The 1st Razavi International Psycho Oncology Congress
4-5 Oct 2015

Abstract and Program Book
کتابچه برنامه و مقالات اولین کنگره بین المللی روانشناسی سرطان

ناشر: موسسه چاپ و انتشارات آستان قدس

گردآورنده: واحد امور بین الملل و کنگره های بیمارستان رضوی

صفحه اولیه: واحد روابط عمومی بیمارستان رضوی

امور فنی و چاپ: موسسه چاپ و انتشارات آستان قدس

مشخصات ظاهری:

ثبت چاپ: سایه

شمارگان: 1000 جلد

تاریخ چاپ: 1394 اول / پاییز

سایة: 20*14 سانتیمتر

صفحه: 116
The 1st Razavi International Psycho-Oncology Congress

Razavi Hospital

Abstract and Program Book

4 - 5 October, 2015

اولین کنگره بین المللی روانشناسی سرطان
پیمارستان رضوی
13 تا 12 مهرماه 1394
As the CEO of Razavi hospital, I am delighted to invite you to attend the 1st Razavi International Psycho-Oncology Congress to be held in Mashhad, Iran, 4 - 5 October, 2015. Partnering with Iranian Center of Neurological Center, Shefa Neuroscience Research Center and Astan Qods Razavi, Razavi hospital ensures a rich experience for all participants.

Some distinguished physicians and scholars from different countries including Canada, America, Australia and Switzerland will attend the congress to exchange their ideas and experiences with their colleagues in Iran.

The congress has been designed to provide an innovative and comprehensive overview of the latest research on psychological support for cancer patients and their families, prevention of anxiety and depression in cancer patients, prevention of psychological complications and the related adverse effects on occupation and education in cancer patients’ relatives, enhancing life quality and life time in cancer patients. We look forward to opening our doors to everyone to Mashhad for the 1st Razavi International Psycho-Oncology Congress.

Saeed Hashemzadeh, MD
CEO of Razavi Hospital
CEO of Razavi Hospital: Dr. Saeed Hashemzadeh
Scientific Chairman: Prof. Ali Gorji
Executive Chairmen: Dr. Amir Hojabrossadati, Dr. Kamran Ghaffarzadehgan
Departments and Units:
- Health Care Department
- Education and Research Department
- International Affairs and Congress
- Public Relations Unit
- Razavi Mehr Center
- Nursing Office
- Financial Unit
- Administrative Unit
- IT Unit
- Procurement Unit
- Public Affairs Unit
- Security Guard Unit
- Transportation Unit
- Food Service Unit
International Lecturers

Dr. Dena Sadeghi Bahmani
Psychiatric Clinics of the University of Basel, Center for Affective, Stress and Sleep Disorders
Basel, Switzerland

Dr. Rainer Proennekeez
Medical Superintendent for Internal and Palliative Medicine, Hospital Marienstift Braunschweig
Braunschweig, Germany

Prof. Peter Norton
School of Psychological Sciences, Monash Institute of Clinical and Cognitive Neurosciences, Faculty of Medicine, Nursing and Health Sciences, Monash University
Melbourne, Australia

Dr. Chelsea Gilts Ratcliff
South Central MIRECC, Michael E. DeBakey VA Medical Center, Baylor College of Medicine, University of Houston
Houston, USA
### National Committee

<table>
<thead>
<tr>
<th></th>
<th>Dr</th>
<th>Mohsen</th>
<th>Aghae Hakak</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Dr</td>
<td>Mohammad Esmaeel</td>
<td>Akbari</td>
</tr>
<tr>
<td>3</td>
<td>Dr</td>
<td>Hossein</td>
<td>Amiri</td>
</tr>
<tr>
<td>4</td>
<td>Dr</td>
<td>Gholamreza</td>
<td>Bahadorkhan</td>
</tr>
<tr>
<td>5</td>
<td>Dr</td>
<td>Farzad</td>
<td>Bidouee</td>
</tr>
<tr>
<td>6</td>
<td>Dr</td>
<td>Alireza</td>
<td>Ehsaeae</td>
</tr>
<tr>
<td>7</td>
<td>Dr</td>
<td>Ehsan</td>
<td>Ghayour</td>
</tr>
<tr>
<td>8</td>
<td>Dr</td>
<td>Farzad</td>
<td>Goli</td>
</tr>
<tr>
<td>9</td>
<td>Dr</td>
<td>Leila</td>
<td>Hosseini</td>
</tr>
<tr>
<td>10</td>
<td>Dr</td>
<td>Shiva</td>
<td>Kamrouz</td>
</tr>
<tr>
<td>11</td>
<td>Dr</td>
<td>Fahimeh</td>
<td>Khoshrou</td>
</tr>
<tr>
<td>12</td>
<td>Dr</td>
<td>Farah</td>
<td>Lotfi Kashani</td>
</tr>
<tr>
<td>13</td>
<td>Dr</td>
<td>Kaveh</td>
<td>Moghadam</td>
</tr>
<tr>
<td>14</td>
<td>Dr</td>
<td>Hossein</td>
<td>Rahimi</td>
</tr>
<tr>
<td>15</td>
<td>Dr</td>
<td>Roham</td>
<td>Salek</td>
</tr>
<tr>
<td>16</td>
<td>Dr</td>
<td>Saeedeh</td>
<td>Sarafras</td>
</tr>
</tbody>
</table>
# The 1st Razavi International Psycho-Oncology Congress
**First Day: Sunday, 4 October, 2015**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30 - 09:00</td>
<td>Opening Ceremony</td>
</tr>
<tr>
<td>09:00 - 09:30</td>
<td>Psycho-Oncology: How Cancer Affects the Brain? Prof. Ali Gorji</td>
</tr>
<tr>
<td>09:30 - 10:00</td>
<td>Break</td>
</tr>
</tbody>
</table>

**FIRST SESSION: Palliative Medicine**  
**Chairs:** Dr. Chelsea Ratcliff, Dr. Roham Salek, Dr. Hossein Rahimi, Dr. Mohsen Aghae Hakak, Dr. Mohammad Esmaeel Akbari  
**10:00 - 12:30**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 - 10:40</td>
<td>Palliative, Psycho-Social Care for Children with Terminal Illness and Their Families Rainer Neubauer</td>
</tr>
<tr>
<td>10:40 - 11:20</td>
<td>Development of Palliative Medicine Dr. Rainer Pronneke</td>
</tr>
<tr>
<td>11:20 - 11:35</td>
<td>Art Therapy in Children and Adolescents with Cancer Dr. Kaveh Moghaddam</td>
</tr>
<tr>
<td>11:35 - 11:50</td>
<td>Essential Aspects of Systemic Approach to Cancer  Dr. Farzad Goli</td>
</tr>
<tr>
<td>11:50 - 12:30</td>
<td>Psycho-Oncology in a Comprehensive Cancer Center - Why and How Can it be Implemented? Prof. Markus Burgmer</td>
</tr>
<tr>
<td>12:30 - 14:00</td>
<td>Lunch and Rest</td>
</tr>
<tr>
<td>13:15 - 14:00</td>
<td>Poster Presentation</td>
</tr>
</tbody>
</table>
### SECOND SESSION: Spirituality in Cancer / Breaking the Bad News

**Chairs:** Prof. Peter Norton, Dr. Rainer Pronneke, Prof. Markus Burgmer, Dr. Ehsan Ghayour  
14:00 - 16:00

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00 - 14:20</td>
<td>Introduction to the Foundations of Spirituality in Cancer Patients</td>
<td>Dr. Mohammad Esmaeel Akbari</td>
</tr>
<tr>
<td>14:20 - 14:40</td>
<td>Background and Experiments of Spiritual Therapy in Iran and the World</td>
<td>Dr. Saeedeh Sarafraz</td>
</tr>
<tr>
<td>14:40 - 15:00</td>
<td>Evidence-Based Biological Changes with Spiritual Therapy in Cancer Patients</td>
<td>Dr. Leili Hosseini</td>
</tr>
<tr>
<td>15:00 - 15:15</td>
<td>Doctor-Patient Communication Skills</td>
<td>Dr. Saeedeh Sarafraz</td>
</tr>
<tr>
<td>15:15 - 15:30</td>
<td>Psychological Changes in Cancer Patients after Breaking the Cancer News</td>
<td>Dr. Leili Hosseini</td>
</tr>
<tr>
<td><strong>15:30 - 16:00</strong></td>
<td><strong>Discussion</strong></td>
<td></td>
</tr>
</tbody>
</table>
# The 1st Razavi International Psycho-Oncology Congress

**Second Day: Monday, 5 October, 2015**

## FIRST SESSION: Psychology in Cancer

**Chairs:** Prof. Markus Burgmer, Dr. Fahimeh Khoshrou, Rainer Neubauer, Dr. Roham Salek  
**08:30 - 10:30**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30 - 09:00</td>
<td>Psychosocial Needs in Cancer Care: Patient Needs and Practice Guidelines</td>
<td>Prof. Peter Norton</td>
</tr>
<tr>
<td>09:00 - 09:30</td>
<td>Mind-Body Interventions: Integrative Approaches to Improving Health and Quality of Life for Individuals Facing Cancer Diagnosis and Treatment</td>
<td>Dr. Chelsea Ratcliff</td>
</tr>
<tr>
<td>09:30 - 10:00</td>
<td>The Influence of Mindfulness Based Stress Reduction Among Patients with Cancer – an Update and Review.</td>
<td>Prof. Serge Brand</td>
</tr>
<tr>
<td>10:00 - 10:30</td>
<td>Psychological Interventions in Patients Suffering from Cancer</td>
<td>Dr. Farah Lotfi Kashani</td>
</tr>
</tbody>
</table>

| 10:30 - 11:00 | Break                                                                 |
# SECOND SESSION: Cancer and Life

**Chairs:** Dr. Mohammad Reza Ehsaei, Prof. Serge Brand, Dr. Farzad Goli, Dr. Gholam Reza Bahador Khan  
**11:00 - 12:40**

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 - 11:20</td>
<td>The Associations Between Cancer, Cognitive Dysfunction and Coping</td>
<td>Dr. Dena Sadeghi Bahmani</td>
</tr>
<tr>
<td>11:20 - 11:40</td>
<td>The Concept and Clinical Implication of Coping in Psycho-Oncology</td>
<td>Prof. Markus Burgmer</td>
</tr>
<tr>
<td>11:40 - 12:00</td>
<td>Psychological Aspects of Brain Tumor</td>
<td>Dr. Maryam Khaleghi Ghadiri</td>
</tr>
<tr>
<td>12:00 - 12:20</td>
<td>Genetic Testing for Familial Colon and Breast Cancer: Psychological and Social Impact</td>
<td>Dr. Ehsan Ghayour</td>
</tr>
<tr>
<td>12:20 - 12:40</td>
<td>Evidence-Based Psychological Intervention in Cancer Patients</td>
<td>Dr. Seyed Ali Saghebi</td>
</tr>
<tr>
<td>12:40 - 14:00</td>
<td>Lunch and Rest</td>
<td></td>
</tr>
<tr>
<td>13:15 - 14:00</td>
<td>Poster Presentation</td>
<td></td>
</tr>
</tbody>
</table>

# THIRD SESSION: Cancer and Communication Problems

**Chairs:** Dr. Chelsea Ratcliff, Prof. Peter Norton, Dr. Maryam Khaleghi Ghadiri, Dr. Farzad Bidouee  
**14:00 - 16:00**

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00 - 14:20</td>
<td>Localization of the PMH Group Therapy Curriculum</td>
<td>Dr. Shiva Kamrouz</td>
</tr>
<tr>
<td>14:20 - 15:30</td>
<td>How to Avoid Communication Problems in the Treatment of Cancer Patients? (Workshop)</td>
<td>Prof. Markus Burgmer</td>
</tr>
<tr>
<td>15:30 - 16:00</td>
<td>Closing Ceremony</td>
<td></td>
</tr>
<tr>
<td>NO.</td>
<td>Posters</td>
<td>Page</td>
</tr>
<tr>
<td>-----</td>
<td>-------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>1</td>
<td>Investigating the Possibility of Mind Being a Risk Factor for Cancer</td>
<td>40</td>
</tr>
<tr>
<td>2</td>
<td>Psychosocial Telephone Interventions as an Alternative Method of Delivering Palliative Care to Patients with Cancer</td>
<td>41</td>
</tr>
<tr>
<td>3</td>
<td>Effectiveness of Acceptance and Commitment Therapy in Group on Self-efficacy and Happiness of Patients Cancer</td>
<td>42</td>
</tr>
<tr>
<td>4</td>
<td>Effectiveness of Quality of Life Therapy in Group on Happiness and Hope of Patients with Cancer</td>
<td>43</td>
</tr>
<tr>
<td>5</td>
<td>Determination of Quality of Life of Cancer Patients Compared to Healthy People</td>
<td>44</td>
</tr>
<tr>
<td>6</td>
<td>Prevalence of Depression and Anxiety in Cancer Patients</td>
<td>45</td>
</tr>
<tr>
<td>7</td>
<td>Reviewing Cognitive Chemo Brain Impairments in Cancer Chemotherapy Treated Patients</td>
<td>46</td>
</tr>
<tr>
<td>8</td>
<td>Insomnia in Cancer Patients</td>
<td>48</td>
</tr>
<tr>
<td>9</td>
<td>Anti-Cancer Lifestyle: A Review</td>
<td>49</td>
</tr>
<tr>
<td>10</td>
<td>The Effective of Group Play Therapy on the Hope Agency Factor on Neoplasms Child in Isfahan</td>
<td>50</td>
</tr>
<tr>
<td>11</td>
<td>Humor as a Complementary Therapy in Patient with Cancer, Systematic Review</td>
<td>51</td>
</tr>
<tr>
<td>12</td>
<td>The Analysis of the Effects of Relaxation Techniques in Cancer Patients</td>
<td>52</td>
</tr>
<tr>
<td>13</td>
<td>Investigating the Quality Guarantee of the Intensive Care Unit Before and After the Presence of the Support Services Staff in Mahak Hospital</td>
<td>53</td>
</tr>
<tr>
<td>14</td>
<td>The Analysis of the Role of Spirituality in the Quality of Life of Cancer Patients</td>
<td>55</td>
</tr>
<tr>
<td>15</td>
<td>A Qualitative Study on Happiness and Attitude Toward Death in Diagnosed Cancer Patients</td>
<td>57</td>
</tr>
<tr>
<td>16</td>
<td>History of Palliative Medicine</td>
<td>58</td>
</tr>
<tr>
<td>17</td>
<td>Reviewing Methods of Breast Cancer Diagnosis Using Data Mining Techniques</td>
<td>59</td>
</tr>
<tr>
<td>18</td>
<td>The Prevalence of Long-Term Symptoms of Depression and Anxiety after Breast Cancer Treatment: A Systematic Review</td>
<td>60</td>
</tr>
<tr>
<td>19</td>
<td>Anxiety, Depression and Quality of Life in Patients with Brain Tumor before and after Adjuvant Therapy</td>
<td>61</td>
</tr>
<tr>
<td>20</td>
<td>Parents’ Concerns and Demands About Their Child’s Cancer</td>
<td>62</td>
</tr>
<tr>
<td>NO.</td>
<td>Posters</td>
<td>Page</td>
</tr>
<tr>
<td>-----</td>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>21</td>
<td>Effects of Music Therapy on Anxiety, Pain and Changes of Hemodynamic Among Breast Cancer Patients After Radical Mastectomy</td>
<td>63</td>
</tr>
<tr>
<td>22</td>
<td>Study of Health Locus of Control in Patients Suffering from Cancer: A Review Article</td>
<td>64</td>
</tr>
<tr>
<td>23</td>
<td>Investigation of the Effect of Computer Games in Children with Cancer</td>
<td>65</td>
</tr>
<tr>
<td>24</td>
<td>An Assessment of Cancer-Related Lifestyle among Physicians</td>
<td>66</td>
</tr>
<tr>
<td>25</td>
<td>The Persian Version of the Fear of Cancer Recurrence Inventory; Translation and Empirical Validation.</td>
<td>67</td>
</tr>
<tr>
<td>26</td>
<td>Study of Health-Promoting Behaviours in Cancer Survivor</td>
<td>68</td>
</tr>
<tr>
<td>27</td>
<td>The Effect of Pranayama on Cancer</td>
<td>69</td>
</tr>
<tr>
<td>28</td>
<td>Suicidal Risk Among Oncology Outpatients and Inpatients: The Role of Contributing Factors</td>
<td>70</td>
</tr>
<tr>
<td>29</td>
<td>Effects of Stress Managements on Psychological and Physiological Adaptation in Patients with Cancer</td>
<td>71</td>
</tr>
<tr>
<td>30</td>
<td>The Analysis of the Effects of Relaxation Techniques in Curing Cancer Patients</td>
<td>72</td>
</tr>
<tr>
<td>31</td>
<td>The Use of Playing for Palliative Care for Children with Cancer</td>
<td>73</td>
</tr>
<tr>
<td>32</td>
<td>Is Physical Activity a Reduced Risk of Breast Cancer?</td>
<td>74</td>
</tr>
<tr>
<td>33</td>
<td>Effects of a Palliative Care Intervention on Clinical Outcome in Patients with Cancer</td>
<td>75</td>
</tr>
<tr>
<td>34</td>
<td>Effect of Stress Training on the Levels of Stress, Depression in Cancer Patient</td>
<td>76</td>
</tr>
<tr>
<td>35</td>
<td>The Analysis of the Role of Spirituality in the Quality of Life of Cancer Patients</td>
<td>77</td>
</tr>
<tr>
<td>36</td>
<td>Investigating the Possibility of Mind Being a Risk Factor for Cancer</td>
<td>78</td>
</tr>
<tr>
<td>37</td>
<td>The Use of Clinical Hypnosis in Cancer Patients</td>
<td>79</td>
</tr>
<tr>
<td>38</td>
<td>The Effects of Spiritual Interventions on Quality of Life of Patients Suffering from Cancer</td>
<td>80</td>
</tr>
<tr>
<td>39</td>
<td>Art Therapy and its Effects on Cancer Patients</td>
<td>81</td>
</tr>
<tr>
<td>40</td>
<td>Depression in Cancer</td>
<td>82</td>
</tr>
<tr>
<td>NO.</td>
<td>Posters</td>
<td>Page</td>
</tr>
<tr>
<td>-----</td>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>41</td>
<td>Sedentary Behavior Association with Colorectal Cancer</td>
<td>83</td>
</tr>
<tr>
<td>42</td>
<td>Stress and Cancer Progression</td>
<td>84</td>
</tr>
<tr>
<td>43</td>
<td>Art Therapies and Breast Cancer</td>
<td>85</td>
</tr>
<tr>
<td>44</td>
<td>Art Therapy in The Management of Cancer Symptoms</td>
<td>86</td>
</tr>
<tr>
<td>45</td>
<td>Family Caregivers and Cancer Patients</td>
<td>87</td>
</tr>
<tr>
<td>46</td>
<td>Depression and Emotional Distress in Brain Tumor Patients</td>
<td>88</td>
</tr>
<tr>
<td>47</td>
<td>Immunotherapy in Glioma Tumors</td>
<td>89</td>
</tr>
<tr>
<td>48</td>
<td>Post Traumatic Stress in Cancer</td>
<td>90</td>
</tr>
<tr>
<td>49</td>
<td>Regenerative medicine May Recover Cognitive Function in Brain Cancer</td>
<td>91</td>
</tr>
<tr>
<td>50</td>
<td>The Importance of Social Support in Ovarian Cancer</td>
<td>92</td>
</tr>
<tr>
<td>51</td>
<td>Anxiety and Depression in Patients Suffering from Ovarian Cancer</td>
<td>93</td>
</tr>
<tr>
<td>52</td>
<td>Dietary Factors and Cancer</td>
<td>94</td>
</tr>
<tr>
<td>53</td>
<td>Fruits and Vegetables Reduce Cancer</td>
<td>95</td>
</tr>
<tr>
<td>54</td>
<td>Psychological Factors and Psychotherapy in cancer</td>
<td>96</td>
</tr>
<tr>
<td>55</td>
<td>Exercise and Cancer</td>
<td>97</td>
</tr>
<tr>
<td>56</td>
<td>Multidisciplinary Management for Cancer care: Perspective and Challenge</td>
<td>98</td>
</tr>
<tr>
<td>57</td>
<td>Multidisciplinary Cancer Care and Patient Survival: a Brief Review</td>
<td>99</td>
</tr>
<tr>
<td>58</td>
<td>Multidisciplinary Management in Prostate Cancer</td>
<td>100</td>
</tr>
<tr>
<td>59</td>
<td>Plans to Develop the Competence and Usefulness of Multidisciplinary Team Meetings in Cancer Care</td>
<td>101</td>
</tr>
<tr>
<td>60</td>
<td>Psychosocial Care in Cancer</td>
<td>102</td>
</tr>
<tr>
<td>61</td>
<td>Philosophy Therapy: How Philosophy Could Bring Acceptance and Meaning to the Last Moments of Cancer Patients.</td>
<td>103</td>
</tr>
<tr>
<td>62</td>
<td>Meaningful Therapy Employed to Treat Conversional Trembling in a Patient Suffering from Metastatic Ovarian Cancer, a Case Report</td>
<td>104</td>
</tr>
<tr>
<td>63</td>
<td>Psychiatric Medications which Affect Pain Pathways Would Result in Better Quality of Life in Cancer Patients</td>
<td>105</td>
</tr>
<tr>
<td>64</td>
<td>Psychopathology of Cancer Patients; When the Core Psychopathology is Formed and When Psychiatric Intervention Should Happen</td>
<td>106</td>
</tr>
<tr>
<td>65</td>
<td>Hope and Depression in Cancer Patients</td>
<td>107</td>
</tr>
<tr>
<td>NO.</td>
<td>Posters</td>
<td>Page</td>
</tr>
<tr>
<td>-----</td>
<td>-------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>66</td>
<td>Cell Therapy in Cancer Treatment</td>
<td>108</td>
</tr>
<tr>
<td>67</td>
<td>Psychological Stress May Have an Impact on Cancer</td>
<td>109</td>
</tr>
<tr>
<td>68</td>
<td>Nutrition for Children with Cancer</td>
<td>110</td>
</tr>
<tr>
<td>69</td>
<td>Health-Related Quality of Life as an Important Factor in Cancer Patient</td>
<td>111</td>
</tr>
<tr>
<td>70</td>
<td>Listening to Mozart or Individual Preferred Music Could Enhance Cognitive Function and Lower Depression Index in Cancer Patients.</td>
<td>112</td>
</tr>
<tr>
<td>71</td>
<td>The Importance of Psychosocial Screening in the Cancer Literature</td>
<td>113</td>
</tr>
<tr>
<td>72</td>
<td>The Benefit of Creative Psychological Interventions</td>
<td>114</td>
</tr>
<tr>
<td>73</td>
<td>A to Z of Psycho-Oncology</td>
<td>115</td>
</tr>
</tbody>
</table>
Psycho-Oncology: How Cancer Affects the Brain?

Prof. Ali Gorji
Shafa Neuroscience Research Center, Tehran, Iran
Razavi Mehr Center, Mashhad, Iran
Epilepsy Research Center, Münster, Germany

Cancer patients suffer from affective and cognitive disturbances. These psychological symptoms may be attributed to pre-diagnostic period, diagnosis-related distress, side effects of treatment, and/or post-treatment period. An inflammatory process induced by chemical mediators observed in the vast majority of solid tumors. The ability of tumor-associated biological processes to affect the brain is suggested to produce symptoms, such as anxiety and depression as well as cognitive disturbances. Several experimental investigations and clinical studies revealed that neuroinflammation, hormonal changes, and inflammatory substances associated with neuroanatomical changes are implicated in these symptoms. Further research may improve our understanding of the background pathophysiology of cognitive and behavioral changes associated with cancer. This is essential in effective treatment of psychological disturbances in patients with cancer.
Palliative Care for children presents substantial differences to those of adults. We deal with a great variety of diseases and complex symptoms, which often make medical treatment and nursing high sophisticated and demanding. In addition, a child with a serious terminal illness and therefore limited life expectancy always has a family that is faced with the tragic fact of the early, often unexpected loss of a daughter, son, brother or sister. On account of this, pediatric palliative care is not limited to the preservation of physical quality of life for the ill child. It also always requires the same amount of effort for the psycho-social attendance of the child itself, its parents and its siblings by a multi-professional team throughout the process. The possibilities to fulfill this task as required are often limited at traditional hospitals, due to their focus on cure as well as organizational and physical limitations. To meet the specific demands of this rather small group of children, Germany and other countries created children’s hospices for inpatient treatment of those patients and their families. Outpatient care is done by specialized services like mobile teams of physicians and nurses, intensive nursing services or ambulant hospice teams. The lecture will focus on specific attitudes of involved professionals as well as methods and requirements for this young but specialized field of pediatric care by using examples from the Children’s Hospice Bärenherz in Wiesbaden, Germany.
Palliative Medicine

Dr. Rainer Proenneke
Medical Superintendent for Internal and Palliative Medicine
Hospital Marienstift Braunschweig Germany
German Hospice and Palliative Care Federation

The last century’s distinguishing feature was a unique development in technical medicine. This entailed that complaints and symptoms of the terminal ill persons were neglected. Only about 40 years ago the medical self-image in Europe changed – especially referring to the needs of end-of-life-patients. The reflected development of a systematic medical treatment for the severely sick and dying with the main targets relief and quality of life stands for the so called palliative medicine. Consequently the inadequate prolongation of life has to be disapproved. The contents and support systems of this special field will be introduced as well as the growing integration into the German Public Health Service. Last but not least palliative care corresponds with the social attitude to our human basic condition of the desire to live and the compulsion to die.
Art Therapy in Children and Adolescents with Cancer
Dr. Kaveh Moghaddam

Cancer is one of the diseases in which a lot of children and adolescents can be infected to all kinds of it specially leukemia. The children with cancer have a lot of problems with the acceptance issue at all of the different stages of their disease and this can lead to decreasing of their motivation and self-esteem when there is no condition for improvement or treatment. Finally, their conditions for performance of the activities of daily living will be difficult. According to the clinical studies and researches in the field of art therapy, arts specially music and painting can lead to improvement of the cognitive and perceptual skills of these children such as memory, attention and concentration and better insight to the life if these arts are applied together or in the form of the family art therapy program or group therapy. Also, applying these arts can help to the projection and expression of the feelings and emotions of these children which can lead to mental health. Art therapy can lead to increasing of association and empathy if its techniques are applied in group. Finally, the objective of the art therapy program is to help these children use art therapy as a palliative—supportive treatment and benefit from it like other treatments such as chemotherapy and medicine until their secondary psychological problems due to cancer will decrease.
Essential Aspects of Systemic Approach to Cancer

Dr. Farzad Goli

Danesh-e Tandorosti Institute, Isfahan, Iran
Faculty of Energy Medicine University
Psychosomatic Department of Freiburg University, Freiburg, Germany
International Journal of Body, Mind and Culture

Cancer is indeed a complex, biopsychosocial, life-threatening problem which may deconstruct our body, identity, family function, social role and meaning of life. Evidently, to attack the neoplastic cells and of course in combination with some insufficient psychosocial cares is not efficient, ethical and also medical in its true sense. Plenty of studies clearly show that the psychosocial and spiritual factors not only can determine compliance, illness behavior, quality of life and global function but also alter survival via psychoneuroimmune alterations. Thus we profoundly need a systemic and developmental approach to cancer care to reframe and reconstruct the whole affected systems in a more healthy and coherent way. Many developed countries have established such systemic services for cancer patients in response to their needs among almost all levels of organization. Each psycho-oncology clinical setting is formed around their philosophy, approach, culture and of course their technical and professional capabilities. Despite all variations and differences in the psycho-oncological settings it seems that they may have some essential aspects in common; the dimensions such as existential understanding, evolutionary inclination, person-centered attitude, resource-oriented approach, and salutogenic method. In this theoretical study I try to clarify these dimensions and the methodology of setting the psycho-oncology services, and also how to conform these settings to sociocultural contexts.
Psychooncology in a Comprehensive Cancer Center - Why and How Can it be Implemented?
Prof. Markus Burgmer

Diagnosis, treatment and rehabilitation of cancer is a major challenge for the patient. During the course of the disease up to 40% of the patients experience a decrease in quality of life and suffer from psychological stress or mental disorders. These may influence not only the patients’ well-being but might influence the outcome of the cancer as well. Therefore, a psychooncological service is mandatory and the talk will give information about its implementation in a cancer center.
Introduction to the Foundations of Spirituality in Cancer Patients

M E Akbari¹, L Hoseini², S Sarafraz²

1. Surgical Oncology, Cancer Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran
2. Cancer Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran

Spiritual Intervention is a psychological therapy including an intervention aimed at reducing stress by means of re-establishing some basic spiritual concepts in breast cancer patients such as fear of death and self-observation. It is suitable for patients challenging fatal disease as cancer. Most concepts stem from the common ground among most religions and human ethics. These concepts were reframed in patients through ten sessions of group therapy. The intervention commenced with a description of the procedure followed by a brief elicitation of spiritual concepts. The next sessions, patients were assigned to self-observe and meditate both inside and outside the group. Next, concepts (including death and immortality, forgiveness, altruism, anger management, patience, and prayer) were discussed in the group aiming to develop a more positive vision of the world in the patients. Biological evidence was proof of the effectiveness of the intervention. In fact cortisol, dopamine and serotonin receptor levels were measured in patients’ blood samples before and after the intervention. Significant changes showed substantial success in decreasing the hormone levels meaning considerable reduction in stress levels.
Spirituality in Breast Cancer (Background and Experiences of Spirituality in Iran and World)

S Sarafraz¹, M E Akbari², L Hoseini¹

1. Cancer Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran
2. Surgical Oncology, Cancer Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran

The history of the Spirituality is as old as human creation; however, the academic research goes back to 1971. Since 2000 the tremendous body of literature has grown to almost seven times as much, which shows the significance of the issues. Based on World Health Organization regulation, the aspects for comprehensive health are biological, psychological, social and spiritual dimensions. The spiritual aspect has been the focus of attention through the science history and has received more attention in Abraham religions such as Judaism, Christianity, and Islam. As a result of improvements in early diagnosis, surgery and adjuvant therapies, the number of breast cancer deaths has significantly decreased and it turned into the most prevalent female cancer. Therefore, foremost psychosocial problems are highly evident during the diagnosis, treatment and follow up period. Albeit, these problems can be reduced to some extent by psychological and spiritual interventions. Comprehensive research in the field of spirituality in Iran started about two decades ago and its growth is increasing and given the fact that Iranian society is with both cultural and religious history, not only spirituality makes the treatments more effective, but also the treatment is more effective, faster and more economical. This line of research has taken a new shape in Iran so that young researchers have increasingly demonstrated changes of this therapeutic approach in biological aspects like gene expressions, Neurotransmitters and Cytokines.
Evidence-Based Biological Changes with Spiritual Therapy in Cancer Patients

L. Hoseini¹, F. Lotfi Kashani¹, GH. Ahangari², S H. Hejazi³, M. Pornor⁴, M E. Akbari¹

1. Cancer Research Center, Shahid Beheshti University of Medical Science, Tehran, Iran
2. Department of Medical Genetics, National Institute of Genetic Engineering and Biotechnology, Tehran, Iran
3. Department of Biology, Faculty of Science, Lorestan University, Khoramabad, Iran
4. Medical Laser Research Center, Acecr, Tehran, Iran

Breast cancer is the most common cancer in females in Iran as in most developed countries. Behavioral and clinical studies have shown that having chronic stress and impaired mental and psychological condition of individuals predispose several types of cancer including breast cancer. Research results showed spiritual factors correlate with indices of physical consequences as heart disease, cancer, and death, so do psychiatric conditions and changes in receptor gene expression in depression, anxiety, and social dysfunction. Different studies demonstrated the role of neurotransmitters in occurrence and progression of cancers. They affected cells by their various types of receptors. According to our previous studies, the most effective gene in psychiatric conditions and thus physical conditions is Dopamine receptors. Accordingly, the study was conducted to evaluate effects of psychotherapy (spiritual intervention) on changes in Dopamine receptor gene expressions in breast cancer patients. 90 female volunteers, including 30 healthy individuals and 60 diagnosed with breast cancer were selected to run the study. The breast cancer patients were categorized into experimental and control groups of 30 each. Blood samples were collected prior to and following the spiritual intervention to analyze changes in their dopamine gene receptor expressions. We observed that DRD2-DRD4 in the control group PBMC increased compared to healthy individuals. Also, DRD2-DRD4 in intervention group PBMC decreased compared to the control group and even lower than those of healthy individuals. The findings were significant in management and treatment of cancer because they revealed the possibility of using alternative treatments as spiritual interventions.
Doctor-Patient Communication Skills

S Sarafraz¹, M E Akbari², L Hoseini¹

1. Cancer Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran
2. Surgical Oncology, Cancer Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran

Psychological experiments showed that the bearer of bad news often experiences strong emotions such as anxiety, a burden of responsibility for the news, and fear of negative evaluation. Breaking bad news well is an essential skill for all doctors, as it is something they will do hundreds if not thousands of times in their professional life. One issue: Patients and their families, of course, aren’t all going to respond in the same way. This is, however, changing and consultation skills in general and the specific skills needed for breaking bad news are now a core part of the medical school curriculum. Poor communication, particularly with cancer patients, has been shown to be associated with worse clinical and psychosocial outcomes, including worse pain control, worse adherence to treatment, and confusion over prognosis and dissatisfaction at not being involved in decision making. For the clinician, communication difficulties lead to worse job satisfaction and higher stress levels, as well as being behind a high proportion of errors and complaints. To wards the fulfillment of this goal, breaking the bad news to the patient, the doctor’s responsibility is based on the setting, perception, invitation, knowledge, empathy and strategy.
Psychological Changes in Cancer Patients after Breaking the Cancer News

L Hoseini¹ M E Akbari², S Sarafraz¹

1. Cancer Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran
2. Surgical Oncology, Cancer Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran

Current recommendations on how to break bad news are primarily based on expert opinion. Little is known about the association between communication practices and patients’ psychological response. Dr Elisabeth Kübler-Ross pioneered methods in the support and counselling of personal trauma, grief and grieving, associated with death and dying. She also dramatically improved the understanding and practices in relation to bereavement and hospice care. Her ideas, notably the five stages of grief model (denial, anger, bargaining, depression, acceptance), are transferable to varying degrees and in different ways, to personal change and emotional upset resulting from factors other than death and dying. Here we try to further develop her findings to clarify some psychological aspects of breaking bad news to cancer patients.
Psychosocial Needs in Cancer Care: Patient Needs and Practice Guidelines
Prof. Peter J. Norton

People with cancer can have substantial psychological distress. Up to 66% of cancer patients experience long-term psychological distress, and 30 - 40% will develop clinical anxiety disorders or depression. This includes individuals undergoing chemotherapy, radiation therapy, or surgery. Indeed, successful management of the psychological needs of cancer patients has a positive impact on both psychological functioning as well their physical response to cancer treatment. Treatment needs, options, and interventions to address the psychosocial needs of cancer patients will be reviewed, and specific multidisciplinary oncology practice recommendations will be offered.
Mind-body Interventions: Integrative Approaches to Improving Health and Quality of Life for Individuals Facing Cancer Diagnosis and Treatment
Dr. Chelsea Ratcliff

This presentation will review research findings that illustrate the connection between mind and body, particularly the effect of stress on cancer progression and mortality. Several examples of mind-body intervention studies aimed at reducing stress during cancer care will be introduced. Specifically, results from studies of yoga for women during radiotherapy for breast cancer, stress management for men prior to radical prostatectomy, and mindfulness meditation for women during stereotactic breast biopsy will be presented. Finally, recommendations for integrating holistic care into cancer settings will be discussed.
Within recent years, meditation techniques to cope with both difficult live events and everyday life have gained increased interest. This holds also true as regards the influence of meditation techniques on coping with cancer diagnosis. Among the meditation techniques, Mindfulness-Based Stress Reduction (MBSR) demands particular attention. MBSR is a structured group program that employs mindfulness meditation to alleviate suffering associated with physical, psychosomatic and psychiatric disorders. For patients with cancer, a growing body of research is focusing on the influence of MBSR on symptom reduction, positive psychological growth, and biological outcomes. The current literature review implies positive results, though, several methodological concerns do warn against over generalization and unreflecting enthusiasm.
Cancer is an epidemic disease that influences people’s life not only biologically but also psychologically and socially. Currently, despite and increase in the life span of cancer patients, their psychological, social and spiritual needs have been ignored in the framework of treatment and the patients do not receive the necessary psychological, social and spiritual support. Psycho-oncology is a specialty in cancer care concerned with understanding and treating the social, psychological, emotional, spiritual, quality-of-life and functional aspects of cancer, from prevention through bereavement. The help provided to the patient in this field would be really effective and useful in controlling physical effects caused by treatment as well as reducing psychological effects of the disease. What is performed in psychological intervention is teaching those skills which not only help to control and manage the physical effects of the disease and its treatment methods but also would be effective in reducing and removing psychological effects of the disease such as anger, anxiety, fear of recurrence and disease progression, depression and feeling of being guilty, through changing the patient’s interpretation of the disease. In 2011 Lotfi Kashani, vaziri and Akbari have studied the framework of psychological interventions based on four – factor approach including therapeutic relationship, creating hope and expectancy, increasing awareness and behavior regulation, in patients suffering from cancer for the first time in Iran in Cancer Research Center of Shahid Beheshti University of Medical Sciences. The four-factor approach is discussed in this article.
The Associations Between Cancer, Cognitive Dysfunction and Coping
Dena Sadeghi Bahmani
Psychiatric Clinics of the University of Basel, Center for Affective, Stress and Sleep Disorders, Basel, Switzerland

Whereas the treatment in illness duration and intensity was in the focus of treatment of patients with cancer, the importance of cognitive function in these patients has only been recently recognised. Cognitive function is the umbrella term for all mental processes related to memory, perception, attention, executive function, decision making and learning. Alterations in cognitive functions are important to cope with everyday life. This holds particularly true, as long-term cancer survivors are steadily increasing; accordingly, many patients may develop cognitive dysfunction, often leading to increased functional dependence. Some studies have shown cognitive dysfunction as a treatment-related issue, that is to say: both chemotherapy and radiation therapy may unfavourably impact on cognitive functions. Besides, other studies emphasised that cognitive dysfunction is already observable before treatment begin: to explain this observation, researchers claim that immunologic changes increase both the risk of cancer and cognitive dysfunction. Further, quality of life in patients with cancer may decrease for the following two factors: fear of future cognitive abilities, and functional and psychiatric difficulties related to cancer. Nevertheless, it seems that coping strategies likely act as a protective factor for individuals at high risk of cancer-related cognitive function and quality of life decline. Therefore, we hold that psychotherapeutic techniques to improve patients’ coping strategies may also increase their quality of life.
The cancer patient has to face the problem how to integrate the disease, its impairments and the uncertainty of recurrence or even death into his life. How is he able to cope with such a challenge and what are the patients’ competences that help him to maintain his psychological well-being. The talk will give information about the concept of coping and its clinical relevance.
Psychological Aspects of Malignant Brain Tumors
Dr. Maryam Khaleghi Ghadiri
Department of Neurosurgery, Münster University, Munster, Germany
Shefa Neuroscience Center, Khatamolanbia Hospital, Tehran, Iran

The diagnosis of a brain tumor creates shock and a confrontation with death, which is very difficult to cope with. For patients, symptoms mean loss of autonomy and for their families with a sense of responsibility. In addition, personality changes irreversibly alter the relationship of family with the patient. Both patients and families mention many emotional, instrumental and informational needs. Anger, loss of emotional control, indifference, and social behavior problems as well as anxiety and depression are commonly reported accompanied by brain tumor. Symptoms should preferably not be treated separately but comprehensively. Physicians should adequately address patients’ and families’ needs. Therapists should pay attention to the different psychiatric symptoms in patients, and the extent to which these affect everyday functioning and family life.
Genetic Testing for Familial Colon and Breast Cancer: Psychological and Social Impact

Dr. Ehsan Ghayoor Karimiani
Division of Medical Genetics, Hope Generation (Nasl-e-Omid), Mashhad, Iran

Genetic testing to estimate colon, breast and ovarian cancer risk may induce many emotional and psychological effects. It is important to counsel a patient before a genetic test to find out if a patient may have a mutation in one of the colon or breast cancer susceptibility genes such as MMR genes, BRCA1 or BRCA2. Small minority of patients should be appropriately opted for the genetic test that may be helpful. The psychological, emotional and social implications of genetic testing are also worth considering, both for patients themselves and for members of your family.
Localization of the PMH Group Therapy Curriculum
Dr. Shiva Kamrouz
Raieen Psychological Center, Isfahan, Iran

One of the biggest help to the cancer patients is depth understanding of their feelings after they were diagnosed with cancer. Majority of patients are more threatened with the word cancer rather than the illness itself and its side effects. Therefore, seeing other patients in the same situation or the people who have successfully experienced this process can tremendously help them to overcome their fear. Forming groups for these patients in different levels by considering their stage, and type of cancer also with the grade of treatment can enhance their wellbeing. It is also worth noting that the patient’s family can play a vital role in psycho-oriented treatment of a cancer patient. So, patient’s families should also participate in patient-independent groups. Eventually, the highest level of efficacy can be obtained through harmonizing these groups (patient group and family group).
Treatment of a cancer patient is a difficult situation for the physician and patient communication because of the emotional threat of a possible deadly outcome of the disease. To maintain their own psychological well-being both, physicians and patients, show a tendency to avoid speaking of death. In many cases, this leads to emotional irritation and even abortion of the communication between physicians and their patients. The workshop will focus on the reasons for these communication problems and will give advice how to avoid such problems. Besides the theoretical background the workshop will mainly focus on the interpersonal experiences of the participants and to promote helpful practical skills in communication.
Investigating the Possibility of Mind Being a Risk Factor for Cancer

Ahmadreza Zarifian¹, Roya Amel¹, Yahya Shahrokhi¹,

1. Student Research Committee, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran

The name of “psycho-oncology” depicts the interactions of two different entities, the mind and the body. It has been established that social and emotional support is effective in the patients’ survival, especially in patients with cancer. In addition, literature suggests that patients with end-stage cancer tend to die after their birthday or other positive life events. On the other hand, depression worsens the outcome of somatic disorders, e.g. cancer. Cancer is reportedly linked to depressive episodes and disorders, clinical depression, depressive personality traits and exposure to intense negative life events. In spite of recent advances in the study of cancer risk factors, scientists did not manage to identify the etiologic factors for about less than a half of cancer cases. Many studies have shown that patients who underwent psychologically effective interventions, showed more resistance to the cancer and had higher survival rates. Even aggressive anti-tumor treatments have been shown to have less efficacy, compared with psychological supportive approaches. There is also growing evidence suggesting that disruption of brain’s circadian rhythms, which are controlled by a neuro-endocrine regulation system, affect cancer risk and progression.

In conclusion, mind-related issues alone might not have the ability of increasing the risk of cancer to be considered as risk factors, but they might change the way we live by changing our exposure to lifestyle risk factors. Exposure to the risk factors such as smoking, alcohol drinking, poor nutritional diet and inadequate physical activity may, in turn, increase the risk of cancer.
Cancer diagnosis is considered a major disruption in the life of an individual, which comes along with unique concerns and challenges for survival. These challenges lead to elevated levels of psychosocial distress in patients. Over 30% of patients with history of cancer show elevated psychosocial distress and the rate increases, as distress screening becomes more common. Psychosocial distress is not limited to the patient, but also involves the patient’s family. In addition, it has also been reported to occur for the patients with successful treatments, who fear the recurrence of cancer. Psychosocial distress is related to patient’s health status, adherence to treatment recommendations, frequency of pain and fatigue, and anxiety and depression. Psychosocial telephone intervention, which is a recommended modality for educational support of patients with cancer, can be beneficial as an alternative to in-person interventions. Counseling interventions via the telephone have been proved efficacious in reducing psychosocial distress by improving healthy behaviors and making new habits (such as increasing physical activity, alteration in dietary behavior and smoking cessation). In addition, telephone interventions are more convenient and exportable, which makes them more appropriate for end-stage patients who cannot move easily and depressive patients who refuse to attend therapy sessions and in-person visits. Several studies have reported significant effects of telephone interventions on psychosocial outcome of the patients with various cancers. This modality is recommended as a cost-effective alternative method for delivering psychosocial care to the patients suffering from cancer, especially those with low compliance.
Effectiveness of Acceptance and Commitment Therapy in Group on Self-efficacy and Happiness of Patients Cancer

Ali Vahdani¹, Hamideh Naghibi¹, Azita Keshavarz¹

1. Clinical Psychology Department, Torbat-e Jam branch- Islamic Azad University, Torbat-e-Jam, Iran

The present study is aimed to investigated On Effectiveness of Acceptance and Commitment Therapy on in Group on Self-efficacy and Happiness of patients with cancer. The study enjoyed a quasi-experimental design and used Sherer self-efficacy questionnaire and Oxford Happiness Questionnaire to collect data. The statistical population of the present study consisted of 24 patients suffering with cancer and those presenting to Omidshar hospital in Mashhad in the Summer 2015. The participants were randomly divided in 2 groups of experimental (12 members) and control (12 members). The patients in the experimental group experienced therapy for 8 sessions of 90 minutes in 60 days Acceptance and Commitment Therapy. In order to analyzed the data, the researcher univariate of co-variance test. Results: The results of the study show that of the patients the experimental group experienced the difference significant patients in their level of self-efficacy and happiness. Acceptance and Commitment Therapy can increase self efficacy and happiness in of patients with Cancer.
Effectiveness of Quality Of Life Therapy in Group on Happiness and Hope of Patients with Cancer

Hamideh Naghibi¹, Mohammad HoseinBayazi¹, Ali Reza Rajayi¹

¹. Education Department, Islamic Azad University, Torbat-e Jam, Iran

The present study is aimed to investigate the effectiveness of Quality Of Life Therapy on in group on happiness and hope of patients with cancer. The intended research is semi-experimental and the used instruments in this research include Oxford Happiness Questionnaire and Schneider’s Hope questionnaire. The statistical population of the present study consisted of 30 patients suffering with cancer and those presenting to Omidshar hospital in Mashhad in the Spring and Summer of the year 1394, who were randomly selected and placed in two case and control groups of 15 subjects after the initial screening. 12 out of 15 subjects in case group completed the treatment. Training of techniques of Quality Of Life Therapy in group was conducted in 10 sessions of 90 minutes during 75 days in case group. Controls didn’t receive any treatment concerning the treatment interventions. After the end of sessions post-test was administered on both groups. To analyze data multivariate analysis of covariance was used. The results showed that the case group had a significant change in their rate of happiness and hope after receiving training program of Quality Of Life Therapy. Training of techniques of Quality Of Life Therapy can increase happiness and hope of patients with cancer.
Determination of Quality of Life of Cancer Patients Compared to Healthy People

Leila Esmaeili¹, Maryam Esmaeili¹, Dena Sadeghi Bahmani²

¹. Department of Psychology, University of Isfahan, Isfahan, Iran
². Psychiatric Clinics of the University of Basel, Center for Affective, Stress and Sleep Disorders, Basel, Switzerland

Cancer is one of the most stressful life events that have negative effects on the quality of life of the leaves and the need to increase social support. The aim of the present research was Determination of Quality of Life of cancer patients Compared to Healthy People. The statistic population was all patients’ cancer and people Healthy in 2014 in the city Isfahan. Method sampling was selected patients cancer available for sampling (60 patients and 65 healthy people). The research instrument include a questionnaire WHOQOL-BREF. The statistical method used in this study was the analysis of variance (P<0.001). The data analyzed was SPSS 19. The results showed that there are significant different between quality life patients cancer with people healthy.
Cancer mortality rate is one of the leading competitors of cardiovascular diseases in general population. In cancer patients, the prevalence of severe depression disorders is about 10 - 25%. These patients suffer from anxiety, depression, stress, and fear of progression or reoccurrence of the disease. In this study, we aim to evaluate the prevalence of depression and psychological disorders in cancer patients. Reviewing comprehensively the major databases and scientific search engines such as Science Direct, Google Scholar, Scopus, and PubMed by using the keywords like Cancer, Psychological Disorders, Emotional Distresses, and Depression is our method of data gathering and analyzing. The fear and worry of death, reoccurrence of the disease, impaired mental image of the body, and sexual factors are the psychological distresses that remain with the patient years after the diagnosis and treatment procedures. The incidence of depression is interconnected with severity of the disease, the level of disability, physical/functional impairment, and prior history of depression. Depression and anxiety disorders or depression and anxiety together are the prevalent conditions that usually disregarded by specialists, caregivers, or patients themselves. These indifferences lead to the reinforcement of physical symptoms, functional disorders, and weakness in the continuation of the treatment. Consequently, the negative results of depression reduce the quality of life in these patients.
Reviewing Cognitive Chemo Brain Impairments in Cancer Chemotherapy Treated Patients

Mahdi Madanifard¹, Mohammad Dawood Rahimi¹

1. Department of Cognitive Psychology, Faculty of Psychology, Ferdowsi University of Mashhad, Iran

Changes and manipulations in mental and memory status in patients who goes under chemotherapy treatments called chemo brain cognitive impairments, which include mental dilemma and inabilities in focusing function of the brain. Although a healthy brain has a cyclic round between thought dilemma and focusing ability of mind, brain imaging in cognitive chemo brain impaired patients shows symptoms of mental dilemmas. These cognitive symptoms has a high prevalence in those whose underwent chemotherapy treatments. In this study, we aim to evaluate major cognitive changes in mental and memory status in patients who goes under chemotherapy treatments. Reviewing comprehensively the major databases and scientific search engines such as Science Direct, Google Scholar, Scopus, and PubMed by using the keywords like Chemo brain, Chemotherapy treatment, cancer, and cognitive impairments are our method of data gathering and analyzing in this study. Medical specialists’ point of view about chemo brain is that it is not a medical condition as it has not has a clear diagnosis and prognosis criteria. Nevertheless, for some, as some people suffer from the condition, this is likely to be called “chemo fog”. This cognitive impairment creates some serious complications in memory as deficiencies in short term memory, verbal rehearsal, and visual memory for compound and categorical words. Inability to focus is another challenge that put the patient under a serious risk. As a result, the person has default cognitive deficiencies in learning new skills, become inattentive, and neglect as they simultaneously perform several tasks. Therefore, the patient come to a disorient and obscure state of thought and frustration.
Chemo brain disorder not only creates problems in memory and confusions in the patients’ own thoughts, but also forms behav-socioenvironmento-relative detriments. Symptoms of chemo fog can include depression, anxiety, and sever unrest. This can undermine the quality of life and process of treatment. Therefore, further revision is necessary to fathom the condition.
Insomnia in Cancer Patients
Mohammad Dawood Rahimi*1 and Mahdi MadaniFarad1
1. Department of Cognitive Psychology, Faculty of Psychology, Ferdowsi University of Mashhad, Mashhad, Iran

Sleep disorders are of the most common problems in cancer patients, which severely influence their quality of life. Unfortunately, the perceived attention to this difficulty from the oncological society is almost none in Iran. Evaluating the quality of sleep and its related issues in cancer patients is the chief intention in this study. Methodologically, this is an analytical descriptive (Observational Method) study in which 50 cancer patients is included who come into two treatment centers in Mashhad. Demographic Data Sheet and the Pittsburgh Sleep Quality Index (PSQI) used as the measure of surveying. Multivariate regression used to determine the factors, which affect the quality of sleep in these patients. For every variable matched odds ratio is adjusted to 0.95 and the outcome was meaningfully (p<0.05) significant. The average Score of PSQI was 62/3 + 62/11. Twenty-five individuals (0/50) had sleep related restlessness. Only five individuals (0/10) evaluated in terms of Insomnia. The most common problems relate to the frequent wake up and sleeping. Between the period of disease and kinds of treatments and the quality of sleep was a significant relationship. The quality of life in this group of patients is aversive. Therefore, further investigations need to ledge and allot to improve the quality of sleep in these patients.
Cancer is a multifactorial disease and lifestyle is one of its main factors. Identifying the major components of anti-cancer lifestyle and behavioral patterns of promoting physical, mental and social health, can prevent 30 to 40 percent of cancers and play an important role in reducing its outcomes. This paper reviews previous research on the subject of lifestyle and cancer and provides an overall picture of anti-cancer lifestyle. This study, conducted as a systematic review. For this aim, scientific articles in databases of Magiran, ScienceDirect, Google Scholar and SID searched with the keywords of “Lifestyle and Cancer “. From the total 65 sources obtained, 26 articles selected for reviewing, based in their addressing of lifestyle and cancer relationships. The results showed that the anti-cancer lifestyle is an interconnected set of everyday behavior in physical, mental and social categories. These three behavioral spectrums, range from avoiding some behavior in one side, promoting some behaviors in the other. The third set of behaviors which are optimized, fall in the middle of the range. Anti-cancer lifestyle in biological aspect, including avoidance of tobacco, alcohol processed foods, polluted environments, performance-enhancing drugs, exposure to sunlight, refined sugar, white flour, smoked fish, processed tea. Also, regulation of body weight and optimized consumption of vitamins A, D and E, calcium, iron, zinc, red meat, salt and fat and also increasing physical activities, eating vegetables, fruit and whole grains and use of complementary medicine. The psychological subsides of anti-cancer lifestyle includes avoiding or reducing stress, anger and anxiety, and increasing emotional support. Promoting social support, social capital and hopefulness are social elements of anti-cancer lifestyle. Anti-cancer lifestyle is an integrated set of daily behaviors promoting physical, mental and social health, not only is an effective way of preventing cancer and but also reducing its economic, physical, and psychosocial outcomes.
The Effective of Group Play Therapy on the Hope Agency Factor on Neoplasms Child in Isfahan
Rayehe Sanatgar¹, Maryam Esmaeili²

¹. Faculty of Educational Science & Psychology, Islamic Azad University, Khorasgan Branch, Isfahan, Iran
². Educational of Psychology Faculty, University of Isfahan, Isfahan, Iran

This study aimed to investigate the effectiveness of group play therapy on the hope agency factor for children with cancer. This study was experimental and population was 10 - 8 - years-old children with cancer in the Sydalshohada hospital of Isfahan in 1393. 30 patients were selected for sampling and randomly divided into two groups, test group (n = 15) and control group (n = 15). Subjects Participated in 10 sessions of play therapy and 1-month follow-up after completing the research tool, Snyder hope of children scale (Snyder et al., 1997). The results using repeated measures showed that play therapy is effective in increasing the scores of hope agency factor and the results proved that we can use play therapy in improving hope agency factor for children with cancer.
Humor therapy is the use of laughter and humor with the treatment goal. Humor therapy is a complementary method for improve wellbeing and coping with disease. Humor is one of the ways of communication between nurse and patient and it is also one of the methods to facilitate patient’s education. Present study was a systematic review about laughing, joking and laughter effect as a complementary therapy. In the field of negative emotion, such as anger, distress and uncomfortable sense many studies have been done, but in positive emotion, such as laughing, joking, eustress and happy, less research has been done. Studies showed humor relief pain, increase encephalin and endorphins hormones, decrease stress hormones, improve self-esteem, decrease depression, improve pulmonary ventilation, balance blood pressure and cardiac output and prevent renal failure in diabetic patient. In patient with cancer humor could decrease depression, drug and treatment side effect and improve their quality of life. Humor could decrease depression of patient with cancer and improve their quality of life.
The Analysis of the Effects of Relaxation Techniques in Curing Cancer Patients

Sepideh Mansoori Majooardi\textsuperscript{1,2,3}, Zahra Behrooznia\textsuperscript{1,2,3}

1. Mashhad Neuroscience Research Group of Islamic Azad University, Mashhad, Iran
2. Student Research Committee, Faculty of Medicine, Islamic Azad University, Mashhad branch, Mashhad, Iran
3. Gastric Cancer Research Group, Mashhad University of Medical Science, Mashhad, Iran

Diagnosing and curing cancer have always brought about psychological issues for patients. Research shows that stress and depression are most common among patients; and that the death rate is much higher in patients who suffer from depression than those who do not. Physiologically, stress causes the malfunctioning of the immune system; and this in turn impedes the healing process, and is a manifestation of a psychoneuroimmunology theory regarding cancer. The other point is that anxious patients cannot cooperate actively in the healing process. Therefore, calming down patients and reducing their feelings of anxiety and stress can lead to desirous results. The analysis of the effects of relaxation techniques in curing cancer patients and proposing suggestions for making these techniques more functional. The research method is based on a review of literature of the recent years in the national and international publications available on reliable websites such as PubMed, SID, etc. Research shows that the use of relaxation techniques such as yoga, mind distraction, biofeedback, etc. reduces the sympathetic nervous system’s functioning, and the secretion of catecholamines; and thus results in the decrease of blood pressure and regulation of the respiration rate and heart beat. Since the beneficial effects of psychological parameters in the healing of cancer patients has been validated through numerous research projects; and also taking into account the unaggressive and harmless nature of these procedures, more supervision of the way these procedures are carried out seems necessary.
Investigating the Quality Guarantee of the Intensive Care Unit Before and After the Presence of the Support Services Staff in Mahak Hospital, Mahak Charity

araneh Kouhestani¹, Neda Nedaei², Behnaz Asangari³,⁴

1. Psychology Department, AllamehTabatabaei University, Tehran, Iran
2. Psychology Department, Islamic Azad University Roudehen Branch, Roudehen, Iran
3. Social Work Section, Society To Support Children Suffering From Cancer Mahak, Tehran, Iran
4. Psychology Department, Tehran, Iran

Cancer in children comprises a very hard life experience. It is quite necessary to maximize patient and caretaker quality of life. To provide more appropriate services to reach this end, it is necessary that there be an appropriate relationship among both patients and caretakers as well as those who are involved in the treatment process and who have adequate, scientific skill and ability. One of the difficulties patients encounter is being hospitalized in the Intensive Care Unit which forms a critical period for patients and their families. It can lead to reactions such as shock, fury, anxiety, and depression especially in the first 72 hours of hospitalization on the part of the family members. In the meanwhile, nurses, due to their focusing on patient care, unintentionally ignore families’ needs and feelings, give them a second priority, and might not be able to properly detect the needs of the family members. The proper and scientific measurement of the social-psychological needs of the family members of patients hospitalized in ICU is the first step to avoid the influential neglect in taking care of patients. Investigating the quality guarantee of the Intensive Care Unit before and after the presence of the support services staff. The present study is descriptive and the required data were collected through a questionnaire developed by the support services and quality assurance department of the hospital. The degree of quality and satisfaction of all the patients hospitalized in ICU were measured every 28 days. Findings of the study obtained from the quality assurance department of the hospital indicated that the satisfaction of the individuals influenced by the presence of support services changed, from before the presence of the staff of this department, from below the quality assurance baseline, i.e. 0.75 to 1 in Ordibehesht 1394. The results
of the present study implied that the treatment process in ICU accompanied by the presence of a psychologist or a social worker highly helps the patients and caretakers to adapt to critical conditions.
The Analysis of the Role of Spirituality in the Quality of Life of Cancer Patients

Behrooznia Zahra¹,²,³, Mansouri Majoufardi Sepideh¹,²,³, Rouhani Sar¹,², Velayati Melika¹,²

1. Mashhad Neuroscience Research Group, Islamic Azad University, Mashhad, Iran
2. Student Research Committee, Faculty of Medicine, Islamic Azad University, Mashhad branch, Mashhad, Iran
3. Gastric Cancer Research Group, Mashhad University of Medical Sciences, Mashhad, Iran

Today, quality of life is one of the important aspects relevant to taking care of cancer patients; and is used in detecting the difference between patients, predicting the disease's outcome, and evaluating the factors that impede the healing process. Cancer, as a crisis, creates much mental tension in an individual; and cancer patients usually go through a lot of intense psychological despair when becoming aware of their disease and during the whole period of their sickness. This fact poses a serious threat to quality of life. Therefore, teaching some useful methods to patients in order to aid their coping with the disease and overcoming its psychological damage seems to be essential. Studies show that religious-spiritual impediments, due to the hindering effect of spirituality and religion on being afflicted by psychological disorders, can well protect cancer patients' mental well-being against depression, anxiety and psychological despair. This study has been carried out in order to The analysis of the role of spirituality in the quality of life of cancer patients. This study is a comprehensive overview of the effect of spirituality on quality of life in cancer patients which has made use of valid papers available on databases such as Pub Med, Google Scholar, SID, Scopus, etc. Spirituality, through creating a belief in the existence of a higher and more immense power, improves the outlook of the person towards his life and diseases; and results in the control of emotional anxiety and being cured of depression, increased hope, and on the last level an enhancement of the psychological well-being as one of the parameters of quality of life.
Therefore, after the disease has been diagnosed, evaluating the patients’ beliefs and values and paying attention to their psychological and personal characteristics through making use of suitable and standard tests is deemed necessary. In proportion with the evaluations previously carried out, one can use suitable and standard spiritual impediments as a complementary curing procedure in order to increase the cancer patients’ psychological well-being.
Cancer is one of the challenging diseases all around the world. Diagnosis of cancer usually invokes the feeling of stress, fear and uncertainty. It has too much expense and causes many physical, psychological and social difficulties. The psychological aspects of cancer are important issues in treatment of cancer, because it affects the quality of life in different domains. The aim of this qualitative study was to explore the happiness and attitude toward death in diagnosed patients in comparison with pre-diagnosis period among a group of individuals. This study used semi-structured interviews to explore the experience of Iranian cancer patients. The method that was used in this study was descriptive phenomenology. 9 cancer patients of Oncology and Hematology ward of Shiraz Namazi Hospital participated in the study. Similarities and divergence in patient’s experience were identified through thematic analysis of interview transcripts. Happiness can be assumed as an index of the quality of life. Patients perceived less happiness, but different point of views about the happy life in comparison to pre-diagnosis period. They attributed happiness to internal changes rather than external events. The results were different about attitude to death. Among all interview questions, the questions about death were challenging. Patients avoided replying questions about death. But, from those answered the questions it was interpreted that recovering patients had more positive attitude to death and they experienced more hope for future. Others had more negative attitude and feel a kind of proximity to death. This study adds to the limited qualitative literature concerning the experience of illness following cancer diagnosis among the Iranians. More importantly, this study addressed areas that were previously lacking, specifically in depth information on attitude to death from a developing country. The results of this investigation provide preliminary information to healthcare professionals on the impact of illness and attitudes influence on survivorship to plan for appropriate education and supportive counseling and psychotherapy programs in order to meet the needs of cancer patients more effectively.
Palliative care began with the hospice (a Latin word means hospitality), which can be traced back to the medieval period to describe a place offered care to travellers and to people who were terminally ill or dying. The hospice reemerged in the nineteenth century in Europe. The modern palliative care is a relatively new concept that originated momentum in 1967. The palliative care centers have grown significantly in recent decades. Palliative care programs today support non-terminal as well as hospice patients. In this presentation the development of palliative medicine in different countries in the last few years will be presented.
Reviewing Methods of Breast Cancer Diagnosis Using Data Mining Techniques
Mahboobe Zohourian\textsuperscript{1}, Mahdieh Zohoriuan\textsuperscript{2}

1. Mathematics Science Department
2. Computer Engineering Department

Predicting and diagnosing cancer are two medical functions incorporate great challenges for scholars. Using data mining techniques and machine knowledge in the process of predicting and diagnosing cancer have made critical changes. It distinguishes benign cancer from malign one during cancer diagnosis and it predicts the probability of cancer return in patients which their cancer have been stimulated. This article reviews special and various studies about predicting and diagnosing breast cancer using data mining techniques.
The Prevalence of Long-Term Symptoms of Depression and Anxiety after Breast Cancer Treatment: A Systematic Review
Arvin Aghayinejad
Faculty of medicine, Islamic Azad University of Mashhad, Mashhad, Iran
Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran

The most commonly diagnosed cancer and the second leading cause of death for women in the United States is breast cancer. The largest group of female cancer survivors is women with a breast cancer history. It is unclear whether breast cancer survivors have a higher risk of long-term symptoms of depression or anxiety. Psychological stress substantially augments adverse autonomic, endocrine, and immune discharge, including enhanced production of pro-inflammatory cytokines. Importantly, a key biological mechanism underlying the symptom cluster of pain, depression, fatigue, and sleep disturbances is inflammation; there are good researches that inflammation contributes to breast cancer recurrence. The aim of this study was to systematically review the evidence about long-term symptoms of depression and anxiety in breast cancer survivors. We searched the Cochrane Central Register of Controlled Trials, PubMed, Embase, Google Scholar, Cochrane and PsycINFO were searched for studies with at least 100 survivors ≥1 year after diagnosis, and which used common questionnaires measuring symptoms of depression or anxiety, by two independent reviewers. The quality was assessed with the NIH «Quality Assessment Tool» checklist. This review offers a higher prevalence of symptoms of depression among breast cancer survivors than among the general female population, persistent over more than 5 years after diagnosis. Health care providers should be aware of this. There was no indication for an increased prevalence of symptoms of anxiety among breast cancer survivors.
Anxiety, Depression and Quality of Life in Patients with Brain Tumor before and after Adjuvant Therapy

Athena Eslami\textsuperscript{1,2,3,4}, Sina Jahanshahi\textsuperscript{5}

1. Islamic Azad University of Mashhad Branch, Mashhad, Iran
2. Mashhad Neuroscience Research Group of Islamic Azad University, Mashhad, Iran
3. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran
4. Razavi Neuroscience Research Center, Mashhad, Iran
5. Department of Psychology, Kiel University, Kiel, Germany

The treatment of disease has been always the primary and important object in medicine, so the physicians turn their focus on physical components and the psyche has been disregarded. Today it is distinguished that the psyche plays an important role in the treatment of physical illnesses. Many patients suffering from cancer have shown the symptom of distress, anxiety and depression which influence in the treatment and recovery process. Brain tumor diagnosis often brings high levels of stress and can effect on quality of life in these patients. The aim of this study is to evaluate anxiety, depression and quality of life before and after adjuvant therapy in patients diagnosed with a brain tumor. In order to show how mental health can affect our treatment in patients. In recent years, studies have shown that distress, anxiety and depression have a great effect on patient treatments.
Parents’ Concerns and Demands about Their Child’s Cancer
Faezeh Maleki\textsuperscript{1,2,3}, Marzieh Maleki\textsuperscript{3,4}

1. Mashhad University of Medical Science, Mashhad, Iran
2. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran
3. Razavi Neuroscience Research Center, Razavi Hospital, Mashhad, Iran
4. Mashhad Neuroscience Research Group, Mashhad, Iran

Childhood cancer is the leading cause of death by disease among children in the United States. Every day 43 children are diagnosed with cancer and the average age of these patients are six. More than 40000 children undergo treatment for cancer each year. The causes of childhood cancers are largely unknown, and mostly can’t be prevented. Since child cancer is considered as a psychological and emotional crisis for parents, our aim is to assess parents’ concerns and demands about their child’s cancer. The increasing knowledge about this issue can be a helpful guide for the related health services to play a more effective role in supporting patients and their families and it can reduce the parents’ concerns about their child that suffer from cancer.
Effects of Music Therapy on Anxiety, Pain and Changes of Hemodynamic Among Breast Cancer Patients after Radical Mastectomy

Fatemeh Tarahomi\textsuperscript{1,2,3}, Soheila Ehsani\textsuperscript{1,2}, Shohreh Amirmakhaei\textsuperscript{1,2}

1. Mashhad University of Medical Science, Mashhad, Iran
2. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran
3. Razavi Neuroscience Research Center, Razavi Hospital, Mashhad, Iran
4. Mashhad Neuroscience Research Group, Mashhad, Iran

The aim of this study is to investigate the effects of music on anxiety, pain and hemodynamic of patients after radical mastectomy. It is a randomized controlled trial. Breast cancer is one of leading causes of death among women aged 35-50 years and has increasingly become a significant public health burden due to its associate high morbidity and mortality. Globally, the incidence of it increases rapidly. Breast cancer treatment usually begins with surgery followed by various combinations of adjuvant therapies such as radiation therapy, chemotherapy and hormone therapy. Post operative pain which is caused by surgical injury and trauma, is stressful to patients. Studies on the effects of music therapy on pain in cancer patients with various diagnoses after surgery have revealed numerous benefits including increased comfort and relaxation with reduced self reported pain, anxiety, treatment-related distress, nausea and vomiting. Our study aims to observe the influence of music therapy in changes of hemodynamic and reducing pain and anxiety after radical mastectomy. This is a randomized control study which will perform in patient with radical mastectomy. Patients will be randomly assigned to a music group and a control group. Theirs outcomes such as the visual analogue scale (VAS) score, hemodynamic, changes on self-rating anxiety scale (SAS) and total consumption of analgesics will be recorded. In some studies about other kind of cancer surgery, patients’ pain and anxiety was significantly less than control group. Also we want to study their hemodynamic changes and total consumption of analgesics after surgery.
Study of Health Locus of Control in Patients Suffering from Cancer: A Review Article

Hossein Jalali Rad\textsuperscript{1,2}, Arvin Aghayinejad\textsuperscript{1,2}, Mohammad Reza Khojasteh\textsuperscript{1,2}, Mohammad Javad Imen\textsuperscript{1,2}, Reza Hosseini\textsuperscript{1,2}

1. Neuroscience Research Group of Islamic Azad University, Mashhad, Iran
2. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran

Health locus of control, that is, the perception that the causes of specific events will be attributed to personal (internal control) or situational (external control) elements is considered an important influence on adaptation to stress. In cancer patients, health locus of control is considered as an important factor in their lifespan. This review aimed to study the effect of health locus of control in patients suffering from cancer and their lifespan. In this study, publications about health locus of control and cancer patients in PubMed, Google Scholar were reviewed. Medical subject headings terms and keywords related to internal/external health locus of control, personality and cancer were used. The findings confirmed that patients suffering from cancer with an internal health locus of control might have longer survival than patients with an external health locus of control.
Investigation of the Effect of Computer Games in Children with Cancer
Maryam Nabipour\textsuperscript{1,2,3,4}, Marzieh Maleki\textsuperscript{1,3,4}

1. Medical Student of Islamic Azad University, Mashhad branch, Mashhad, Iran
2. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran
3. Mashhad neuroscience Research Group, Mashhad, Iran
4. Razavi neuroscience Research Centers, Mashhad, Iran

Every day, 43 children are diagnosed with cancer. The diagnosis and treatment of cancer is a stressful and threatening experience for children. Numerous research studies have focused on different methods to psychologically prepare children hospitalized for cancer. The purpose of this review is to investigate the effect of computer games on the anxiety and hopelessness in children with cancer. During the past decade, there has been an increase in the use of therapeutic play intervention to help children cope with stress of hospitalization. Recent studies have shown that computer games can have positive effect on reducing stress in children and finally it can be effective factor in cancer treatment process.
An Assessment of Cancer-Related Lifestyle among Physicians

Marzieh Maleki\textsuperscript{1,2,3}, Faezeh Maleki\textsuperscript{3,4}, Sara Ghasemi\textsuperscript{3}, Zahra Azimi\textsuperscript{3}, Negin Mohebrad\textsuperscript{3}, Fereshteh Zamiri\textsuperscript{3}

1. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran
2. Mashhad Neuroscience research group, Mashhad, Iran
3. Razavi Neuroscience Research Center, Razavi Hospital, Mashhad, Iran
4. Mashhad University of Medical Science, Mashhad, Iran

Cancer is among the leading causes of death worldwide. The number of new cancer cases will rise to 22 million within the next 2 decades. Evidence suggests that lifestyle factors account for the majority of cancer. Thus, according to the important role of lifestyle in preventing cancer and as physicians be aware of this knowledge, our aim in this study is to evaluate physicians’ lifestyle as a knowledgeable group. Only 510\%- of all cancer cases can be attributed to genetic defects, whereas the remaining 9095\%- has root in the environment and lifestyle. More attention should be paid to psychological factors and preventive actions to improve the quality of life in cancer patients.
The Persian Version of the Fear of Cancer Recurrence Inventory; Translation and Empirical Validation.

Mohammad Javadlmen¹,²,³,⁴, Soheil Shomeiri¹, Mohammad Hasan Baghbanì¹, Hossein Fallah¹

1. Islamic Azad University, Mashhad Branch, Iran
2. Mashhad Neuroscience Research Group, Mashhad, Iran
3. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran
4. Razavi Neuroscience Research Center, Mashhad, Iran

Fear of cancer recurrence in varying degrees almost affects all cancer survivors. It has been reported that managing fear of cancer recurrence (FCR) is one of the greatest unmet needs. Research on FCR has been limited to a few validated, multi-dimensional studies. The Fear of Cancer Recurrence Inventory originally developed and empirically validated in French. We intend to translate the Fear of Cancer Recurrence to Persian and validate it. The FCRI will be translated into Persian (Farsi) using a forward-backward translation procedure. 30 Persian-speaking breast, colon, prostate, or lung cancer patients will ask to complete the FCRI. The sample will be asked again one month later to refill the questionnaire to evaluate test-retest reliability.
The Health promotion behaviours proposed as a framework for explaining and predicting the health-promoting component of lifestyle. Articles that measured and compared the level of health promotion behaviours in the cancer survivor as well as manuscripts that evaluated the effect of cancer on the health promotion behaviours are reviewed. This study revealed that the level of the Health promotion behaviours in the survivors is similar to the national average.
Physical activity provides a number of physical and psychological benefits to patients suffering from cancer, including lessening the impact of detrimental cancer-related symptoms and treatment side-effects (e.g. fatigue, nausea), and improving overall well-being and quality of life. Yoga has been practiced for thousands of years to improve physical and emotional well-being. Empirical research on yoga has been ongoing for several decades. Many debilitating symptoms arise from cancer and its treatment that are often unrelieved by established methods. Pranayama, a series of yogic breathing techniques, may improve cancer-related symptoms and quality of life. This review provides a general introduction to Pranayama.
Suicidal Risk among Oncology Outpatients and Inpatients: The Role of Contributing Factors

Roya Samadi1, Sayyed Hadi Molana2, Nahid Mohtasham Parsa3, Mona Asadi4, Parisa Samadi5

1. Psychiatry and Behavioral Sciences Research Center, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran
2. Clinical Oncology Department, Faculty of Medicine, Army University of Medical Sciences, Tehran, Iran
3. Islamic Azad University - Khomein Branch, Iran
4. Islamic Azad University, Mashad Branch, Mashhad, Iran
5. Razavi Neuroscience Research Group, Islamic Azad University-Mashhad Branch, Mashhad, Iran

Generally, advances in cancer therapy have improved prognosis and the quality of life of patients. Previous studies in oncology patients have shown an increased risk of suicide. The incidence of suicidal ideation in patients with cancer has been reported higher than the general population in past studies (0.8 to 71.4%, compared to 1.1 to 19.8%). Some of the risk factors identified for completed suicide and suicidal ideation in cancer patients include mental health, sociodemographic and illness factors such as cancer site. Suicidal thoughts, relatively well known in those terminally ill, may be just as important for cancer patients who are survivors or are living with the disease. However, there is a relative paucity of data about suicidality in this setting and in Iranian study is completely rare. The purpose of the current study was investigating suicidal risk among oncology outpatients and inpatients and the role of contributing factors. In this descriptive-correlational study, 100 patients were recruited from inpatient and outpatient oncology services of two Hospitals in Tehran in September 2015. Demographic data were collected, Beck Suicide Scale Ideation (BSSI) was used for assessment of suicidal ideation and depression was assessed by the depression subscale of the Hospital and Anxiety Depression Scale (HADS). All statistical analyses were performed with Statistical Package for the Social Sciences (SPSS) Version 16. The rate of suicidal ideation was noticeable. Cancer can result in the psychiatric state of the patient and can lead them to suicidal ideation. So, it is important that oncology patients are received psychiatric consultation and regularly monitored to identify those at higher risk of attempting suicide, and underlying psychiatric disorders should be vigorously treated.
Effects of Stress Managements on Psychological and Physiological Adaptation in Patients with Cancer
Sanaz Sheykhian¹²³, Mona Abdollahi¹

¹. Islamic Azad University Mashhad Branch, Mashhad, Iran
². Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran
³. Razavi Neuroscience Research Center, Mashhad, Iran

Cancer Diagnosis and treatment are clearly stressful events. The prevalence of stress among patients suffering from cancer increases with disease severity and symptoms such as pain and fatigue. There is evidence that stress managements training and similar psychological interventions reduces depression, anxiety, and pain, and may increase survival rate in these patients. The links between psychological and physiological features of cancer risk progression have been studied through psychoneuroimmunology. The persistent activation of the hypothalamic pituitary adrenal (HPA) axis in the chronic stress response and depression probably impairs the immune responses and contributes to the development and progression of some types of cancer. Here, we review the psychophysiological mechanisms linking stress and cancer progression. In general, stress and depression are associated with impairing components of immune function that may affect tumors surveillance. A better understanding of the bidirectional communication between neuroendocrine and immune systems could contribute to new clinical and treatment strategies.
Cancer diagnosis and treatment have always brought psychological issues for patients. Research shows that stress and depression are most common among patients suffering from cancer; and the death rate is much higher in patients who suffer from depression than those who do not. Physiologically, stress causes the malfunctioning of the immune system; and this in turn impedes the healing process, and is a psychoneuroimmunology theory regarding cancer. The other point is that anxious patients cannot cooperate actively in the healing process. Therefore, reducing anxiety and stress in these patients can lead to result improvement. The research method is based on a review of literature of the recent years in the national and international publications available on reliable websites such as PubMed, SID, etc. Research have shown that the use of relaxation techniques such as yoga, mind distraction, biofeedback, etc. reduce the sympathetic nervous system’s functioning, and the secretion of catecholamine; and thus result in the decrease of blood pressure and regulation of the respiration rate and heartbeat. Since the beneficial effects of psychological parameters in the healing of cancer patients has been validated through numerous research projects; and also taking into account the unaggressive and harmless nature of these procedures, more supervision in the way that these procedures are carried out, seems necessary.
Childhood is a period of life that playing has an important role during this time. However, some situation can hinder play, like hospitalization. Children’s cancer is a disease that requires multiple hospital admission that represents a disturbance in their lives. These children find themselves in a limited location and they can’t tolerate it. They will be aggressive and also they don’t cooperate with nurses. Studies show that if we create conditions for various playing in hospital for children, they will be tolerate this situation and cooperate with nurses. It is considered that the nursing staff recognizes the role of play as a form of care for these children in palliative care but it has some barriers like some children resist against some professionals to play with them and another obstacle is lack of time for nurses and professionals to engage in the activity of playing.
Breast cancer is one of the most common types of cancer in the world. Most women who suffer from it (8 out of 10) are over 50, but younger women, and in rare cases, men, can also get breast cancer. Studies have looked at the relationship between breast cancer, diet, healthy weight, and exercise regularly; intake of saturated fat and alcohol. Physical activity may influence breast cancer risk through several mechanisms during different periods of life. Because of the importance of physical activity, we conducted a systemic review to estimate the influence of physical activity on breast cancer. PubMed, Scopus, Springer, Medline website and journals for all years’ available studies to December 2015 were searched. In these studies they collected case control samples and they assayed duration, age of doing physical activity among pre- and post-menopausal women. The adjusted relative risk of breast cancer for women exercising once a week was 0.80 (95% confidence interval (CI): 0.58–1.10), for women exercising 2–3 times per week 0.92 (95% CI: 0.78–1.22) and for women exercising daily 1.01 (95% CI: 0.72–1.42). Women who reported commuting, walking or bicycling to work 30 min or more daily had slightly lower adjusted risk of breast cancer (RR: 0.87, 95% CI: 0.62–1.24) than women working at home, being unemployed or driving a car to working place. Women who first started their activity after age 20 years had a reduction in risk comparable to that for women who started at a younger age (OR = 0.65 [95% CI = 0.470.89] versus OR = 0.68 [95% CI = 0.530.87]). The stratification by menopausal status showed a significant 56% reduction in breast cancer risk for post-menopausal women. The risk was further reduced to 68%. Among pre-menopausal women, the total physical activity was not significantly associated with reduced risk, ORs were 0.88 (95% CI: 0.40–1.99, age adjusted) and 0.43 (95% CI: 0.12–1.38, multivariate adjusted). These data are in concordance with the hypothesis that physical activity is associated with decreased breast cancer risk. They also suggested that recreational physical activity at ages 14–20 years is the most beneficial. In addition, physical activity is associated with significant reduced risk for menopausal women; these findings confirm the majority of previous reports which implicated physical inactivity as important risk factor for breast cancer.
Effects of a Palliative Care Intervention on Clinical Outcome in Patient with Cancer

Soheila Ehsani Rodi\textsuperscript{1,2}, Shohreh Amirnakhaei\textsuperscript{1,2}, Fatemeh Tarahomi\textsuperscript{1,2}

1. Islamic Azad University Mashhad, Mashhad, Iran
2. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran

Cancer is one of the leading causes of morbidity and mortality worldwide. The incidence of cancer increases substantially with age. There is no treatment for about fifty percent of people with cancer. Postoperative morbidity and mortality have a huge burden in society. Prevention of postoperative complications, improved quality of care. The aim of this systematic review was to determine the role of palliative care in oncologic treatment that can improve quality of life. The PubMed, Science direct, Medline, Scopus and webs of science were used in this study. ‘Cancer’ and ‘palliative care’ were used as keywords. We compared cancer treatment with palliative care intervention with usual care. We assessed symptom intensity, mood, quality of life, number of days in the hospital, ICU, and the postoperative pain in patients. The estimated treatment improved the quality of life ($p=.02$), reduced symptom intensity ($p=.06$), and improved depressed mood ($p=.02$) in the intervention group compared to the usual care group. There were no statistically significant differences between group in the number of day in the hospital (6.6 vs. 0.06, respectively; $p=.14$) and the number of day in the ICU (0.06 vs. 0.06; $p>.99$). In the intervention group, patients reported significantly less postoperative pain ($p=0.03$). Our result showed the palliative care is important to improve the quality of life and mood in patients with cancer. Further research on new approaches of palliative care in cancer may be helpful for a better treatment in these patients.
Effect of Stress Training on the Levels of Stress, Depression in Cancer Patient

Soheila EhsaniRodi\textsuperscript{1,2}, Shohreh Amirnakhai\textsuperscript{1,2}, Fatemeh Tarahomi\textsuperscript{1,2}

1. Islamic Azad University Mashhad, Mashhad, Iran
2. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran

Cancer is a unique psychological experience that causes morbidity and mortality in worldwide and its incidence is rising in human due to various factors such as stress. Stress has been variously defined in the literature. Some of metabolic stress occur in cancer cells can activate mutations in ras pathway which induce autophagy. Cancer cell lines with ras activation show elevated levels of basal autophagy that is essential for starvation survival and tumor growth. The aim of this systematic review was to determine the effect of training on stress and depression in cancer patients. Articles were obtained from PubMed, Scopus, Science direct, Medline, and IranMedex databases using these keyword "cancer" and "stress" in the title field. We developed search study that includes 2 groups: the case and control group had the same treatment plans and the only difference was stress including training administered in the case group which was 90 min session over 8 weeks. Data were collected using stress and depression scale questionnaire. The result showed that there was a significant difference between case and control groups in stress and depression (p<0.001). The mean ± SD score of depression after intervention was significantly lower than in the control group. Mean ± SD of stress was also less than in the control group after the intervention. Our study shown that the mean scores of depression and stress were significantly less in the intervention group compared to the control group. Therefore, teaching this skill and the strategies recommended for these patients in addition to treatment.
The Analysis of the Role of Spirituality in the Quality of Life of Cancer Patients

Zahra Behrooznia1,2,3, Sepideh Mansouri Majoufardi1,2,3, Sara Rouhani1,2, Melika Velayati1,2

1. Mashhad Neuroscience Research Group, Islamic Azad University, Mashhad, Iran
2. Research Committee, Faculty of Medicine, Islamic Azad University, Mashhad branch, Mashhad, Iran
3. Gastric Cancer Research Group, Mashhad University of Medical Sciences, Mashhad, Iran

Today, quality of life is one of the important aspects relevant to taking care of cancer patients and is used in detecting the difference between patients, predicting the disease’s outcome, and evaluating the factors that impede the healing process. Cancer, as a crisis, creates much mental tension in an individual and patients suffering from cancer usually go through a lot of intense psychological despair when becoming aware of their disease and during the whole period of their treatment. This fact poses a serious threat to quality of life. Therefore, teaching some useful methods to patients in order to aid their coping with the disease and overcoming its psychological damage seems to be essential. Studies show that religious-spiritual impediments, due to the hindering effect of spirituality and religion on being afflicted by psychological disorders, can well protect cancer patients’ mental well-being against depression, anxiety, and psychological despair. This study has been carried out in order to analysis of the role of spirituality in the quality of life in cancer patients. This study is a comprehensive overview of the effect of spirituality on quality of life in cancer patients which has made use of valid papers available on databases such as PubMed, Google Scholar, SID, Scopus, etc. Spirituality, through creating a belief in the existence of a higher and more immense power, improves the outlook of the person towards his life and diseases and results in the control of emotional anxiety and being cured of depression, increased hope, and on the last level an enhancement of the psychological well-being as one of the parameters of quality of life. Therefore, after the disease has been diagnosed, evaluating the patient’s beliefs and values and paying attention to their psychological and personal characteristics through making use of suitable and standard tests is deemed necessary. In proportion with the evaluations previously carried out, one can use suitable and standard spiritual impediments as a complementary curing procedure in order to increase the cancer patients’ psychological well-being.
Investigating the Possibility of Mind Being a Risk Factor for Cancer
Ahmadreza Zarifian\textsuperscript{1,2}, Roya Amel\textsuperscript{1}, Yahya Shahrokhi\textsuperscript{1}

1. Research Committee, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran
2. Shefa Neuroscience Research Centre, Khatam Alanbia Hospital, Tehran, Iran

The name of “psycho-oncology” depicts the interactions of two different entities, the mind and the body. It has been established that social and emotional support is effective in the patients’ survival, especially in patients with cancer. In addition, literature suggests that patients with end-stage cancer tend to die after their birthday or other positive life events. On the other hand, depression worsens the outcome of somatic disorders, e.g. cancer. Cancer is reportedly linked to depressive episodes and disorders, clinical depression, depressive personality traits and exposure to intense negative life events. In spite of recent advances in the study of cancer risk factors, scientists did not manage to identify the etiologic factors for about less than a half of cancer cases. Many studies have shown that patients who underwent psychologically effective interventions, showed more resistance to the cancer and had higher survival rates. Even aggressive anti-tumor treatments have been shown to have less efficacy, compared with psychological supportive approaches. There is also growing evidence suggesting that disruption of brain’s circadian rhythms, which are controlled by a neuro-endocrine regulation system, affect cancer risk and progression. In conclusion, mind-related issues alone might not have the ability of increasing the risk of cancer to be considered as risk factors, but they might change the way we live by changing our exposure to lifestyle risk factors. Exposure to the risk factors such as smoking, alcohol drinking, poor nutritional diet and inadequate physical activity may, in turn, increase the risk of cancer.
The Use of Clinical Hypnosis in Cancer Patients
Amir Hosein Naseri\textsuperscript{1,2}

1. Research Committee, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran
2. Shefa Neuroscience Research Centre, Khatam Alanbia Hospital, Tehran, Iran

Cancer is a multisystem illness, involving all levels of the organism, from the cellular to the psychosocial. Psycho-oncology is an interdisciplinary field of study and practice at the intersection of oncology, psychology and lifestyle. The field is concerned both with the effects of cancer on a person’s psychological health as well as the behavioral and social factors that may affect the disease process of cancer. Then as a psychological issue, hypnosis is proved valuable in the treatment of cancer patients because mind, body, and spirit are interconnected and any treatment needs to consider this. Hypnosis is the trance-like state of high concentration and consciousness in which you are awake but still and calm. Hypnotherapy can therefore be used alongside the conventional medical treatments for cancer. Hypnosis finds several applications at different levels of cancer care. Specific applications include: making a good relationship between the medical team and the patient; controlling pain; controlling symptoms, such as anticipatory emesis, nausea, and learned food aversions; psychotherapy for guilt, depression, anxiety, anger, and similar feelings; visualization and imagination to obtain health improvements; and, dealing with other related issues. Period of hypnotic treatment varies depending on the basis and stage of the problem. Clinical hypnosis has been commonly described as a safe method with negligible harmful side effects when used correctly. In conclusion, there are lots of evidence that hypnotherapy can help the life quality of people with cancer. Hypnosis has been specifically employed in palliative care of cancer patients to reduce symptoms related with chemotherapy and radiotherapy, such as pain, nausea, fatigue, weakness, and sleep dysfunction. However, it is important that a patient should not expect to be cured and cancer-free, simply by taking some hypnotic sessions.
The Effects of Spiritual Interventions on Quality of Life of Patients Suffering from Cancer

Maryam Safari1,2, Samira Sajedi1,2

1. Research Committee, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran
2. Shefa Neuroscience Research Centre, Khatam Alanbia Hospital, Tehran, Iran

Cancer is one of the growing problems humanity. The Researcherstry to discover definitive treatment. In addition to physical treatment to overcome cancer, cancer patients need life expectancy and normal spirit. Recently, Psycho-oncology appears as a research field in cancer. For instance, now Narrative therapy leads alone or along with previous therapies for increasing the efficiency of cancer therapeutic method. Renske Kruizinga et al. done a systematic Review and meta-analysis in 2014, they evaluated the relationship between spiritual interventions and quality of life (QoL) of cancer by using a narrative approach. Spirituality is defined one of the aspect of humanity. It seeks to express meaning, purpose, experience and the relation between any person and anything. A narrative can be defined as «the creation of a world by picturing particular events and making that world coherent and intelligible by evoking a network of relations—causal links, psychological motivations, goals, plans—among the events». Aim of Narrative interventions are letting the patient talk and talk and reconstruct meaningful life story. Telling life story in cancer patient is a way of believing to have positive impact on QoL near death. All studies in systematic review showed a moderate positive effect 0–2 weeks after the narrative intervention on quality of life, As well as Meta-analysis showed a small insignificant effect 3–6 months after the intervention. More research is necessary to comprehend how spiritual interventions could have long-term effect on increasing or maintaining QoL.
Art Therapy and its Effects on Cancer Patients
Mohammad Ali Emrani¹,²

¹. Research Committee, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran
². Shefa Neuroscience Research Centre, Khatam Alanbia Hospital, Tehran, Iran

Cancer is one of the leading causes of morbidity and mortality worldwide, with nearly 14 million new cases and 8.2 million cancer related deaths in 2012. A cancer diagnosis and treatment entail profound changes in peoples’ lives that require significant adjustment. About one-third of inpatients and a quarter of outpatients suffer from psychological comorbidity. Therefore, psychosocial support services are an important part of medical care for cancer patients. Interventions can range from primary verbal types of psychotherapy to creative therapies like art, music, and poetry. On the other hand, common psychosocial problems experienced by cancer patients are fatigue, depression, anxiety, and existential and relational concerns. Art therapy has been recognized as beneficial and effective since first described by Adrian Hill in 1942 and it is an intervention being developed to address these problems. Art is one of the earliest forms of communication, dating back to the cave art of the Paleolithic age. Art therapy has been increasingly recognized as beneficial and effective in the treatment of different types of both mental and physical conditions. For example, art therapy has shown to be effective as a treatment for traumatic brain injury, schizophrenia, sexual abuse, breast cancer, post-traumatic stress disorder, as well as many other conditions. Art therapy helps people to express experiences that are hard to put into words and is suitable for patients with various diagnoses, ages, and levels of education. The purpose of this review is to summarize the available research evidence for the use of art therapy in the management of symptoms in patients suffering from cancer.
Major Depression in patients with cancer is one of the commonsources of suffering. Studies have been shown that the substantial minority patients who face a cancer experience in their life will become clinically depressed. The aim of this study was to investigate the association between the symptoms of depression in patients with different type of cancer. Depression in cancer is a disorder involving psychosocial and social, biological, immunological and even physiological causes. Identify and treatment of depression in cancer individuals is a key role in increase quality of life. Current Treatment implications includes the signaling pathways that inflammatory cytokines affected on behavior, such as targeting of the inflammatory cytokines, corticotropin-releasing hormone, and monoaminergic neurotransmitters. Psychosocial interventions are used to help different individuals. The general objective of such therapy is to improve coping skills through educational, behavioral, or psychodynamic approaches. Depression in cancer is different from depression in healthy people. These review suggest that In the future, pharmacological treatments may be more effective relief than current psychosocial treatments. So by initiation of new treatment strategies probably prevent behavioral alterations such as depression.
Sedentary Behavior Association with Colorectal Cancer
Ali Jahanbazi Jahan Abad¹
1. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran

Sedentary behavior includes any waking activity requires an energy expenditure such as sitting or lying down (with the exception of sleeping). Studies have shown that sedentary behavior has a positive correlation with an increased risk of colon cancer and decreasing of sedentary behavior is an important factor in prevention of colorectal cancer. Sedentary behavior is various in different countries. As you know in more developed county which may individuals give rise to sedentary behavior, should pay attention to the connection between sedentary behaviour and health consequences. Researches have been shown that several biologic mechanisms through sedentary behaviour are involved in the risk of colorectal cancer. Sedentary behaviors are progressively prevalent between the populations of many developing countries. So the study shows that the results can act as an etiology explanation and increase public awareness. Further researches are required to arrive the involving mechanisms and the cause and effect relationships that relate sedentary behavior and colorectal cancer.
Stress and Cancer Progression
Ali Jahanbazi Jahan Abad

1. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran

Research has been shown an association between stress and cellular immune function by affection on the development or progression of malignant tissue in some types of cancer. Stressor by activation of the hypothalamic-pituitary-adrenal (HPA) axis may attenuates the immune response. HPA activation are increased the hypothalamic secretion of neurohormones, such as corticotropin-releasing hormone and vasopressin, so these hormone in turns involved in production of the adrenocorticotropic hormone and subsequent release of glucocorticoids. However further more studies also have been indicated that a variety of stress-induced changes that include decreased cytotoxic T-cell and natural-killer-cell activities, genomic instability, somatic mutations and cytokine production are involved in cancer progression. These data has been shown that immune system has an important role in cancer suppression and specific immune mechanisms that may involve in this process are not yet known.
Art Therapies and Breast Cancer
Ali Jahanbazi Jahan Abad¹
1. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran

Breast cancer is a condition whose may lead to emotional, physical, and social suffering. The patients may experience acute pain depression, anxiety and disruption in quality of life. In the patients various types of interventions are required to reduce symptoms and improve their quality of life. Art therapy is psychotherapeutic approaches that are increasingly used in psycho oncology to improve a spectrum of treatment-related symptoms and psychological changes in cancer patients. Furthermore, art therapies are including some therapies such as music therapy, dance therapy, and dramatherapy. This review showed that arts therapies could have a positively affection on improve of anxiety and depression but not quality of life in breast cancer patients. So it leads to the recommendation that arts therapies is being suggested for reduction of anxiety and depression control. Over all further studies are required to assess the impact of art therapies on other psycho oncology behavior changes in breast cancer patients.
Art Therapy in the Management of Cancer Symptoms
Ali Jahanbazi Jahan Abad¹

¹. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran

Today one of the important psychosocial challenges experienced by malignancy patients is fatigue, depression, and existential and social concerns. Art therapies play a significant role in self-care and self-management for individuals living with cancer. In this review, emphasis is focused on art therapy’s contribution to cancer care and its use in relief of symptoms includes disrupts such as from body and self-image, social and sexual relationships. So art therapy interventions seem to be benefit in some cancer symptoms. There is no evidence that it causes harm. The review suggests better quality research studies are needed to support art therapy’s contribution to cancer survivorship.
A cancer diagnosis has a significant impact not only on the patients, but also on their family members. Family caregivers (includes blood relatives, friends, neighbors, or others) are generally the main source of social and emotional support for patients and assume a noteworthy part in how patients deal with their disease. This review incorporates a whole range of problems including Family caregiver experiences and perspectives, and the language and terms they use to convey their problems. Our evidence supports the conclusion that Family caregivers have numerous troublesome issues and responsibilities during and after the patient is undergoing treatment for cancer. These review has been shown some knowledge gaps, and suggestions for further research; so further researches are required to compared specific problems and burdens related to patient’s cancer diagnosis. And also explore differences in symptoms and problems of the caregiving experience in Family caregivers from distinctive cultural and ethnic.
Depression and Emotional Distress in Brain Tumor Patients

Arezou Eshaghabadi¹, Sajad Sahab Negah¹

1. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran

Malignant brain tumors usually caused devastating morbidity for those affected and for their families and typically result in death of the patient within a few years or less. For instance, even with aggressive radiation and chemotherapy regimens, the median survival for patients with grade 4 astrocytoma (glioblastomamultiforme or GBM) is about 12 months, and for grade 3 gliomas it is about 36 months. Focal neurological damage from radiation therapy and chemotherapy leads to neuropsychiatric problems in brain tumor patients. To control neurologic symptoms in this population, high dose corticosteroids used, which can result in side effect such as labile affect and behavioral changes. Cognitive changes and negative mood states associated with disease or treatment-related neurologic dysfunction is amplified by comorbid psychosocial problems such as reactive depression, job loss, financial difficulties, and marital strife. Frequently reported neuropsychiatric problems in brain tumor patients include delirium, dementia, depression, anxiety, fatigue, somnolence and disinhibition disorders including restlessness, mania, and aggression. There is evidence that fatigue and depression are prevalent clinically important issues in patients with brain tumors.
Immunotherapy in Glioma Tumors

Arezou Eshaghabadi¹, Sajad Sahab Negah¹
1. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran

Brain cancer is one of the major cancer types for which new immune-based treatments are currently in development. Astrocytomas originate in glial cells called astrocytes, the multitudinous star-shaped cells involved in cell repair and nutrient transport. The poor prognosis of glioblastoma (GBM) mandates new therapies. Food and drug administration approval of several immunotherapy agents over the past few years, much attention and resources have been directed towards new immune based approaches and therapies in all cancer types. Immunotherapy is treatment that uses certain parts of a person’s immune system to fight diseases such as cancer. Immunotherapy is an approach that is well suited to take on the global nature of malignant gliomas. Challenges include the tumor-induced immunosuppressive environment and the paucity of identified tumor-specific antigens. Defining the role of immunotherapy as a stand-alone therapy or in combination is actively being investigated. It is unclear if chemotherapy and radiation facilitate or inhibit tumor immune responses. In addition, identification and characterization of relevant immune response biomarkers has been under intense investigation.
Post Traumatic Stress in Cancer
Arezou Eshaghabadi¹, Sajad Sahab Negah¹
1. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran

Some people with cancer may progress an anxiety disorder called post-traumatic stress disorder (PTSD) as a result of their experiences with the disease. Several studies on the psychological impact of childhood cancer have focused on the people around the patient, such as the parents and siblings, or on children during and immediately following their cancers. That many childhood cancer survivors exhibit signs of PTSD when they reach young adulthood. That mothers of pediatric cancer survivors have significant symptoms of PTSD—much higher rates than PTSD seen in their children, who were only several years past treatment. Their studies revealed a pattern of increasing PTSD as patients aged, but constant widespread symptoms of trauma in their parents. One study found that nearly 20% of families with adolescent survivors of childhood cancer had at least one parent who was experiencing PTSD. Research also shows that it is extremely common for parents of children undergoing cancer treatment to develop stress-related symptoms. Research shows that support groups can help people with cancer feel less depressed and anxious and become more hopeful. Thus, supportive care can be useful for PTSD, which this approach depends on a person’s specific symptoms and situation.
Regenerative medicine May Recover Cognitive Function in Brain Cancer

Sajad Sahab Negah1,2, Zabihollah Khaksar2, Shahin Mohammad Sadeghi1,3, Hadi Aligholi2,4, Sayed Mostafa Modarres Mousavi1, Hadi Kazemi1,5

1. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran
2. Histology and Embryology Group, Basic Science Department, Faculty of Veterinary Medicine, Shiraz University, Shiraz, Iran
3. Department of Plastic and Reconstructive Surgery, Shahid Beheshti University of Medical Sciences, Tehran, Iran
4. Department of neurosciences, School of advanced medical sciences and technologies, Shiraz University of medical sciences, Shiraz, Iran
5. Pediatric Department, Medical Faculty, Shahed University, Tehran, Iran

Radiation therapies is an effective treatment for brain cancers, but sometimes induced devastating side effects, including disruptions in memory and concentration and in the ability to do executive functions such as planning and multitasking, severely limiting quality of life. The adverse effects of radiotherapy on the brain and cognition are progressive and difficult to reverse, and to date, there are no satisfactory long-term solutions for this serious clinical problem. Limoli and et al have been evaluated the effects of intrahippocampal transplantation of human neural stem cells in irradiated laboratory rats. They showed significant improvement in cognitive function in irradiated rats that received the neural stem cell transplants. Radiation induced late normal tissue injury in the brain, such as necrosis and edema. neural stem cells differentiate to new brain cells to the hippocampus and helps to maintain cognitive health. Importantly, the depletion of these stem cells and the resulting cognitive deficits occur in the absence of any overt histologic or radiographically visible damage. Studies are also in progress using human NSC transplantation to restore cognitive function following brain trauma, and evidence suggests the strategy may be beneficial in the treatment of Alzheimer’s disease and for alleviating side effects in any normal tissue subjected to radiation exposure. The field of regenerative medicine in radiation oncology is still very new; it holds a great deal of promise for the rehabilitation of many cancer survivors.
The Importance of Social Support in Ovarian Cancer

Elham Mohammad zadeh

1. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran
2. Department of Biology and Anatomical Sciences, Faculty of Medicine, Shahid Beheshti University of Medical Sciences, Tehran, Iran

Ovarian cancer has been defined as the silent killer and the majority of women suffer from this disease don’t show obvious symptoms for long time. It accompany with anxiety, depression, changes in self-confidence, worries about family members, communicating with others and making decisions about screening for cancer and risk reducing oophorectomy. Many women are in late stages of disease at the time of diagnosis and are underwent aggressive operation and medical protocols for treatment. Anxiety and depression are usually common after chemotherapy. During the treatment, pain and inconvenience usually distinguish by psychiatric aware of oncology psychiatry. Severe concern of recurrence, sexuality dysfunction, and identity disorder were experienced by survivors. Thus, it is necessary to understand the factors associated with psychological anxiety and depression in order to help these patients. In fact, the diagnosis of ovarian cancer had agreat impact on family. The marital communication may be disturbed because husbands adopted new responsibilities to support their wives. Also physical changes during treatment can be created sexuality disturbance and discomfort. On the other hand, women are worried about increasing risk of ovarian cancer in female children. Social support is important during stressful situation including cancer diagnosis and following surgical operation and chemotherapy. Women defined support from various sources. The most important support is emotional and practical support from family member. In addition, some women found support from friends in society and personal relationship. Thus, social support as a psychological resource in improvement can be related to positive health outcomes and especially helpful during treatment phase.
Anxiety and Depression in Patients Suffer from Ovarian Cancer

Elham Mohammad zadeh¹,²

1. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran
2. Department of Biology and Anatomical Sciences, Faculty of Medicine, Shahid Beheshti University of Medical Sciences, Tehran, Iran

Ovarian cancer is the most lethal of malignancies in women. During stages of diagnosis, treatment and survival could be seen a rang of physical and psychological symptoms and thus high levels of agitation are experienced. In fact, several psychological symptoms accompany with diagnosis of cancer and during the treatment. Women suffer from ovarian cancer often are at a high level of depression and anxiety risk. The major cause of depression and anxiety during the treatment are multiple physiological stressors of surgical menopause, steroid therapy, and pain. Furthermore, adverse effects of stress and distress such as anxiety, dysphoria and anger on the immune response in cancer have been well documented. In the other words, cancer intensively alters woman’s lives. It can be disturbed usual activities, ability to work. Also it creates financial concerns because of suspicion about future health needs and employment. Therefore, women suffer from ovarian cancer described main changes in their living and cancer affects on their families including changing roles and concerns for husbands, altered sexuality and worries about children that these factors can be the cause of anxiety and depression in these patients.
Dietary Factors and Cancer

Fatemeh Alipour

1. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran

Cancer is a general term that refers to the rapid formation of abnormal cells that grow beyond their normal boundaries. Cancer can affect any part of the body, and originates from a single cell that transforms into a tumor cell through interactions between genetics and external agents. Lifestyle risk factors for cancer are usually preventable, and avoiding certain factors may lower one’s risk in developing cancer. Key lifestyle increased factors of cancer include: overweight, unhealthy diet high in processed foods, lack of physical activity, tobacco use, alcohol use, infections, environmental pollution, occupational carcinogens, and radiation, very hot drinks and food, salt preserved foods and salt, preserved meat and red meat, animal fats, heterocyclic amines, aflatoxin, polycyclic aromatic hydrocarbons, nitrosamines. It has been estimated that 30–40 percent of all cancers can be prevented by lifestyle and dietary measures alone. Overweight/obesity increases the risk for cancers of the oesophagus (adenocarcinoma), colorectum, breast (postmenopausal), endometrium and kidney. The most important factor in the relationship between diet and prevention of cancer is healthy weight maintenance throughout life.
Fruits and Vegetables Reduce Cancer
Fatemeh Alipour
1. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran

Cancer is a disease in which cells grow and divide with little or no control. There are many different types of cancer. It has been estimated that 30–40 percent of all cancers can be prevented by lifestyle and dietary measures alone. One of the most important messages of modern nutrition research is that a diet rich in fruits and vegetables protects against cancer. For most cancers, people in the lower quartile (14% of the population) who ate the least amount of fruits and vegetables had about twice the risk of cancer compared to those who in the upper quartile who ate the most fruits and vegetables. There are several groups of fruits and vegetables that may offer particularly protective effects such as dark green and orange vegetables, cruciferous vegetables (cabbage, broccoli), flavonoids (soy, tea), legumes, sulfides (garlic, onion), and tomato products. Many of researches reveal that plants and particularly raw vegetables contain many beneficial compounds such as vitamins, minerals, antioxidants, phytochemicals, and fiber. Also a protective effect of greater their consumption is consistent for cancers of the stomach, esophagus, lung, oral cavity, pharynx, endometrium, pancreas, and colon. Researchers are still examining the effects of these complex interactions.
Psychological Factors and Psychotherapy in Cancer

Fatemeh Alipour¹

1. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran

There are so many conflicting options about mind as a risk factor for cancer. The studies show that psychological factors play a significant and direct role in the onset and progression of cancer. One of the factors is stress. Stress works through sympathetic nervous system and hypothalamic–pituitary–adrenal axis activation, along with related hormones, that have functionally and biologically significant impacts on the tumor microenvironment. Psychotherapy may decrease stress in cancer patients, potentially reducing the stress-induced cancer progression. The possibility that psychotherapy could extend survival time for cancer patients has attracted attention among clinical investigators interested in the mind–body connection, among cancer patients seeking the best possible outcome and among the general public. Psychosocial factors, as well as psychosocial interventions, have now become issues for study in relationship to cancer onset, quality of life, and length of survival. It is now documented that emotional expression, social supports, lower levels of emotional distress, and a fighting spirit tend to be associated with improved survival time in cancer patients. Some studies have indicated a direct beneficial effect of social support on survival time. Finally, special attention is required in dealing with one’s countertransference.
Cancer patients suffer from fatigue and loss of physical performance. The researches suggest that exercise may be an effective intervention for enhancing quality of life (QOL) in cancer survivors. Physical exercise programs help prevent the manifestation and reduce the intensity of cancer-related fatigue. A home-based walking exercise program is a potentially effective, low-cost, and safe intervention to manage fatigue and to improve QOL during adjuvant chemotherapy or radiation therapy for cancer. Cancer patients may benefit from physical exercise both during and after treatment. However, the specific beneficial effects of physical exercise may vary as a function of the stage of disease and the current lifestyle of the patient. Some evidence suggests that physical activity can have an effect on the immune system. Exercise as an adjunctive treatment may help to attenuate these effects and thereby contribute to rehabilitation of cancer diseases. Oncology nurses need to have an understanding of motivational factors related to exercise during cancer treatment to be able to assist patients with cancer to initiate and maintain exercise.
**Multidisciplinary Management for Cancer Care: Perspective and Challenge**

Leyla Bayan¹, Sajad Sahab Negah¹,²

¹. Shefa Neuroscience Research Center, Khatam Alanbia hospital, Tehran, Iran
². Histology and Embryology Group, Basic Science Department, Faculty of Veterinary Medicine, Shiraz University, Shiraz, Iran

The Multidisciplinary cancer bring together various members of the health care team involved in a patient’s care, including physicians (oncologists, radiologists, surgeons, pathologists), nurses, social workers, dieticians, physiotherapists, and occupational therapist. A multidisciplinary team (MDT) is a group of health care members in different disciplines, each providing specific services to the patient with the aim of ensuring that the patient receives optimum care and support. In cancer care should be appointed to organize and coordinate the whole range of cancer services provided within the Cancer unit. The report went further to recommend that other services such as physiotherapy, nursing, dietetics, speech therapy, chaplaincy and social services should all be easily available. Previous management of cancer patients before the idea of MDT management was conceived involved the referral of patients from one clinician to another at various stages of diagnosis and treatment without an integrated approach, which can be an overwhelming and confusing experience for a patient. Although it is well known that the multidisciplinary team management of cancer patients generally improve patient outcome, there are a number of barriers that prevent the full realization of these benefits. Such barriers include insufficient facilities, time constraint and poor interprofessional relationships. The goal of MDT is also to reduce patient distress and diminish the financial burden through the avoidance of non-beneficial treatment and a reduction in hospitalization frequency.
Multidisciplinary care was well-defined as involvement of a team of clinical and allied specialists whose intent is individualized patient management. Current cancer management is increasingly becoming more sophisticated and specialized. From the detection of a lesion and recognition of its clinical and radiologic characteristics, to its confirmatory diagnosis and treatment, the management trajectory for a cancer patient is a multidisciplinary and frequently multimodal path requiring the input of many uniquely qualified individuals. The challenge lies in efficiently and effectively coordinating these key individuals to optimize the delivery of cancer care for health care providers and for patients. Multidisciplinary care can flourish in many formats. Diverse input on patient management can be achieved through multidisciplinary clinics, organization of a hospital-wide multidisciplinary cancer program, creation of multidisciplinary diagnosis and treatment protocols, formation of a cancer service collaborative, or the use of multidisciplinary cancer conferences. Multidisciplinary care has been variably defined, but fundamentally encompasses collaborative patient care by a team of individuals where all diagnostic and treatment options are discussed and custom-made for each patient. Although the team arrangement may vary by disease site and institution, independent contributors may include representatives from medical oncology, radiation oncology, surgery/surgical oncology, pathology, diagnostic imaging, palliative care, nursing, nutrition, and social work. The aim is to warrant the patient receives best care and support. In cancer care should be selected to organize and coordinate the whole range of cancer services.
Multidisciplinary Management in Prostate Cancer

Leyla Bayan\textsuperscript{1}, Sajad Sahab Negah\textsuperscript{1,2}

1. Shefa Neuroscience Research Center, Khatam Alanbia hospital, Tehran, Iran
2. Histology and Embryology Group, Basic Science Department, Faculty of Veterinary Medicine, Shiraz University, Shiraz, Iran

Prostate cancer is the most common non-skin malignancy affecting men. Confusing the management of low-risk prostate cancer is the fact that there are basically no data to suggest that definitive treatment impacts prostate cancer-specific survival when compared with active surveillance, an approach which entails the use of PSA levels, digital rectal examinations, and periodic prostate biopsies to monitor for progression of disease and to implement curative therapy if and when such progression occurs. Therefore, when compared with contemporary conservative management approaches, the impact of definitive therapy in patients with low-risk disease is unknown. The multitude of treatment options available to patients with prostate cancer, particularly those with low-risk disease, is substantial. Multidisciplinary clinics offer an appealing approach to the management of patients with prostate cancer by providing patients the opportunity to meet with prostate cancer specialists spanning multiple specialties during a single consultation or visit. Such a model of cancer care affords patients the opportunity to learn about all management options simultaneously and to discuss the recommendations of their treating physicians in an open and interactive fashion, thus allowing for shared decision-making and a potential reduction in physician bias. However, relatively few studies have investigated the other added value that multidisciplinary clinics provide to the patient or health care system, and therefore, additional studies assessing the impact of multidisciplinary care in the management of patients with prostate cancer are needed.
Plans to Develop the Competence and Usefulness of Multidisciplinary Team Meetings in Cancer Care
Leyla Bayan¹, Sajad Sahab Negah¹,²

1. Shefa Neuroscience Research Center, Khatam Alanbia hospital, Tehran, Iran
2. Histology and Embryology Group, Basic Science Department, Faculty of Veterinary Medicine, Shiraz University, Shiraz, Iran

Evidence is developing of the benefits of multidisciplinary working in cancer care. In the UK multidisciplinary team (MDT) working in cancer care has been compulsory for over a decade, and all cases of new or suspected cancer must be discussed in an MDT meeting. Such teams, which involve surgeons, radiation and medical oncologists, radiologists, pathologists, sometimes specialist nurses (always in the UK) and MDT coordinators, work together and meet regularly (e.g. weekly) to plan investigations and treatment for patients. Recent thinking on MDTs has focused on how the teams actually function and how MDT meetings run in practice. A key problem in MDT working in settings with high patient volumes is that team meetings are often fast-paced, with large numbers of cases leaving inadequate time for in-depth discussion. MDT treatment plan should be explained and fully discussed with patients. These meeting should be focused on course of treatment; they include the following steps: Plans for treatment can be formulated and clarified at MDT meeting (treatment plan). Investigations (e.g. radiological investigations) can be collated and reviewed (Investigations). Being familiar with the clinical history, results of investigations and proposed treatment facilitates consultation with patients (Patient consultation). The passage of patients from one clinician to another is quicker and more direct (Improving pathway). Face to face discussion allows questions to be asked and answered directly (Facilitate discussion). Inappropriate referrals can be avoided and appropriate referrals made directly in person (Referrals). A single record of results and multidisciplinary discussion can be created (Record keeping) Patient follow-up is streamlined and patients are not lost (Admin). Improved relationships exist between team members (Non-clinical).
A number of important documents have been reported in the last 5 years regarding the right of cancer patients to have their psychosocial needs recognized and addressed. The evidence was well-defined that ‘attending to psychosocial needs should be an integral part of quality cancer care. It is not possible to deliver good quality cancer care without addressing patient’s psychosocial health needs’. the Council of the European Union (EU) published the significance of psychosocial aspects of cancer care and stated that ‘to attain optimal results, a patient-centered comprehensive interdisciplinary approach and optimal psychosocial care should be implemented in routine cancer care, rehabilitation and post-treatment follow-up for all cancers’, with an open call to all EU member states ‘to take into account the psychosocial needs of patients and improve the quality of life for cancer patients through support, rehabilitation and palliative care’. The International Psycho-Oncology Society contributed in a survey aimed at clarifying access to psychosocial care. In some countries, especially developing countries, the psychosocial oncology is either not established or not completely established, or not an integral part of care. Future targets need to focus on the integration of psychosocial oncology programs into comprehensive cancer care and their coordination within multidisciplinary teams.
Philosophy Therapy: How Philosophy Could Bring Ccceptance and Meaning to the Last Moments of Cancer Patients.
Maryam Jayervand¹, Samaneh Sadat Dastgheib²

1. Department of Philosophy, Tehran University, Tehran, Iran
2. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran

Philosophy as cradle of science has always been the place of man’s deepest questions; nature and meaning of life, death, suffering and so on. It is not a coincidence that the giant minds of geniuses all along history have been focused on finding the answer of questions which annoy cancer patients after hearing the diagnosis. Research has presented that patients who find purpose and meaning for the life show more compliance and better prognosis. Providing philosophy to end stage cancer patients is the use of 2500 years of wisdom to bring light into the last days of these patients and their families.
A 28 year old woman suffering from metastatic ovarian cancer was referred to Omid hospital psychiatry clinic with the chief complaint of head and neck trembling just before every chemotherapy session which interfered with the patient’s therapy. Medication therapy was started and the symptom got briefly improved but after 3 months, the severity of trembling and musculoskeletal spasms returned to the same degree before pharmacotherapy. Meaning full therapy focusing on attracting the patient’s attention to the motivations of her life and her role of motherhood was added to pharmacotherapy. After 2 months, 3 sessions of psychotherapy, the symptoms completely disappeared and have not come back up to the present.
Psychiatric medications which affect pain pathways would result in better quality of life in cancer patients

Masumeh Sadat Dastgheib¹, Samaneh Sadat Dastgheib ²

¹. Cancer Research Center, Omid Hospital, Mashhad, Iran
². Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran

Patients suffering from metastatic cancer face high degree of chronic or acute pain. The ache could lead to self-therapy and substance abuse which itself result in anxiety and depression during time. Many research show that anxiety and depression increase pain perception and diminish pain tolerance threshold significantly. Thus, substance abuse in cancer patients is vicious circle that finally lower patients’ quality of life and increase their pain, anxiety and depression. Accordingly, the use of medications which has an effect in alleviating pain could be more efficient in metastatic cancer patients. Patients with metastatic cancer who are referred to psychiatry clinic and treated with less effect on pain pathways like serotonin reuptake inhibitors (SSRIs) and antipsychotic are prescribed tricyclic antidepressants and Gaba modulator drugs which have an direct effect on acute and chronic pain pathways. The intervention will last 6-9 months, and pain degree, anxiety and depression plus quality of life will be evaluated before and after trial via both questionnaire and psychiatric interview. The results of this ongoing study are assumed to support the hypothesis that monotherapy, treating both pain and psychiatric condition, will enhance the patients’ wellbeing and reduce substance abuse and thus it is hitting two birds with one stone.
Psychopathology of Cancer Patients; when the Core Psychopathology is Formed and When Psychiatric Intervention Should Happen
Masumeh Sadat Dastgheib¹, Samaneh Sadat Dastgheib ²

1. Cancer Research Center, Omid Hospital, Mashhad, Iran
2. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran

Cancer patients often present with psychiatric symptoms sometime after the primary signs and symptoms related to malignancy have been discovered. These psychiatric disorders which strongly need intervention, affect medical compliance, survival, interpersonal relationship, socioeconomic state and quality of life of the patients. Unfortunately, psychiatric comorbidities in these patients are not diagnosed early enough to achieve best and most effective treatment and sometimes self-therapy and substance abuse complicate these conditions. Knowing the process of psychopathology is the key factor and necessary for early diagnosis and intervention. Research and clinical experience show that the first psychiatric symptoms happen at the first moments of evaluating tests, even before the diagnosis is confirmed. The development of these symptoms continues according to the patients’ psychic structure and psychiatric background. Thus the psychiatric services are required in parallel of oncologic services in order to get the best results. This poster reviews the psychopathology process and presents a chart describing time and method of demonstration of psychiatric service in patients suffering from cancer.
Hope And Depression in Cancer Patients
Parastoo Barati

1. Shefa Neuroscience Research Center, Khatam Alanbia hospital, Tehran, Iran

Now cancer is one of the most important health problems of the world and our country is that numerous changes in life, relationships and social activities, and in addition to having specific characteristics, in many cases with comorbid depression and anxiety as factors. The disorder is associated with reduced quality of life and daily functioning in patients with cancer is one of crisis, depression and anxiety which better opportunities in life in people with cancer and eliminate. But coping with emotional force that helps people prepare for work and provide flexibility, vitality and satisfaction of life. Since the study showed that the cognitive strategies to control emotion and quality of life of cancer patients there, then said, emotion regulation can be an important factor in determining the well-being and effective function is a fundamental role in coping with events stressful life plays so far as to say the quality of life of affected patients. These show that assess quality of life in cancer patients can be involved in the development of prognostic and even can be used as medical factors that are predictable.
Cell Therapy in Cancer Treatment

Sajad Sahab Negah\textsuperscript{1,2}, Sedigheh Ghasemi\textsuperscript{1}, Hamid Reza Moradi\textsuperscript{3}, Ali Kalantari Hesari\textsuperscript{3}

1. Shefa Neuroscience Research Center, Khatam Alanbia hospital, Tehran, Iran
2. Histology and Embryology Group, Basic Science Department, Faculty of Veterinary Medicine, Shiraz University, Shiraz, Iran
3. Basic Science Department, Faculty of Veterinary Medicine, Tehran University, Tehran, Iran

Cancer is an abnormal growth of cells the nearby cause of which is an imbalance in cell proliferation and death breaking-through the normal physiological checks and balances system and the ultimate cause of which are one or more of a variety of gene alterations. Clinical trials of cell therapy for many different cancers are currently continuing. More recently, scientists have developed novel cancer therapies by combining both gene and cell therapies. Specifically, investigators have developed genes which encode for artificial receptors, which, when expressed by immune cells, allow these cells to specifically recognize cancer cells thereby increasing the ability of these gene changed immune cells to kill cancer cells in the patient. One example of this method, which is the gene transfer of a class of novel artificial receptors called “chimeric antigen receptors” or CARs for short, into a patient’s own immune cells, typically T cells. Researchers believe that this method may hold promise in the future for patients many different types of cancer. Cell therapy can be used as a novel and functional method for cancer treatment.
Psychological Stress may have an Impact on Cancer
Sajad Sahab Negah¹, ², Zabihollah Khaksa², Shahin Mohammad Sadeghi¹, ³, Hadi Aligholi¹, ⁴, Sayed Mostafa Modarres Mousavi¹, Hadi Kazemi¹, ⁵
1. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran
2. Histology and Embryology Group, Basic Science Department, Faculty of Veterinary Medicine, Shiraz University, Shiraz, Iran
3. Department of Plastic and Reconstructive Surgery, Shahid Beheshti University of Medical Sciences, Tehran, Iran
4. Department of Neurosciences, School of Advanced Medical Sciences and Technologies, Shiraz University of Medical Sciences, Shiraz, Iran
5. Pediatric Department, Medical Faculty, Shahed University, Tehran, Iran

People who have cancer may find the physical, emotional, and social effects of the disease to be stressful. Those who attempt to manage their stress with risky behaviors such as smoking or drinking alcohol or who become more inactive may have a poorer quality of life after cancer treatment. Experimental studies showed that psychological stress can affect a tumor growth and spread. For instance, some research have shown that tumors were more likely to grow and spread (metastasize) when kept under stressful conditions. In a recent study, tumors transplanted into the mammary fat pads of mice had much higher rates of spread to the lungs and lymph nodes if the mice were chronically stressed than if the mice were not stressed. Studies on cancer cells indicated that the stress hormone norepinephrine, part of the body’s fight-or-flight response system, may promote angiogenesis and metastasis. Women who treated with neoadjuvant chemotherapy using beta blockers (interfere with certain stress hormones) had a better chance of surviving their cancer treatment without a relapse than women who did not report beta blocker use. Although there is still no strong evidence that stress directly affects cancer outcomes. It may be that people who feel helpless or hopeless do not seek treatment when they become ill, give up prematurely on or fail to adhere to potentially helpful therapy, engage in risky behaviors such as drug use, or do not maintain a healthy lifestyle, resulting in premature death.
Nutrition for Children with Cancer

Sajad Sahab Negah\textsuperscript{1,2}

1. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran
2. Histology and Embryology Group, Basic Science Department, Faculty of Veterinary Medicine, Shiraz University, Shiraz, Iran

Nutrition is an important part of the health of all children, but it is especially important for children getting cancer treatment. It’s especially important for children getting cancer treatment to get the nutrients they need. Eating the right kinds of foods before, during, and after treatment can help a child feel better and stay stronger. The American Cancer Society has prepared this guide to help parents cope with treatment side effects that might affect how well their child can eat. Not every child has nutrition-related side effects, but this guide will help parents address them if and when they come up. You don’t have to read straight through all of the information here. Parents can just read the sections which need and use the information that applies to their child. This information is not meant to replace the advice of a medical professional. If they have any questions or concerns, they should talk to a doctor, nurse, or dietitian about your child’s nutritional needs.
Health-Related Quality of Life as an Important Factor in Cancer Patient
Sajad Sahab Negah$^{1,2}$

1. Shefa Neuroscience Research Center, Khatam Alanbia hospital, Tehran, Iran
2. Histology and Embryology Group, Basic Science Department, Faculty of Veterinary Medicine, Shiraz University, Shiraz, Iran

Increasingly, scientists are confronted with situations where patients may not gain benefits in terms of traditional end points, such as survival or disease-free survival. However, it is possible to see significant changes in health-related quality of life. Health-related quality of life, a multidimensional construct and an important concept, has, for many years, proven difficult to define. Usually, health-related quality of life covers the subjective perceptions of the positive and negative aspects of cancer patients’ symptoms, including physical, emotional, social, and cognitive functions and, importantly, disease symptoms and side effects of treatment. Only 20 years ago, slight works reported quality-of-life benefits. However, in recent years, there has been a large increase in studies reporting the assessment of health-related quality of life. At present, some 10% of all randomized cancer clinical trials include health-related quality of life as the main end point. The U.S. Food and Drug Administration now recognize the benefits of health-related quality of life as a basis for approval of new anticancer drugs. Fortunately, more clinicians are considering the importance of health-related quality of life as critical to cancer patients’ care.
Music as an adjuvant therapy has been used in treating many neurological psychiatry disorders. Research has shown that listening to Mozart music or preferred music selected by individual could enhance cognitive function and reduce depression and anxiety via modulation of dopamine, norepinephrine and serotonin. In patients suffering from cancer, dealing with a chronic and life threatening condition leads to depression which could affect patient’s compliance and treatment. Music therapy could help patients accept their disease via enhancing cognitive functions and reduction of anxiety. Patients suffering from different types of cancer were offered to use designed music therapy program for 6 consecutive months. Patients who had emotional stress or change in their medications which could affect their mood and cognitive functions, during this time, were excluded from the study. The cognitive function evaluating tests and Beck depression and anxiety questionnaire were taken before and after the trial. This is an ongoing study and the results are not totally prepared. However, according to the previous research and our results till current time, it is predicted music listening could
Psycho-Oncology is concerned with the psychological, social, behavioral, and ethical aspects of cancer. Over the last decade, the implication of psychosocial screening has received extremely of consideration. Guidelines, recommendations, and standards have been developed to cheer or require that all patients be screened for their distress at the time of diagnosis or when patients commence care in a cancer center for the first time. However, the concept of psychosocial screening has long history in the cancer literature.
The Benefit of Creative Psychological Interventions among Cancer Patients

Sayed Mostafa Modarres Mousavi¹, Fatemeh Alipour¹, Leyla Bayan¹, Sajad Sahab Negah¹, Arezou Eshaghabadi¹, Zahra sadat Hashemi²

1. Shefa Neuroscience Research Center, Khatam Alanbia Hospital, Tehran, Iran
2. School of Medicine, Tehran University of Medical Sciences, Tehran, Iran

Creative Psychological Interventions (CPIs) are a form of psychotherapy that use the expressive qualities of the creative arts, namely music, art, drama and dance/movement, to effect personal change with a view to increasing the emotional, social, cognitive and physical wellbeing of the individual. CPIs have been found to be useful for a wide variety of client groups including mental health, general health and social care, and are used in schools, with the elderly and in prisons. CPIs are thought to be particularly useful for adult cancer patients as the therapeutic process helps them to improve their ability to cope with the difficulties of cancer treatment, and adapt to stressful and traumatic experiences associated with cancer diagnosis and care.
Psycho-oncology is only about forty years old, emerging since the diagnosis of cancer began to be revealed and honest discussions could occur about this illness. Psycho-oncology is concerned with the psychological, social, behavioral, and ethical aspects of cancer. Psycho-oncology is an area of multidisciplinary interest and has shared boundaries with the major specialties in oncology including medical oncology, hematology and radiation oncology: the clinical disciplines (surgery, medicine, pediatrics, and radiotherapy), biology, pathology, endocrinology, epidemiology, immunology, bioethics, palliative care, rehabilitation medicine, clinical trials research and decision making, as well as psychiatry and psychology. In conclusion, psycho-oncology has a place within the oncology community, both in clinical care and in research, especially related to prevention, quality of life, symptom control, and palliative care.