

Term Information

Effective Term Spring 2018

General Information

Course Bulletin Listing/Subject Area Psychology
Fiscal Unit/Academic Org Psychology - D0766
College/Academic Group Arts and Sciences
Level/Career Graduate
Course Number/Catalog 6867.02
Course Title Behavioral Medicine-Cancer
Transcript Abbreviation Beh Med: Cancer
Course Description This course provides follow-up to the general offering with a focus on cancer prevention & control. Topics include overview of cancer as an illness, cancer screening, biobehavioral responses to diagnosis & treatment, factors which place patients at risk for poor psychological/health outcomes, psychological interventions, issues relevant to diverse patient groups, & late effects complicating survivorship
Semester Credit Hours/Units Fixed: 3

Offering Information

Length Of Course 14 Week
Flexibly Scheduled Course Never
Does any section of this course have a distance education component? No
Grading Basis Letter Grade
Repeatable No
Course Components Seminar
Grade Roster Component Seminar
Credit Available by Exam No
Admission Condition Course No
Off Campus Never
Campus of Offering Columbus

Prerequisites and Exclusions

Prerequisites/Corequisites Graduate status in psychology or any health related discipline
Exclusions
Electronically Enforced Yes

Cross-Listings

Cross-Listings

Subject/CIP Code

Subject/CIP Code 42.0101
Subsidy Level Doctoral Course
Intended Rank Masters, Doctoral

Requirement/Elective Designation

The course is an elective (for this or other units) or is a service course for other units

Course Details

Course goals or learning objectives/outcomes

- Understand cancer epidemiology and cancer prevention
- Understand the biobehavioral model of cancer stress and disease course
- Understand psychological perspectives and biobehavioral outcomes in the diagnosed patient
- Understand psychological and behavioral interventions cancer control
- Understand the worldwide burden of cancer and biobehavioral aspects of cancer in low and middle income resource countries

Content Topic List

- Epidemiology (US and worldwide) of cancer
- Psychological responses to diagnosis, treatment, disease progression
- Evidence for psychological/behavioral interventions in cancer control and evidence for their dissemination/implementation

Sought Concurrence

No

Attachments

- Psych 6867.02 Behavioral Medicine- Cancer.docx: syllabus
(Syllabus. Owner: Paulsen,Alisa Marie)
- Concurrence-COM-Psych 6867.02.pdf: Concurrence-COM
(Concurrence. Owner: Paulsen,Alisa Marie)

Comments

- Please note that the College of Medicine sent both concurrences back together (Psych 6867.01 and .02).
Concurrence for Psych 6867.02 is on second page of attached document. *(by Paulsen,Alisa Marie on 07/27/2017 03:10 PM)*
- Please request concurrence from the College of Medicine. *(by Vankeerbergen,Bernadette Chantal on 07/20/2017 12:23 PM)*

Workflow Information

Status	User(s)	Date/Time	Step
Submitted	Paulsen,Alisa Marie	03/22/2017 04:19 PM	Submitted for Approval
Approved	Givens,Bennet Stuart	05/31/2017 04:54 PM	Unit Approval
Approved	Haddad,Deborah Moore	06/01/2017 10:55 AM	College Approval
Revision Requested	Vankeerbergen,Bernadette Chantal	07/20/2017 12:23 PM	ASCCAO Approval
Submitted	Paulsen,Alisa Marie	07/27/2017 03:10 PM	Submitted for Approval
Approved	Vasey,Michael William	07/27/2017 04:15 PM	Unit Approval
Approved	Haddad,Deborah Moore	07/28/2017 11:04 AM	College Approval
Pending Approval	Nolen,Dawn Vankeerbergen,Bernadette Chantal Oldroyd,Shelby Quinn Hanlin,Deborah Kay Jenkins,Mary Ellen Bigler	07/28/2017 11:04 AM	ASCCAO Approval

Psychology 6867.02 Behavioral Medicine: Cancer

Professor: Barbara L. Andersen, Ph.D.
Telephone: 292-4236
Psychology Building Rm 219
Class: 3:55-5:15, Tuesday/Thursday
E-mail: andersen.1@osu.edu

Secretary: Scott Higgins
(Higgins.208@osu.edu)

Description:

Behavioral medicine is an interdisciplinary field. This course provides a follow-up to the general offering with its focus on cancer prevention and control. Major topics include overview of cancer as an illness, cancer screening, biobehavioral responses to diagnosis (including recurrence) treatment, factors which place patients at risk for poor psychological or health outcomes, psychological interventions, issues relevant to diverse patient groups, and late effects complicating survivorship.

Format and readings:

Assigned readings, class lectures, and suggested cancer prevention and control colloquia on Wednesday*, and other presentations as announced.

Chapters from the following:

J.Holland (Ed.) (2010). *Psycho-oncology*, 2nd.ed. New York: Oxford University Press. Noted as (PO).

*Attendance at CP&C seminars, one Wednesday per month, 11:45-1:00 pm. Schedule is as follows:
Sept. 17 (Potter), Oct. 1 (Palmer), Nov. 19 (Brasky), and Dec. 10 (Platz).

Evaluation

Class presentation: Disease Site (30%). Each student will choose a cancer disease site (adults only) for his/her presentation and paper (described below). The purpose of the presentation is to provide a 1) general, scholarly review of the prevention (if any), diagnosis, and treatment relevant aspects of the disease (60%); brief overview of central QoL responses and outcomes (30%); and, 3) an evaluation of how psychologists have (or could) contribute to the biobehavioral knowledge base regarding this disease (10%). Presentation should be power point (template will be provided) and at least 30 min. in duration.

QoL literature review: Disease Site (30%). Students will choose a cancer disease site for his/her paper. The purpose is to provide a general (but scholarly) review of the central QoL responses and outcomes for a disease site. This will include a review of the available literature for the following: a) risk factors for the disease which may relate to subsequent adjustment; b) responses to diagnosis and treatment(s), particularly for treatments which differ in their QoL outcomes; c) risk factors for long term morbidities (psychological, behavioral, health); and, d) related topics. Paper should be in APA format and 8-10 pages w/o references.

Class presentation and accompanying literature summary: Country (15%). Each student will choose a low to middle resource country for his/her presentation and paper. The purpose of the presentation is to provide a 1) provide a brief description of the country (population, ethnicities, education, health); 2) A general summary of the "state of the science" knowledge of psychosocial aspects of cancer as found in the published literature for that country. The latter may have both qualitative and empirical papers. Choose carefully; a country must have a MINIMUM of six psychosocial papers to discuss. If that is not the case, choose another country. Discuss the economic, cultural, etc. barriers there may be to providing

psychological/behavioral care. Make a 15 min. presentation using 10 slides or less. Make a 1 page handout of key facts for the class; provide key refs on the back.
Within 6 days post presentation, provide a 2 page scholarly paper to BA along with slides.

Class participation (25%): Preparation for and participation in class is important. Be prepared to discuss central topics in the week's readings. Genuine lack of understanding of an issue is permissible, but not having read or thought about an issue is not. It is expected that all students will attend each class. In the event of necessary absences, notification to the instructor in advance is required. Two unexcused absences will result in a change of the final course grade to one grade lower.

Other information

All assignments must be completed and turned in for the class session indicated. In the case of an excused absence from a class, arrangements must be made to submit the assignment for that class prior to or during that class session. A late assignment is accepted until 5:00 pm of the day following the class session when it was due. Two or more late assignments will result in a lowering of the final grade by one grade.

Academic Misconduct. It is the responsibility of the Committee on Academic Misconduct to investigate or establish procedures for the investigation of all reported cases of student academic misconduct. The term "academic misconduct" includes all forms of student academic misconduct wherever committed; illustrated by, but not limited to, cases of plagiarism and dishonest practices in connection with examinations. Instructors shall report all instances of alleged academic misconduct to the committee (Faculty Rule 3335-5-487). For additional information, see the Code of Student Conduct <<http://studentconduct.osu.edu/>> at <http://studentconduct.osu.edu>"

Disability Services. Students with disabilities that have been certified by the Office for Disability Services will be appropriately accommodated and should inform the instructor as soon as possible of their needs. The Office for Disability Services is located in 098 Baker Hall, 113 W. 12th Avenue; telephone 292-3307, TDD 292-0901, VRS 429-1334; <http://www.ods.ohio-state.edu/>."

Sexual misconduct/relationship violence. Title IX makes it clear that violence and harassment based on sex and gender are Civil Rights offenses subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories (e.g., race). If you or someone you know has been sexually harassed or assaulted, you may find the appropriate resources at <http://titleix.osu.edu> or by contacting the Ohio State Title IX Coordinator, Kellie Brennan, at titleix@osu.edu.

Agenda

Week	Topic	Date
1.	Overview: Cancer 101	8/28
2.	Prevention, delay	9/2
3.	Cancer treatment	9/9,11
4.	Cancer stress: Biobehavioral perspectives	9/16, 18
5.	Cancer diagnosis and emotions (psychopathology)	9/23, 25
6.	Psychological interventions	9/30,10/2
7.	Health behavior interventions	10/7,9
8.	Post treatment adjustment	10/14,16
9.	Social support	10/21, 23 10/28, 30
10.	Recurrence and progressive disease	11/4, 6
	Veterans' Day	11/11
11.	Recurrence continued	11/13
12.	Presentations: Disease specific	11/18
13.	Psychological aspects of cancer: The rest of the world	11/20
	Thanksgiving	11/25, 27
14.	Presentations: Country specific	12/2,4
15.	Presentations: Country specific	12/9

READINGS

Week

1. Cancer 101

- American Cancer Society. (2014). *Cancer treatment and survivorship: Facts and figures 2014-2015*. Atlanta: American Cancer Society, Inc.
- Peedell, C. (2005). Chapter 2, Basic cancer biology and Chapter 3, Principles of Cancer Pathology, In H. Harrison, & C. Jackson, (Eds.), *Concise Clinical Oncology*. (pp. 106-111). London, England: Elsevier Ltd.
- Albano, J. D., Ward, E., Jemal, A., Anderson, R., Cokkinides, V. E., Murray, T., ... Thun, M. J. (2007). Cancer mortality in the United States by education level and race. *Journal of the National Cancer Institute*, 99(18), 1384-1394.
- Siegel, R., Ma, J., Zou, Z., & Jemal, A. (2014). Cancer Statistics, 2014. *CA: A Cancer Journal for Clinicians*, 64(1), 9-29.

2. Prevention, screening, delay

- Chida, Y., Hammer, M., & Steptoe, A. (2008). Do stress related psychological factors contribute to cancer incidence and survival: A systemic review and meta-analysis. *Nature Clinical Practice Oncology*, 5, 466-475.
- Hagger, M.S., & Orbell, S. (2003). A meta-analytic review of the common-sense model of illness representations. *Psychology and Health*, 18(2), 141-184. (See pgs. 141-146).
- McCorry, N. K., Dempster, M., Quinn, J., Hogg, A., Newell, J., Moore, M., ... & Kirk, S. J. (2013). Illness perception clusters at diagnosis predict psychological distress among women with breast cancer at 6 months post diagnosis. *Psycho-Oncology*, 22(3), 692-698.
- Smith, R. A., Manassaram-Baptiste, D., Brooks, D., Cokkinides, V., Doroshenk, M., Saslow, D., Wender, R.C., & Brawley, O. W. (2014). Cancer screening in the United States, 2014: A review of current American Cancer Society guidelines and current issues in cancer screening. *CA: A Cancer Journal for Clinicians*, 64, 30-51.
- Sabatino, S.A., Lawrence, B., Elder, R. Mercer, S.L., Wilson, K.M., DeVinney, B., ..., & Glanz, K. (2012). Effectiveness of interventions to increase screening for breast, cervical, and colorectal cancers: Nine updated systematic reviews for the guide to community preventive services. *American Journal of Preventive Medicine*, 43(1), 97-118.
- Andersen, B. L., Cacioppo, J. T., & Roberts, D. (1995). Delay in seeking a cancer diagnosis: Delay stages and psychophysiologic comparison processes. *British Journal of Social Psychology*, 34, 33-52.

3. Cancer treatment

3.A. Patient decision making

- Anderson, C., Carter, J., Nattress, K., Beale, P., Philp, S., Harrison, J., & Juraskova, I. (2011). "The Booklet Helped Me Not to Panic:" A pilot of a decision aid for asymptomatic women with ovarian cancer and with rising CA-125 levels. *International Journal of Gynecological Cancer*, 21(4), 737-743.
- Andersen, M. R., Sweet, E., Lowe, K. A., Standish, L. J., Drescher, C. W., & Goff, B. A. (2011). Involvement in decision-making about treatment and ovarian cancer survivor quality of life. *Gynecologic Oncology*, 124(3), 465-470.
- Taylor, K.L., Williams, R.M., Davis, K., Luta, G., Penek, S., Barry, S., ..., & Miller, E., (2013). Decision making in prostate cancer screening using decision aids vs. usual care: A randomized clinical trial. *JAMA Internal Medicine*, 173(18), 1704-12.
- Atherton, P.J., Smith, T., Singh, J.A., Huntington, J., Diekmann, B.B., Huschka, M., & Solan, J.A.

(2013). The relation between cancer patient treatment decision-making roles and quality of life. *Cancer*, 119(12), 2342-2349.

3.B. Clinical trials

- Peedell, C. (2005). Chapter 9, Clinical trials in oncology. In H. Harrison, & C. Jackson, (Eds.), *Concise Clinical Oncology* (pp. 106-111). London, England: Elsevier Ltd.
- Ford, L. G., & Padberg, R.M. (2001). Clinical trials. In R. E. Lenhard, R.T. Osteem, & T. Tansler (Eds.), *ACS's Clinical Oncology* (pp. 887-890). Atlanta: American Cancer Society.

3C. No treatment

- Kasperzyk, J. L., Shappley, W. V., III., Kenfield, S. A., Mucci, L. A., Kurth, T., Ma, J., ... & Sanda, M. G. (2011). Watchful waiting and quality of life among prostate cancer survivors in the physicians' health study. *The Journal of Urology*, 186, 1862-1867.
- van den Bergh, R. C. N., Essink-Bot, M-L., Roobol, M. J., Wolters, T., Schroder, F. H., Bangma, C. H., & Steyerberg, E. W. (2009). Anxiety and distress during active surveillance for early prostate cancer. *Cancer*, 115, 3868-3878.
- Evans, J., Ziebland, S., & Pettitt, A.R. (2012). Incurable, invisible, and inconclusive: Watchful waiting for chronic lymphocytic leukaemia and implications for doctor-patient communication. *European Journal of Cancer Care*, 21(1), 67-77.

3D. Treatment

3D.1 Surgery

- Peedell, C. (2005). Chapter 4, Principles of surgical oncology, in H. Harrison, & C. Jackson, (Eds.), *Concise Clinical Oncology* (pp. 30-35). London, England: Elsevier Ltd.
- Sutherland, A. M., & Orbach, C. E. (1953). Depressive reactions associated with surgery for cancer. *Cancer*, 6, 958-962.
- Bard, M., & Sutherland, A.M. (1955). Adaptation to radical mastectomy. *Cancer*, 8, 656-672.
- Cohen, L., Hack, T.F., de Moor, C., Katz, J., Goss, P.E. (2000). The effects of type of surgery and time on psychological adjustment in women after breast cancer treatment. *Annals of Surgical Oncology*, 7(6):427-434.

3D.2 Chemotherapy

- Peedell, C. (2005). Chapter 6 Principles of systemic therapy, in H. Harrison, & C. Jackson, (Eds.), *Concise Clinical Oncology* (pp. 62-85). London, England: Elsevier Ltd.
- Richardson, J.L., Marks, G., & Levine, A. (1988). The influence of symptoms of disease and side effects of treatment on compliance with cancer therapy. *Journal of Clinical Oncology*, 6, 1746-1752.
- Thornton, L.M., Carson, W.E., III, Shapiro, C.L., Farrar, W.B., & Andersen, B.L. (2008). Delayed emotional recovery after taxane-based chemotherapy. *Cancer*, 113, 638-647.
- Jim, H.S.L., Small, B., Faul, L.A., Franzen, J., Apte, S., & Jacobsen, P.B. (2011). Fatigue, depression, sleep, and activity during chemotherapy: Daily and intraday variation and relationships among symptom changes. *Annals of Behavioral Medicine*, 42, 321-333.

3D.3 Radiation therapy

- Peedell, C. (2005). Chapter 5, Principles of radiotherapy, in H. Harrison, & C. Jackson, (Eds.), *Concise Clinical Oncology* (pp. 36-61). London, England: Elsevier Ltd.
- Murata, A., Brown, C. J., Raval, M., & Phang, P. T. (2008). Impact of short-course radiotherapy and low anterior resection on quality of life and bowel function in primary rectal cancer. *American Journal of Surgery*, 195, 611-615.
- Dunn, LB, Aouizerat BE, Cooper BA, Dodd M, Lee K, West C, Paul SM, Wara W, Swift, P., Miaskowski C. (2012). Trajectories of anxiety in oncology patients and family caregivers during

and after radiation therapy. *European Journal of Oncology Nursing*, 16(1), 1-9.

3D.4. BMT

- Duhamel, K. N., Mosher, C. E., Winkel, G., Labay, L. E., Rini, C., Meschian, Y. M., ... & Redd, W. H. (2010). Randomized clinical trial of telephone-administered cognitive-behavioral therapy to reduce post-traumatic stress disorder and distress symptoms after hematopoietic stem-cell transplantation. *Journal of Clinical Oncology*, 28(23), 3754-3761.
- Mosher, C.E., Duhamel, K. N., Rini, C., Li, Y., Isola, L, Labay, L.,...& Redd, W.H. (2010). Barriers to mental health service use among hematopoietic SCT survivors. *Bone Marrow Transplantation*, 45, 570-579.
- Atherholt, S.B., Hong, F., Berry, D.L., & Fann, J.R. (2014). Risk factors for depression in patients undergoing hematopoietic cell transplantation. *Biology of Blood Marrow Transplantation*. Advance online publication.
- McGregor, B.A., Syrjala, K.L., Dolan, E.D., Langer, S.L., & Redman, M. (2013). The effect of pre-transplant distress on immune reconstitution among adult autologous hematopoietic cell transplantation patients. *Brain, Behavior, and Immunity*, 30 (Suppl.), 142-8.

4. Cancer stress: Biobehavioral perspective

- Andersen, B. L., Kiecolt-Glaser, J., & Glaser, R. (1994). A biobehavioral model of cancer stress and disease course. *American Psychologist*, 49, 389-404.
- Andersen, B. L., Farrar, W. B., Golden-Kreutz, D., Kutz, L. A., MacCallum, R., Courtney, M. E., & Glaser, R. (1998). Stress and immune responses following surgical treatment of regional breast cancer. *Journal of the National Cancer Institute*, 90, 30-36.
- Golden-Kreutz, D., & Andersen, B. L. (2004). Depressive symptoms after breast cancer surgery: relationships with global, cancer-related, and life event stress. *Psycho-Oncology*, 13, 211-220.

5. Cancer diagnosis and emotions (psychopathology)

5A. Screening

- Linden, W., Vodermaier, A., MacKenzie, R., & Greig, D. (2012). Anxiety and depression after cancer diagnosis: Prevalence rates by cancer type, gender, and age. *Journal of Affective Disorders*, 141(2-3), 343-351.
- Andersen, B.L., Derubeis, R.J., Berman, B.S., Gruman, J., Champion, V.L., Holland, J.C., ..., Rowland, J.H. (2014). Screening, assessment, and care of anxiety and depressive symptoms in adults with cancer: An American Society of Clinical Oncology guideline adaptation. *Journal of Clinical Oncology*. 32(15), 1605-1619.
- Nakash, O., Levav, I., Auilar-Gaxiola, S., Alonso, J., Andrade, L.H., Angermeyer, M.C., ...Scott, K. (2014). Comorbidity of common mental disorders with cancer and their treatment gap: Findings from the World Mental Health Surveys. *Psychooncology*, 23(1), 40-51.

5B. Mood disorders

- Li, M., Fitzgerald, & Rodin, G. (2012). Evidence-based treatment of depression in patients with cancer. *Journal of Clinical Oncology*, 30(11), 1187-1196.
- Or
- Hart, S.L., Hoyt, M.A., Diefenbach, M., Anderson, D.R., Kilbourn, K.M., Craft, L.L., ..., Stanton, A.L. (2012). Meta-analysis of efficacy of interventions for elevated depressive symptoms in adults diagnosed with cancer. *Journal of the National Cancer Institute*, 104(13), 990-1004.
- Burgess, C., Cornelius, V., Love, S., Graham, J., Richards, M., & Ramirez, A. (2005). Depression and anxiety in women with early breast cancer: Five year observational cohort study. *British Medical Journal*, 330, 702.

- Strong, V., Waters, R., Hibberd, C., Murray, G., Wall, L., Walker, J., ... & Sharpe, M. (2008). Management of depression for people with cancer. *Lancet*, 372, 40-48.
- Krebber, A.M.H., Buffart, L.M., Kleijn, G., Riepma, I.C., de Bree, R., Leemans, C.R.,..., & Verdonck-de Leeuw, I.M. (2014). Prevalence of depression in cancer patients: a meta-analysis of diagnostic interviews and self-report instruments. *Psycho-oncology*, 23(2), 121-130.

5C. Anxiety disorders

- Andrykowski, M.A., & Kangas, M. (2010). Posttraumatic stress disorder associated with cancer diagnosis and treatment. PO.
- Duhamel, K. N., Mosher, C. E., Winkel, G., Labay, L. E., Rini, C., Meschian, Y. M.,...& Redd, W. H. (2010). Randomized clinical trial of telephone-administered cognitive-behavioral therapy to reduce post-traumatic stress disorder and distress symptoms after hematopoietic stem-cell transplantation. *Journal of Clinical Oncology*, 28(23), 3754-3761.
- Shelby, R. A., Golden-Kreutz, D. M., & Andersen, B. L. (2008). PTSD diagnoses, subsyndromal symptoms, and comorbidities contribute to impairments for breast cancer survivors. *Journal of Traumatic Stress*, 21, 165-172.
- Traeger, L., Greer, J.A., Renandez-Robles, C., Temel, J.S., & Pirl, W.F. Evidence-based treatment of anxiety in patients with cancer. *Journal of Clinical Oncology*, 30(11), 1197-1205.

6. Psychological interventions

6A. History

- Watson, M. (1983). Psychosocial intervention with cancer patients: A review. *Psychological Medicine*, 13, 839-846. (Skim)
- Andersen, B. L. (1992). Psychological interventions for cancer patients to enhance the quality of life. *Journal of Consulting and Clinical Psychology*, 60, 552-568. (Read intro and conclusions)
- Sheard, T., & Maguire, P. (1999). The effect of psychological interventions on anxiety and depression in cancer patients: Results of two meta-analyses. *British Journal of Cancer*, 80(11), 1770-1780.
- Andersen, B. L. (2002). Biobehavioral outcomes following psychological interventions for cancer patients. *Journal of Consulting and Clinical Psychology*, 70, 590-610. (Read intro and conclusions)
- Faller, H., Schuler, M., Richard, M., Heckl, U., Weis, J., & Kuffner, R. (2013) Effects of psycho-oncologic interventions on emotional distress and quality of life in adult patients with cancer: systematic review and meta analysis. *Journal of Clinical Oncology*, 31(6), 782-793.

6B. Examples

- Andersen, B. L., Farrar, W. B., Golden-Kreutz, D. M., ... & Carson, W. E., III. (2004). Psychological, behavioral, and immune changes following a psychological intervention: A clinical trial. *Journal of Clinical Oncology*, 22 (17), 3570-3580.
- Andersen, B.L., Yang, H-C., Farrar, W.B., Golden-Kreutz, D.M., Emery, C.F., Thornton, L.M., Young, D.C., Carson, W.E. III. (2008). Psychological intervention improves survival for breast cancer patients: A randomized clinical trial. *Cancer*, 113, 3450-3458.
- Antoni, M. H., Lechner, S., Diaz, A., Vargas, S., Holley, H., & Bloomberg, B. (2009). Cognitive behavioral stress management effects on psychosocial and physiological adaptation in women undergoing treatment for breast cancer. *Brain, Behavior, and Immunity*, 23(5), 580-591.
- Kissane, et al. (2003). Cognitive–existential group psychotherapy for women with primary breast cancer: A randomised controlled trial. *Psycho-Oncology*, 12, 532-546.
- Piet, J., Wurtzen, H., & Zachariae, R. (2012). The effect of mindfulness based therapy on symptoms of anxiety and depression in adult cancer patients and survivors: A systematic review and meta-analysis. *Journal of Consulting and Clinical Psychology*, 80, 1997-1929.

Brothers, B., Yang, H.C., Strunk, D., & Andersen, B. L. (2011). Cancer patients with major depressive disorder: Testing a biobehavioral/cognitive behavioral intervention. *Journal of Consulting and Clinical Psychology, 79*, 253-260.

6C. Mediators, moderators, mechanisms

Thornton, L.M., Andersen, B.L., Schuler, T., & Carson, W. E. (2009). A psychological intervention reduces inflammation correlates by alleviating depressive symptoms: Secondary analysis of a randomized controlled trial. *Psychosomatic Medicine, 71*, 715-724.

Schneider, S., Moyer, A., Knapp-Oliver, s., Sohl, S., Cannella, D., Targhetta, V. (2010). Pre-intervention distress moderates the efficacy of psychosocial treatment for cancer patients: A meta analysis. *Journal of Behavioral Medicine. 33*, 1-14.

Heron-Spiers, H.A., Harvey, S.T., & Baken, D.M. (2012). Moderators of psycho-oncology therapy effectiveness: Addressing design variable confounds in meta-analysis. *Clinical Psychology Science and Practice, 19*, 49-71.

6D. Design and dissemination

Moyer, A., Sohl, S.J., Knapp-Oliver, S.K., Schneider, S. (2009). Characteristics and methodological quality of 25 years of research investigating psychosocial interventions for cancer patients. (2009). *Cancer Treatment Reviews, 35*, 475-484.

Pollack, L. A., Hawkins, N. A., Peaker, B. L., Buchanan, N., & Risendal, B. C. (2011). Dissemination and translation: A frontier for cancer survivorship research. *Cancer Epidemiology, Biomarkers & Prevention, 20*(10), 2093-2098. doi: 10.1158/1055-9965.EPI-11-0652

7. Health behavior interventions

Hawkins, N. A., Smith, T., Zhao, L., Rodriguez, J., Berkowitz, Z., & Stein, K. D. (2010). Health-related behavior change after cancer: Results of the American Cancer Society's studies of cancer survivors. *Journal of Cancer Survivorship, 4*(1), 20-32.

Stull, V. B., Snyder, D. C., & Denmark-Wahnefried, W. Lifestyle interventions in cancer survivors: designing programs that meet the needs of this vulnerable and growing population. *The Journal of Nutrition, 137*(1Suppl). 243S-248S.

Morey, M. C., Snyder, D. C., Sloane, R., Cohen, H. J., Peterson, B., Hartman, T. J., ... & Denmark-Wahnefried, W. (2009). Effects of home-based diet and exercise on functional outcomes among older, overweight long-term cancer survivors renew: A randomized controlled trial. *Journal of the American Medical Association, 301*(18), 1883-1891.

Spark, L.C., Reeves, M.M., Fieldsoe, B.S., Eakin, E.G. (2013). Physical activity and/or dietary interventions in breast cancer survivors: A systematic review of the maintenance of outcomes. *J Cancer Surviv, 7*(1), 74-82.

Hawkes, A.L., Chambers, S.K., Pakenham, K.I., Patrao, T.A., Baade, P.D., Lynch, B.M., ..., Courneya, K.S. (2013). Effects of a telephone delivered multiple health behavior change intervention (CanChange) on health and behavioral outcomes in survivors of colorectal cancer: A randomized controlled trial. *J Clin Oncol, 31*(18), 2313-21.

7A. Exercise/physical activity

Holmes, M. D., Chen, W. Y., Feskanich, D., Kroenke, C. H., & Colditz, G. A. (2005). Physical activity and survival after breast cancer diagnosis. *The Journal of the American Medical Association, 293*(20), 2479-2486.

Al-Majid, S., & Gray, D. P. (2009). A biobehavioral model for the study of exercise interventions in cancer-related fatigue. *Biological Research for Nursing, 10*(4), 381-391.

Knols, R. H., deBruin, E. D., Shirato, K., Uebelhart, D., & Aaronson, N. K. (2010). Physical activity interventions to improve daily walking activity in cancer survivors. *BioMed Central Cancer, 1-10*.

- Loprinzi, P.D., Lee, H., Cardinal B.J. (2013). Objectively measured physical activity among US cancer survivors: Considerations by weight status. *Journal of Cancer Survivorship*, 7(3), 493-499.
- Courneya, K.S., McKenzie, D.C., Gelmon, K., Friedenreich, C.M., Yasui, Y., Redi, R.D., ..., Segal, R.J. (2013). Effects of exercise dose and type during breast cancer chemotherapy: Multicenter randomized trial. *J Natl Cancer Institute*, 105(23), 1821-32.
- Betof, A.S., Dewhirst, M.W., Jones, L.W., (2013). Effects and potential mechanisms of exercise training on cancer progression: A translational perspective. *Brain Behav Immun*, 30, S75-82.
- Cramer, H., Lauche, R. Klose, P., Dobos, G., Langhorst, J. (2014). A systematic review and meta-analysis of exercise interventions for colorectal cancer patients. *Eur J Cancer Care*, 23(1), 3-14.

7B. Nutrition, dietary

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**The Ohio State University
College of the Arts and Sciences Concurrence Form**

The purpose of this form is to provide a simple system of obtaining departmental reactions to course requests. **An e-mail may be substituted for this form.**

An academic unit initiating a request should complete Section A of this form and send a copy of the form, course request, and syllabus to each of the academic units that might have related interests in the course. Units should be allowed two weeks to respond to requests for concurrence.

Academic units receiving this form should respond to Section B and return the form to the initiating unit. Overlap of course content and other problems should be resolved by the academic units before this form and all other accompanying documentation may be forwarded to the Office of Academic Affairs.

A. Proposal to review

Psychology 6867.01 Behavioral Medicine
Initiating Academic Unit Course Number Course Title

New
Type of Proposal (New, Change, Withdrawal, or other) Date request sent

College of Medicine
Academic Unit Asked to Review Date response needed

B. Response from the Academic Unit reviewing

Response: include a reaction to the proposal, including a statement of support or non-support (continued on the back of this form or a separate sheet, if necessary).

The College of Medicine supports the
proposed course

Signatures

1. D. McCluskey Vice Dean Education College of Medicine 7/27/2017
Name Position Unit Date

2. Name Position Unit Date

3. Name Position Unit Date

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A. Proposal to review

Psychology 6867.02 Behavioral Medicine: CANCER
Initiating Academic Unit Course Number Course Title

New
Type of Proposal (New, Change, Withdrawal, or other) Date request sent

College of Medicine
Academic Unit Asked to Review Date response needed

B. Response from the Academic Unit reviewing

Response: include a reaction to the proposal, including a statement of support or non-support (continued on the back of this form or a separate sheet, if necessary).

The College of Medicine supports the
proposed course.

Signatures

1. Dempster Vice Dean Education College of Medicine 7/27/2017
Name Position Unit Date

2. Name Position Unit Date

3. Name Position Unit Date