of cancer and cancer treatment is explicitly attached to a some of the popular systems, mental, and physical problems. Have been associated high levels of distress with lowered health-related life quality [2], weak pleasure with medical support,[3] and decreased survival probably[4, 5] although the impact of this mortality may be limited to advanced stages [6].The psychological distress is not an accurate clinical expression that looks in the Mental Disorders of Statistical and Diagnostic, edition of 4, which is related to indicate regular psychiatric investigations, but itis part of the medical importance measure that changes for different disorders of mood, including significant depression and disorders. The distress name is usually more beneficial for clinicians of cancer than terms of psychiatric like anxiety or depression that was One reason for its approval during cancer concern. It is simply recognized by the layperson and does not carry the shame often correlated with diagnostic descriptions and names like problems of psychosocial, psychiatric, and emotional. It is normally well recognized by clinicians of un-mental health, aiding fast evaluation of the simple verbal analysis or self-report of a patient.Due to that general distress measures do not deduct status getting for psychiatric states like significant depression, distress screening is regularly suggested as a prime measure, by more clinically suitable evaluation will be followed [6, 7]. Although needed for more distress-focused interference analyses.Standard evidence-based therapies for anxiety and

depression, like cognitive behavioral therapy, pharmacotherapy, or treatment of group, are regularly used for distress handling.Also may indicate for other interferences like counseling of support (for problems of practical like Economic support or extent of drug)and administration of manifestation (for example, for pain or weakness). The finale can be thought a try to discuss unmet requirements. during the current decade, screening of distress as the six vital sign has been placed in the care of cancer, adding to the first five signs, which are measures of breath, pulse, temperature, pain, and blood pressure[6, 7] A number of professional organizations and global administrative bodies have suggested regular management and screening of distress as a necessary element of cancer care of whole-person, just as healthcare units observe and react to the other important signs [6].

Distress Prevalence and Predictors

Assessments about the prevalence of distress have been reported by analysis managing the (BSI) Brief symptom inventory [8], General Health Questionnaire (GHQ) [9], and (DT) the Distress of Thermometer [10] Combined BSI data from two investigations including more than 7000 of patients show that nearly four in 10 cancer patients show meaningful distress[11, 12]. Individuals with specific cancers like brain, pancreatic, and lung cancers to be distressed are more expected, but diversity by type of cancer are commonly simple. More strong distress predictors involving lower quality of life, weakness (for example, the low score of Karnofsky performance), and continuing unmet requirements [11, 13, 14]. Newerlongitudinal researchers also have explained that for some cancer patients, anxiety, distress, and general difficulties like pain and tiredness after their primary diagnosis continue raised months or years [15]. One state of the theory is whether distress rates are especially high in cancer palliative stages. over-sectional research that psychologic distress within outpatients with cancer was nearly 25% within or soon after treatment using the 12-item GHQ (GHQ-12), 16% in public-dwelling cancer survivors, and nearly 60% in those undergoing specialist palliative care was recently noticed by one group [13].

The importance of screening for distress

General distress screening is the quickest method of primary evaluation that gives medical professionals the most direct and brief data and information of the patient's outcome and helps clinicians find cancer patients in time Physical and emotional burden due to disease diagnosis and treatment. However, studies show that the current clinical recognition rate of tumor distress is still very weak, which acts a challenge to the implementation of a full-patient care model for cancer patients[16], which is the direct cause of the patient's distress is not handled promptly.

Many countries support routine distress screening for cancer patients. For example, the NCCN distress Management Group and the Psychosocial Oncology Association in the United States, Canada, and Australia have improved distress management guidelines for clinical practice, all of which indicate that all cancer patients should be managed General distress screening [1, 17, 18].

In Canada Suggested distress Screening should address a wide range of distress-affecting elements such as physical/ emotional/social factors, etc., such as screening tools such as the Checklist of Symptoms to help patients with problems Further specialist evaluation and intervention[19, 20]. A systematic review published in 2013 by Meijer et al. [21] included 14 RCTs of distress interventions and 1 RCT study of distress screening results showing that the effect of various interventions for distress was small to moderate, While screening RCTs showed no improvement in patients' psychosocial-related outcomes and concluded that evidence of routine pain screening was inadequate. Bultz and Carlson Commented on Meijer's systematic review [21]

Distress screening is based on the incidence of distress, the distress is revealed in many domains such as physical, psychological, practical problems, and the distress screening program includes all the assessment and grading of the distress areas, and the article against a wide range of sieve The findings are not conclusive; in addition, the review of the system incorporates overly stringent research conditions and all screening studies in distress-related areas should be included and only one RCT study on the effects of pain screening is biased . Subsequent RCTs [22-25] and systematic reviews [26-28] support distress screening for clinical benefits, such as improving anxiety/depression symptoms in patients, enhancing communication between doctors and patients and promoting timely referral, etc. Therefore It is recommended to conduct routine distress screening at the cancer center to help patients reduce the level of distress, distress screening training for first-line clinicians and related personnel, and effective implementation of distress screening. Systemic screening, assessment, and subsequent rational response are the keys to successful distress screening.

WHAT ARE PSYCHOSOCIAL NEEDS ASSESSMENTS?

The purpose of a screening examination is not regularly enough to promote aching inpatient results; it is simply the first step in a rule that needs more extensive evaluation and time requirement of invasions that are evidence-established [29-32].

Regulated screening of distress tools like the one-item scale DT can support clinicians in discovering distressed patients; nonetheless, they need further aid pinpoint the physical behavior, family, emotional, spiritual, or practical difficulties according to the distress [33]. Regrettably, we also understand that patients may feel meaningful difficulties but decay interruption from their healthcare group,[31] maybe in the presence of simple support from friends and family. Teams must try to promote a transfer treatment psychosocial for those who may benefit in an adequate and suitable form. It also may be reasonable to ask patients if they want to obtain input from clinical help (and to explain why, if patients deterioration) formally. Requirements evaluation is a procedure that concentrates on knowing the unfinished matters that patients are feeling and manages as well as the level of the support they need if they need more support [34].

Brief Overview of Tools Versus Criterion Standards

Several scales have been produced and used in screening of distress. The favorably known is distress thermometer that has been developed by the National Comprehensive Cancer Network, which was preceded as a brief, adequate means to measure distress. Consequent proof confirmed it had a good value of negative predictive (the accuracy of a negative screen) relative to longer scales [35].

1. Brief introduction of psychological distress thermometer

Psychological distress thermometer developed by Roth et al [10] in 1998 and first Used in patients with prostate cancer, the United States National Comprehensive Cancer Network (National Comprehensive Cancer Network, NCCN) added Psychological distress Thermometer based on the Psychological distress Correlation Questionnaire (Problem List, PL), and recommended the use of Distress Management Screening Measure (Distress Management Screening Measure, DMSM) for psychological distress and Screening of relevant factors [36-38]. DMSM consists of two parts: ① Psychological distress thermometer, including 0 (no pain) ~ 10 (extremely distress) 11 scales, when used to guide the patient for nearly a week their own level of distress experienced by the corresponding numbers marked. Mild distress : 1 point to 3 points, moderate distress : 4 points to 6 points, severe distress : 7 points to 9 minutes, extremely distress ② psychological distress related factors questionnaire, including 39 related factors, including practical problems, family problems, emotional problems, physical problems and spiritual, religious, and faith issues in five areas. Chen et al [7] that: Psychological distress thermometer clinical screening of patients with psychological distress can be used in clinical tools, early detection of suspected patients with psychological distress and effective intervention as soon as possible to reduce the patient's psychological distress and promote the rehabilitation of the disease, Improve the quality of life, to avoid accidents. Zebrack et al.[28] retrospectively analyzed the use of psychological distress thermometer in two tertiary cancer centers. The results showed that the psychological distress thermometer score can well reflect the patient's psychological distress, Questions provide a reference. Garvey et al. [39] evaluated 39 psychiatric projects in 248 indigenous Australians with different tumor types, stages, and treatments. Exploratory factor analysis revealed that physical, psychological, hospital care, information and communication, and real cultural needs were explained 51% variance. Cronbach's alpha reliability coefficient of the scale was 89.70. In Canada, psychological and emotional distress scores have become the 6th vital sign after body temperature, pulse, respiration, blood pressure and pain[40].

II. Clinical Application of Psychological Distress Thermometer

Application of Psychological Distress Thermometer in Cancer Patients

Psychological distress thermometer simple and effective, its clinical application regularly widespread, now more used in screening and assessment of psychological distress in patients with malignant tumors. Qiu Liangzhi investigated the psychological distress of 32 patients with postoperative chemotherapy of lung cancer using psychological distress thermometer, the results showed that 19 patients (59.4%) patients with varying degrees of psychological distress , psychological distress score of 4. 5 points ± 2.5 points, analysis of the main factors affecting emotional and physical problems. Most of the patients with postoperative chemotherapy for lung cancer have moderate psychological distress. Among the problems that affect the patients' psychological distress, the patients described are the most tired (81.3%), no time and energy to take care of children or the old (56.3%) and no Time and energy to do housework (56.3%) 3 problems. In order to reduce the degree of psychological distress, health care workers should be based on individual nursing interventions. Zhou Yingqun used psychological distress thermometer to screen psychological distress in 102 patients with gynecologic malignancies. The prevalence of significant psychological distress (psychological distress thermometer ≥ 4) was 52%, slightly lower than that in the United States (57%) [41] research data. Gynecologic Oncology Patients

Describe five broad categories of problems that affect the patient's psychological distress, including sleeping, nervousness, anxiety, financial problems and lack of time and energy to take care of children or the elderly. The results show that the application of psychological pain thermometer in the screening of patients with gynecological malignancies in China helps to find out the extent and causes of psychological distress in time and provide the basis for further personalized psychotherapy. Dai Fei psychological distress thermometer 157 patients with gastrointestinal cancer screening questionnaire showed that patients with gastrointestinal cancer psychological pain score (4.84 ± 2.77) points, mainly in moderate distress, Accounting for 43. 9%, more than the United States Zabora and so on the results of the study (35.1%) and Carlson et al. [11] in Canada (37.8%) were high. Psychological distress factors affecting patients with gastrointestinal cancer have gender, age, education level and income ($P < 0.05$); the problems that affect the patient's psychological distress from high to low are physical problems, emotional problems, practical problems and communication problems. Chen et al [17] using psychological distress thermometer on 320 cases of hospitalized patients with breast cancer screening, patients with severe psychological distress accounted for 48.13%, compared with other reports on the occurrence of severe psychological distress in convalescent patients with breast cancer High rate. Among them, Dabrowski et al [42] reported that 286 cases of convalescent breast cancer patients significant psychological distress prevalence were 34%. The prevalence of significant psychological distress in 348 cases of convalescent and convalescent breast cancer reported by Wang was 33.3%. The reason may be the patient suddenly diagnosed with breast cancer, resulting from work, economic life, surgery, chemotherapy and other aspects of psychological stress, leading to serious psychological distress. With the prolonged course of disease, the condition was under control, the patient gradually accepted the status quo, psychological distress eased. An important factor affecting the degree of psychological distress is age, duration, and husband , insurance - economy, fatigue, constipation. Zhai Meng-Jun psychological distress thermometer for oral and maxillofacial cancer patients with psychological distress screening results showed that moderate psychological distress rate was 58.67%, psychological distress score was (4.42 ± 1.98) Points, affecting the patient's psychological distress from high to low order appearance, oral distress, limited function, eating, economic problems.

III. Relevant questions about the application of psychological distress thermometer

3.1 The timing of psychological distress thermometer evaluation

The National Comprehensive Cancer Network (NCCN) and Canadian authorities confirm that the screening and management of psychological distress in patients may be based on the standardization of cancer pain[4]. At any stage of the disease settings in the condition should promptly identify the psychological distress, and the corresponding treatment and management, the assessment of psychological distress as a clinical indicator.

3.2 Psychological distress thermometer positive results cut-off value and psychological distress condition

Analysis of the relevant factors mental distress Thermometer cutoff is a cut-off of moderate and severe psychological distress through screening and ROC curve analysis. Based on the results of the clinical study, the NCCN revised the guideline-recommended cut-off point to 4 points. That is, when the patient's psychological distress thermometer score $\geq$ 4 points, further psychological evaluation, and treatment are required. Psychological distress thermometers include 0 (no pain) ~ 10 (extremely painful) 11 scales, while the analysis of psychological distress related factors, different scholars have different views. Relevant factors of psychological distress include 39 specific problems in five aspects, namely practical problems, family problems, emotional problems, physical problems and spiritual, religious and religious beliefs. Participants in the survey used psycho-stress thermometers on a scale of 0 to 10 to indicate the psychological distress of the past week and then answered 39 specific questions with "yes" and "no", but there was no specific problem with respect to spirituality, religion or belief of. Wei et al. [29] The result of scholars' research is that a simple dichotomy will reduce the credibility of the answer. Yan Li and so on using Likert 5-point score, 1 point to 5 points said no to very serious, the higher the degree that the corresponding index score higher. Liang Guangli et al. [31] used a score of 0 to 4 to describe the severity of the problem for each minor problem related to psychological distress. Of these, 0 was not representative, 1 was not representative, 2 was sometimes represented, 3 points on behalf of often, 4 points on behalf of almost always. The author believes that the more detailed the specific problems related to psychological distress factors, the higher the sensitivity of the results, the closer to the truth, but the greater the difficulty of the operation. Therefore, the psychological distress related factors evaluation method selection and use should be based on operator proficiency in psychological knowledge to choose.

3.3 Influencing Psychological distress Thermometer evaluation factors

The results of Zhang et al. [28] showed that the detection rate of significant psychological distress (psychological pain thermometer 4 points) for cancer patients was 24.2%, which was lower than the data from other countries and may be related to sample selection, screening and diagnostic tools As well as cultural differences and so on. According to the literature, there are time-bound factors influencing psychological distress thermometer evaluation in clinical practice. Patients 'sense of shame, lack of psychological knowledge of the medical team and patients' cognitive abilities are low. Some patients, their families, The avoidance of the problem[43]. At present, some domestic patients are antagonistic to the terms "psychological" and "psychological problems", which leads them to choose low scores or 0 points to cover their true inner feelings, thus affecting the assessment of the psychological distress of the medical staff.

IV. American cancer patients psychological distress management

4. 1 - NCCN cancer patients psychological distress management

In order to better manage the psychological suffering of cancer patients, an interdisciplinary team was set up by NCCN in 1997 to develop clinical practice guidelines for psychological distress management, which has become an important milestone in the field of psychological care of cancer patients. Team members are oncologists, nursing Social workers, consultants, psychiatrists, psychologists, and clergy, as well as cancer patients. In 2013, the NCCN released the standards for psychological distress management [44]. The primary goal of these standards is to ensure that all patients' psychological distress is identified and treated. The NCCN standard for managing psychological distress should be broad and need to be tailored to the needs of the patient's particular population and to the agencies.

4. 2 American Psychosocial Oncology Association five-step management

Although the impact of psychological distress on the quality of life of cancer patients is gaining momentum, the implementation of routine psychological distress screening based on the NCCN Guidelines for Psychological distress Management remains challenging[45]. In order to speed up the implementation of the guidelines, the American Psychosomatic Association (The American Psychosocial Oncology Society, APOS) and the Yale School of Nursing (YSN) launched the Psycho-distress Screening Project in 2014[46]. The project identified five steps in the management of psychological distress in cancer patients: Step 1, Screening, Step 2, Evaluation, Step 3, Referral, Step 4, Follow-up, Step 5, Records and Quality Improvement. This five steps of real-time screening for the degree of psychological suffering of cancer patients, timely detection of patients with moderate psychological distress and prompt intervention, the overall quality of care of cancer patients will be greatly enhanced.

4. 3 American College of Surgeons Psychological Pain Management

2015 American Academy of Surgeons (ACOS) Unveils New Certification Criteria for Hospital Cancer Program[46]: Patient-Centered, Screening for All Psychological Distress in Cancer Patients. The ACOS Cancer Council psychological pain screening criteria require that the Cancer Center develop and implement live psychological distress screening and referrals and provide psychological support for patients with psychological distress. The entire process includes six key elements[45]: Cancer Council meetings (including screening programs), screening time, methods, tools, assessments and referrals and records. In view of the differences in resources and culture, there is no single psychological distress screening project.

Address the specific needs of each cancer center. The ACOS screening criteria will provide the reference for the design of comprehensive screening programs in different cancer centers.

Summary and Outlook

With the medical research on the pathogenesis and treatment of malignant tumors, psychological factors play an increasingly significant role in the malignant tumors treatment. Negative psychological emotions not only have an unfavorable effect on the course of the tumor but also influence the quality of life of the patients.

Therefore,while support for the treatment of malignant tumors should also strengthen the psychological attention. Psychological intervention tends to provide psychological improvements, the impact on the mood is positive. The current research shows that psychological intervention is effective, and all the psychological interventions that are suitable for patients according to the needs of patients will become the trend of the future development of the psychosocial intervention.

References

[1]. National Comprehensive Cancer Network, in SpringerReference. Springer-Verlag.
[2]. Shim, E.-J., et al., Health-related quality of life in breast cancer: A cross-cultural survey of German, Japanese, and South Korean patients. Breast Cancer Research and Treatment, 2006. 99(3): p. 341-350.
[3]. Essen, L.V., et al., 'Satisfaction with care': associations with health-related quality of life and psychosocial function among Swedish patients with endocrine gastrointestinal tumours. European Journal of Cancer Care, 2002. 11(2): p. 91-99.
[4]. Faller, H., et al., Coping, Distress, and Survival Among Patients With Lung Cancer. Archives of General Psychiatry, 1999. 56(8): p. 756.
[5]. Hamer, M., Y. Chida, and G.J. Molloy, Psychological distress and cancer mortality. Journal of Psychosomatic Research, 2009. 66(3): p. 255-258.
[6]. Holland, J.C. and B.D. Bultz, The NCCN Guideline for Distress Management: A Case for Making Distress the Sixth Vital Sign. Journal of the National Comprehensive Cancer Network, 2007. 5(1): p. 3-7.
[7]. Bultz, B.D. and C. Johansen, Screening for Distress, the 6th Vital Sign: where are we, and where are we going? Psycho-Oncology, 2011. 20(6): p. 569-571.
[8]. Derogatis, L.R., Brief Symptom Inventory, in PsycTESTS Dataset. 1982, American Psychological Association (APA).
[9]. Thornicroft, G., M. Tansella, and D. Goldberg, Foreword Professor Sir David Goldberg, in The Mental Health Matrix. Cambridge University Press. p. xiii-xvi.
[10]. Roth, A.J., et al., Rapid screening for psychologic distress in men with prostate carcinoma. Cancer, 1998. 82(10): p. 1904-1908.
[11]. Carlson, L.E., et al., High levels of untreated distress and fatigue in cancer patients. British Journal of Cancer, 2004. 90(12): p. 2297-2304.
[12]. Zabora, J., et al., A New Psychosocial Screening Instrument for Use With Cancer Patients. Psychosomatics, 2001. 42(3): p. 241-246.
[13]. Gao, W., et al., Psychological distress in cancer from survivorship to end of life care: Prevalence, associated factors and clinical implications. European Journal of Cancer, 2010. 46(11): p. 2036-2044.
[14]. Yun, Y.H., et al., Experiences and Attitudes of Patients With Terminal Cancer and Their Family Caregivers Toward the Disclosure of Terminal Illness. Journal of Clinical Oncology, 2010. 28(11): p. 1950-1957.
[15]. Carlson, L.E., et al., Reply to S. Palmer et al. Journal of Clinical Oncology, 2011. 29(10): p. e279-e280.
[16]. Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs, in PsycEXTRA Dataset. American Psychological Association (APA).
[17]. Sellick, S.M., Canadian Association of Psychosocial Oncology. Psycho-Oncology, 1998. 7(5): p. 442-442.
[18]. Vanchieri, C., How and Why the National Cancer Institute Issued the Breast Cancer Clinical Alert. JNCI Journal of the National Cancer Institute, 1988. 80(15): p. 1186-1187.
[19]. Bultz, B.D., et al., Implementing screening for distress, the 6th vital sign: a Canadian strategy for changing practice. Psycho-Oncology, 2011. 20(5): p. 463-469.
[20]. Howell, D., et al., Psychosocial health care needs assessment of adult cancer patients: a consensus-based guideline. Supportive Care in Cancer, 2012. 20(12): p. 3343-3354.
[21]. Bultz, B.D. and L.E. Carlson, A commentary on 'Effects of screening for psychological distress on patient outcomes in cancer: A systematic review'. Journal of Psychosomatic Research, 2013. 75(1): p. 18-19.
[22]. Velikova, G., et al., Measuring Quality of Life in Routine Oncology Practice Improves Communication and Patient Well-Being: A Randomized Controlled Trial. Journal of Clinical Oncology, 2004. 22(4): p. 714-724.
[23]. Carlson, L.E., et al., Screening for Distress in Lung and Breast Cancer Outpatients: A Randomized Controlled Trial. Journal of Clinical Oncology, 2010. 28(33): p. 4884-4891.
[24]. Chen, J., L. Ou, and S.J. Hollis, A systematic review of the impact of routine collection of patient reported outcome measures on patients, providers and health organisations in an oncologic setting. BMC Health Services Research, 2013. 13(1).
[25]. Kotronoulas, G., et al., What Is the Value of the Routine Use of Patient-Reported Outcome Measures Toward Improvement of Patient Outcomes, Processes of Care, and Health Service Outcomes in Cancer Care? A Systematic Review of Controlled Trials. Journal of Clinical Oncology, 2014. 32(14): p. 1480-1501.
[26]. Mitchell, A.J., Screening for cancer-related distress: When is implementation successful and when is it unsuccessful? Acta Oncologica, 2013. 52(2): p. 216-224.
[27]. Carlson, L.E., A. Waller, and A.J. Mitchell, Screening for Distress and Unmet Needs in Patients With Cancer: Review and Recommendations. Journal of Clinical Oncology, 2012. 30(11): p. 1160-1177.
[28]. Zebrack, B., et al., Psychosocial Distress Screening Implementation in Cancer Care: An Analysis of Adherence, Responsiveness, and Acceptability. Journal of Clinical Oncology, 2015. 33(10): p. 1165-1170.
[29]. Bidstrup, P.E., C. Johansen, and A.J. Mitchell, Screening for cancer-related distress: Summary of evidence from tools to programmes. Acta Oncologica, 2011. 50(2): p. 194-204.
[30]. Jacobsen, P.B., Screening for Psychological Distress in Cancer Patients: Challenges and Opportunities. Journal of Clinical Oncology, 2007. 25(29): p. 4526-4527.
[31]. Merckaert, I., et al., Desire for formal psychological support among caregivers of patients with cancer: prevalence and implications for screening their needs. Psycho-Oncology, 2012. 22(6): p. 1389-1395.
[32]. Rossi, R., EDUCAO E EMANCIPAO. PESQUISA EM FOCO, 2017. 22(2).
[33]. Distress Management Clinical Practice Guidelines in Oncology. Journal of the National Comprehensive Cancer Network, 2003. 1(3): p. 344-344.
[34]. Sanson-Fisher, R., et al., The unmet supportive care needs of patients with cancer. Cancer, 2000. 88(1): p. 226-237.
[35]. Mitchell, A.J., Pooled Results From 38 Analyses of the Accuracy of Distress Thermometer and Other Ultra-Short Methods of Detecting Cancer-Related Mood Disorders. Journal of Clinical Oncology, 2007. 25(29): p. 4670-4681.
[36]. Donovan, K.A. and P.B. Jacobsen, Progress in the Implementation of NCCN Guidelines for Distress Management by Member Institutions. Journal of the National Comprehensive Cancer Network, 2013. 11(2): p. 223-226.
[37]. Jacobsen, P.B. and S. Ransom, Implementation of NCCN Distress Management Guidelines by Member Institutions. Journal of the National Comprehensive Cancer Network, 2007. 5(1): p. 99-103.
[38]. Jacobsen, P.B., et al., Evaluating the quality of psychosocial care in outpatient medical oncology settings using performance indicators. Psycho-Oncology, 2010. 20(11): p. 1221-1227.
[39]. Garvey, G., et al., Psychometric properties of an Australian supportive care needs assessment tool for Indigenous patients with cancer. Cancer, 2015. 121(17): p. 3018-3026.
Bultz, B.D. and L.E. Carlson, Emotional Distress: The Sixth Vital Sign in Cancer Care. Jour 41. Johnson, R.L., M.A. Gold, and K.F. Wyche, Distress in women with gynecologic cancer. Psycho-Oncology, 2009. 19(6): p. 665-668.

[40]. Dabrowski, M., et al., Clinical Experience with the NCCN Distress Thermometer in Breast Cancer Patients. Journal of the National Comprehensive Cancer Network, 2007. 5(1): p. 104-111.
[41]. Rüsch, N., M.C. Angermeyer, and P.W. Corrigan, Mental illness stigma: Concepts, consequences, and initiatives to reduce stigma. ropean Psychiatry, 2005. 20(8): p. 529-539.
[42]. NCCN Guidelines® Updates. Journal of the National Comprehensive Cancer Network, 2013. 11(6): p. xxxviii-xxxix.
[43]. Pirl, W.F., et al., Recommendations for the implementation of distress screening programs in cancer centers: Report from the American Psychosocial Oncology Society (APOS), Association of Oncology Social Work (AOSW), and Oncology Nursing Society (ONS) joint task force. Cancer, 2014. 120(19): p. 2946-2954.
[44]. Morrow, M. and J. Sylvester, Part II. The cancer program of the American College of Surgeons Commission on Cancer. Current Problems in Cancer, 2001. 25(2): p. 98-111.

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