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乳腺癌患者心理韧性相关影响因素分析及心理韧性与焦虑的关系*

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摘要 目的:分析乳腺癌患者心理韧性的影响因素,并分析心理韧性与焦虑的关系。**方法:**于2017年2月~2018年4月期间,选择蚌埠医学院第二附属医院收治的乳腺癌患者287例为研究对象,分别采用心理韧性量表(RS)、焦虑自评量表(SAS)评估研究对象的心理韧性及焦虑状态,并采用多因素 Logistic 回归分析法分析乳腺癌患者心理韧性相关的影响因素,应用多元逐步线性回归分析法分析乳腺癌患者心理韧性与焦虑的关系。**结果:**乳腺癌患者 RS 得分为 (76.72 ± 9.82) 分。单因素分析显示,不同年龄、居住地、家庭月收入及费用支出形式患者的 RS 得分比较差异有统计学意义($P < 0.05$);不同文化程度、婚姻状况、手术类型及肿瘤分期患者的 RS 得分比较差异无统计学意义($P > 0.05$)。多因素 Logistic 回归分析结果显示,年龄为20~40岁、居住地为农村、家庭月收入 < 3000 元、费用支出形式为自费是乳腺癌患者心理韧性的影响因素($P < 0.05$)。乳腺癌患者 SAS 得分为 (5.02 ± 1.42) 分,以心理韧性为自变量,焦虑为因变量进行多元逐步线性回归分析,结果显示,乳腺癌患者心理韧性为焦虑的预测因子,其心理韧性水平越高,焦虑程度越低($P < 0.05$)。**结论:**乳腺癌患者心理韧性水平偏低,且其对患者焦虑状态具有预测作用,年龄为20~40岁、居住地为农村、家庭月收入 < 3000 元、费用支出形式为自费是乳腺癌患者心理韧性的影响因素,临床治疗中应该根据以上影响因素进行相关干预。

关键词:心理韧性;乳腺癌;影响因素;焦虑;关系

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Analysis of Factors Related to the Psychological Resilience in Breast Cancer Patients and Relationship between Psychological Resilience and Anxiety*

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ABSTRACT Objective: To analyze the influencing factors of psychological resilience of breast cancer patients. To analyze the relationship between psychological resilience and anxiety. **Methods:** A total of 287 breast cancer patients, who were treated in Second Affiliated Hospital of Bengbu Medical College from February 2017 to April 2018, were chosen as study subjects. The psychological resilience and anxiety level of the subjects were evaluated by Psychological Resilience Scale (RS) and self-rating Anxiety Scale (SAS). The influencing factors of psychological resilience in breast cancer patients were analyzed by multivariate logistic regression analysis. The relationship between psychological resilience and anxiety in breast cancer patients was analyzed by stepwise regression analysis. **Results:** RS score of breast cancer patients was (76.72 ± 9.82) . Univariate analysis showed that there were significant differences in RS scores among patients of different ages, residence, family monthly income and expenditure patterns ($P < 0.05$). There were no significant differences in the scores of RS among patients with different educational background, marital status, type of operation and stage of cancer ($P > 0.05$). Multivariate logistic regression analysis showed that age from 20 to 40 years old, residence in rural areas, family monthly income < 3000 yuan and patients at their own expense were the influencing factors of psychological resilience of breast cancer patients ($P < 0.05$). The SAS score of breast cancer patients was (5.02 ± 1.42) . Taking mental resilience as independent variable and anxiety as dependent variable, multiple stepwise linear regression analysis was carried out. The results showed that psychological resilience was a predictor of anxiety in breast cancer patients. The higher the level of psychological resilience, the lower the degree of anxiety ($P < 0.05$). **Conclusion:** The psychological resilience level of breast cancer patients is low, which can predict the anxiety state of patients. The age of 20 to 40 years old, living in rural areas, family monthly income less than 3000 yuan, the expenditure form of self-expense are the influence factors of breast cancer patients' psychological resilience. According to the above influence factors, relevant interventions should be carried out in clinical treatment.

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前言

乳腺癌是女性常见的一种恶性肿瘤,其在我国具有较高的发病率^[1]。乳腺癌不仅给患者生理方面产生损伤,同时,在进行诊断、手术和治疗时患者心理健康方面也会受到不同程度的影响,从而使患者产生焦虑、抑郁等负面心理情绪,进而影响患者的治疗效果及生活质量^[2-4],因此,如何改善患者术后身心健康,对患者治疗效果及愈后生活质量的提高具有重要的意义。既往研究报道,心理韧性是一种反映个体在面对困难和危机时,保持良好身心状态的能力,对患者适应及治疗疾病均具有重要的作用^[5-6]。以往国内外关于心理韧性的研究主要集中在儿童、青少年心理健康及健康相关行为等领域,但近年来在应对疾病方面关于患者心理韧性的研究也不断增多^[7,8]。国外有研究报道显示,心理韧性在乳腺癌患者的治疗及愈后生活质量的改善中可发挥重要的作用^[9]。鉴于此,本研究于2017年2月~2018年4月期间,选择我院收治的乳腺癌患者287例为研究对象,了解其心理韧性现状,分析患者心理韧性的影响因素,同时分析了乳腺癌心理韧性与焦虑的关系,以为乳腺癌的临床治疗提供参考,现报道如下。

1 对象与方法

1.1 研究对象

本研究于2017年2月~2018年4月期间,选择蚌埠医学院第二附属医院收治的287例乳腺癌患者为研究对象。纳入标准:①年龄>18岁;②所有患者均经病理诊断确诊为乳腺癌;③具有一定的理解和表达能力,能够在调查员的协助下完成问卷调查;④所有患者及家属对本研究均知情同意并签署《知情同意书》。排除标准:①既往存在精神病史及心理障碍者;②合并其他严重疾病者;③存在沟通障碍,意识不清者;④中途退出者。

1.2 研究方法

(1)本研究采用问卷调查的方式收集研究对象的一般社会人口学资料,在调查员协助下所有纳入对象均进行问卷的填写,问卷发放287份,回收287份,回收率为100%。一般社会人口学资料包括研究对象的年龄、文化程度、居住地、家庭月收入、婚姻状况、治疗费用支出形式等,手术类型、肿瘤分期等资料则通过研究对象病历资料获取。(2)采用心理韧性量表(Resilience scale, RS)^[9]评估患者的心理韧性,共14个条目,采用1~7分(完全不是~完全是)等级评分,分数与患者的心理韧性成正比。(3)采用焦虑自评量表(Self-rating anxiety scale, SAS)^[10]评估患者的焦虑状态,得分越高说明患者焦虑状态越严重。

1.3 统计学处理

采用SPSS19.0统计学软件进行数据处理,心理韧性、焦虑得分等计量资料两两对比采用t检验,多组对比采用F检验,以 $(\bar{x} \pm s)$ 的形式表示,各因素占比等计数资料对比采用 χ^2 检验,以%的形式表示,乳腺癌患者心理韧性相关的影响因素采用多因素Logistic回归分析,心理韧性与焦虑的关系采用多元逐步

线性回归分析,将 $\alpha=0.05$ 设置为检验标准。

2 结果

2.1 乳腺癌患者心理韧性影响因素的单因素分析

287例乳腺癌患者RS得分为 (76.72 ± 9.82) 分。单因素分析显示,不同年龄、居住地、家庭月收入及费用支出形式患者间RS得分比较存在差异($P < 0.05$);不同文化程度、婚姻状况、手术类型及肿瘤分期患者间RS得分比较差异不显著($P > 0.05$),见表1。

2.2 乳腺癌患者心理韧性的多因素分析

经多因素Logistic回归分析显示,年龄为20~40岁、居住地为农村、家庭月收入<3000元、费用支出形式为自费的乳腺癌患者心理韧性的影响因素($P < 0.05$),见表2。

2.3 乳腺癌患者心理韧性与焦虑的关系分析

本研究显示,乳腺癌患者SAS得分为 (55.02 ± 11.42) 分。以心理韧性为自变量,焦虑为因变量进行多元逐步线性回归分析,结果显示,乳腺癌患者心理韧性为焦虑的预测因子,其心理韧性水平越高,焦虑程度越低($P < 0.05$),见表3。

3 讨论

对于乳腺癌患者,由于女性特殊的生理特点,其外部形象将受到严重破坏,因此乳腺癌患者容易产生易怒、恐惧、焦虑、抑郁等心理问题^[11-13]。有研究发现,乳腺癌患者中有10%~20%患者产生过焦虑、抑郁等负面情绪,而负面情绪的存在将降低患者免疫功能,影响患者治疗效果以及预后^[14,15],从而将降低患者的生活质量,因此,对乳腺癌患者负面情绪机制的探究具有重要的临床意义。心理韧性是指个体面对困境时的有效应对以及适应性,同时,其也可以反映个体在面对困难和危机环境时,保持良好身心状态应对挑战以及恢复至原来状态,甚至获得成长和新生的能力^[16,17]。既往研究报道,较高的心理韧性可以提高乳腺癌患者的治疗效果及预后^[18],因此,近年来,对乳腺癌患者心理韧性的研究逐渐成为热点。

本研究结果显示,乳腺癌患者RS得分为 (76.72 ± 9.82) 分,处于偏低水平,与Astin等研究者的报道基本一致^[19]。但国内也存在研究显示^[20],肿瘤化疗患者的心理韧性得分仅为 (58.48 ± 18.39) 分,与本研究结果相差较大,分析其原因可能与研究所选病例的人群构成、肿瘤种类及恶性程度存在差异有关。多因素Logistic回归分析显示,年龄为20~40岁、居住地为农村、家庭月收入<3000元、费用支出形式为自费的乳腺癌患者其心理韧性水平较低,以上各因素将影响乳腺癌患者的心理韧性水平。分析原因为由于年龄在20~40岁的中青年患者的生活压力远远高于年龄较大的患者,且其对疾病的适应度更差,因此心理韧性水平较低。而年龄较大的患者具有较多的人生阅历,应对人生事件的经验也更丰富,当疾病来临时,其更容易适应和面对,因此心理韧性水平也相对较高^[21-23]。对于费用支出形式为自费及居住地为农村的患者而言,可能会存在经济水平较

表 1 乳腺癌患者心理韧性的单因素分析

Table 1 Univariate analysis of psychological resilience in breast cancer patients

Factors	n	Psychological resilience(scores)	F/t	P
Age (years)	20~40	71.23± 8.18	4.128	0.036
	41~60	77.39± 8.28		
	61~75	80.30± 9.39		
Degree of education	Primary school and below	76.89± 10.29	1.294	0.061
	Junior middle school	76.39± 9.48		
	High school and technical secondary school	77.49± 9.65		
	Bachelor degree or above	76.28± 10.38		
Residence	Countryside	74.18± 10.84	3.720	0.011
	Town	78.74± 11.32		
Family monthly income (yuan)	<3000	74.28± 10.07	2.471	0.014
	≥ 3000	78.15± 9.82		
Marital status	Unmarried	76.14± 9.01	1.369	0.052
	Married	76.97± 7.69		
	Divorce	77.76± 8.62		
	Widowed spouse	76.74± 8.23		
Expenditure form	At one's own expense	74.58± 17.39	11.831	0.000
	New rural cooperative medical system	78.40± 10.46		
	Other	82.05± 10.37		
Type of operation	Breast conserving surgery	75.99± 9.04	0.653	0.515
	Modified radical mastectomy	76.92± 10.17		
Stage of cancer	Iphase	76.39± 12.73	0.221	0.802
	IIphase	76.71± 10.83		
	IIIphase	76.85± 10.36		

表 2 乳腺癌患者心理韧性的多因素分析

Table 2 Multivariate analysis of psychological resilience in breast cancer patients

Factors	β	S.E	Wald	P	OR	95%CI
Age 20-40 years old	0.522	0.378	1.381	0.002	1.364	1.033~1.772
Residence in rural areas	0.384	0.263	1.460	0.000	0.918	0.827~0.972
Family monthly income <3000 yuan	0.408	0.409	0.998	0.004	0.786	0.349~0.908
Expenditure form of at one's own expense	0.359	0.207	1.734	0.001	0.743	0.574~0.949

低、对疾病知识认识欠缺、与社会接触少、对信息的接收途径有限等原因导致其在疾病来临时不能够正确认知和对待疾病,从而导致其心理韧性水平较低^[24-26]。而对于家庭月收入 <3000 元

的患者,由于经济收入较低,多数患者会因为治疗费用而产生焦虑、抑郁等负面情绪,对疾病的适应能力较差,因此导致其心理韧性得分较低^[27,28]。本研究对乳腺癌焦虑水平分析结果显示,

表 3 乳腺癌患者心理韧性 with 焦虑的多元逐步线性回归分析

Table 3 Multivariate stepwise linear regression analysis of psychological resilience and anxiety in breast cancer patients

Model	S.E	β	Standardized regression coefficient	t	P
Constant	2.018	13.861	-	6.874	0.000
Psychological resilience	0.018	-0.086	-0.314	-4.617	0.000

心理韧性对焦虑具有预测作用,即乳腺癌患者心理韧性水平越高,患者焦虑程度则越低。分析其原因主要是因为心理韧性水平高的乳腺癌患者具有丰富的外部资源与内部资源,能够更好的适应癌症,进而心理困扰减少,可以保持良好的心态,因此其焦虑情绪也相应降低^[29,30]。

综上所述,乳腺癌患者心理韧性 with 焦虑状态存在一定关系,且其水平的高低受患者年龄、居住地、家庭月收入以及费用支出形式的影响,年龄为 20~40 岁、居住地为农村、家庭月收入 <3000 元、费用支出形式为自费的乳腺癌患者心理韧性得分更低,临床治疗中应该根据以上影响因素进行相关干预,以提高患者心理韧性水平,改善焦虑状态。

参考文献(References)

- [1] 张军,张永庆,王昌亮,等.35 岁以下年轻乳腺癌患者的临床特征及预后因素分析[J].现代生物医学进展,2016,16(12): 2346-2350
- [2] Lee JH, Kim HY. Symptom Distress and Coping in Young Korean Breast Cancer Survivors: The Mediating Effects of Social Support and Resilience[J]. J Korean Acad Nurs, 2018, 48(2): 241-253
- [3] Wu PH, Chen SW, Huang WT, et al. Effects of a Psychoeducational Intervention in Patients With Breast Cancer Undergoing Chemotherapy[J]. J Nurs Res, 2018, 26(4): 266-279
- [4] Ye ZJ, Qiu HZ, Liang MZ, et al. Effect of a mentor-based, supportive-expressive program, Be Resilient to Breast Cancer, on survival in metastatic breast cancer: a randomised, controlled intervention trial [J]. Br J Cancer, 2017, 117(10): 1486-1494
- [5] Tahghighi M, Rees CS, Brown JA, et al. What is the impact of shift work on the psychological functioning and resilience of nurses An integrative review[J]. J Adv Nurs, 2017, 73(9): 2065-2083
- [6] Laliberté Durish C, Yeates KO, Brooks BL. Psychological Resilience as a Predictor of Persistent Post-Concussive Symptoms in Children With Single and Multiple Concussion [J]. J Int Neuropsychol Soc, 2018, 24(8): 759-768
- [7] 杨梦,刘佳鸿,白银玉,等.哮喘儿童心理韧性现状及其影响因素的研究[J].中国儿童保健杂志,2016,24(12): 1332-1334
- [8] Rosenberg AR, Bradford MC, McCauley E, et al. Promoting resilience in adolescents and young adults with cancer: Results from the PRISM randomized controlled trial[J]. Cancer, 2018, 124(19): 3909-3917
- [9] Kamen C, Jabson JM, Mustian KM, et al. Minority stress, psychosocial resources, and psychological distress among sexual minority breastcancer survivors[J]. Health Psychol, 2017, 36(6): 529-537
- [10] 胡淑贤,石搏,黄可欣,等.不同类型音乐对缓解乳腺癌患者化疗焦虑、抑郁的效果研究[J].中国妇幼保健,2013,28(2): 359-361
- [11] Henry BJ. Quality of Life and Resilience: Exploring a Fly Fishing Intervention for Breast Cancer Survivors[J]. Clin J Oncol Nurs, 2017, 21(1): E9-E14
- [12] Wu Z, Liu Y, Li X, et al. Resilience and Associated Factors among Mainland Chinese Women Newly Diagnosed with Breast Cancer[J]. PLoS One, 2016, 11(12): e0167976
- [13] Yang JH, Kim OS. The Structural Equation Model on Resilience of Breast Cancer Patients Receiving Chemotherapy [J]. J Korean Acad Nurs, 2016, 46(3): 327-337
- [14] Ye ZJ, Liang MZ, Qiu HZ, et al. Effect of a multidiscipline mentor-based program, Be Resilient to Breast Cancer (BRBC), on female breast cancer survivors in mainland China-A randomized, controlled, theoretically-derived intervention trial [J]. Breast Cancer Res Treat, 2016, 158(3): 509-522
- [15] Lam WW, Yoon SW, Sze WK, et al. Comparing the meanings of living with advanced breast cancer between women resilient to distress and women with persistent distress: a qualitative study [J]. Psychooncology, 2017, 26(2): 255-261
- [16] Tadayon M, Dabirizadeh S, Zarea K, et al. Investigating the relationship between psychological hardiness and resilience with depression in women with breast cancer [J]. Gulf J Oncolog, 2018, 1 (28): 23-30
- [17] Bennett JM, Rohleder N, Sturmborg JP. Biopsychosocial approach to understanding resilience: Stress habituation and where to intervene[J]. J Eval Clin Pract, 2018, 24(6): 1339-1346
- [18] Dooley LN, Slavich GM, Moreno PI, et al. Strength through adversity: Moderate lifetime stress exposure is associated with psychological resilience in breast cancer survivors [J]. Stress Health, 2017, 33(5): 549-557
- [19] Astin JA, Shapiro J, Shapiro D. Psychological control and morbidity/mortality in breast cancer patients: a 20-year follow-up study[J]. Behav Med, 2015, 39(1): 7-10
- [20] 何明珠,姜玲,王静,等.肿瘤化疗患者心理韧性及其影响因素的研究[J].护理学杂志,2015,30(1): 60-62
- [21] Markovitz SE, Schrooten W, Arntz A, et al. Resilience as a predictor for emotional response to the diagnosis and surgery in breast cancerpatients[J]. Psychooncology, 2015, 24(12): 1639-1645
- [22] Lim JW, Shon EJ, Paek M, et al. The dyadic effects of coping and resilience on psychological distress for cancer survivor couples [J]. Support Care Cancer, 2014, 22(12): 3209-3217
- [23] Fradelos EC, Latsou D, Mitsi D, et al. Assessment of the relation between religiosity, mental health, and psychological resilience in breast cancer patients[J]. Contemp Oncol (Pozn), 2018, 22(3): 172-177
- [24] Dugué M, Garnarczyk C, Dosseville F. Psychological characteristics of stress in nursing student [J]. Rev Epidemiol Sante Publique, 2018, 66(6): 347-354
- [25] Murali K, Makker V, Lynch J, et al. From Burnout to Resilience: An Update for Oncologists[J]. Am Soc Clin Oncol Educ Book, 2018, 23; (38): 862-872
- [26] 马文燕,陆超祥,余洋,等.农村留守中学生心理韧性在一般疏离感与主观幸福感间的作用[J].中国学校卫生,2018,39(04): 619-622

sICAM-1 水平有关。

参考文献(References)

- [1] 国家卫生计生委医政医管局. 中华胃肠外科杂志, 2015, 18(10): 961-973
- [2] Lee L, Alie-Cusson F, Dubé P, et al. Postoperative complications affect long-term outcomes after cytoreductive surgery and hyperthermic intraperitoneal chemotherapy for colorectal peritoneal carcinomatosis[J]. J Surg Oncol, 2017, 116(2): 236-243
- [3] 邹湘才,洪楚原,梁国健,等.恒温腹腔热灌注化疗治疗结直肠癌并恶性腹水临床疗效观察[J].岭南现代临床外科, 2012, 12(5): 274-276
- [4] 郭玉霖,佟中豪,徐晓等.结直肠癌切除联合射频消融治疗同时性结直肠癌肝转移的回顾性分析[J].中华医学杂志, 2017, 97(12): 925-928
- [5] 张超,孙学军,刘栋,等.结直肠癌细胞株及细胞核的傅里叶变换红外光谱研究[J].光谱学与光谱分析, 2013, 33(6): 1496-1500
- [6] Ba MC, Long H, Zhang XL, et al. Port-Site Metastases and Chimney Effect of B-Ultrasound-Guided and Laparoscopically-Assisted Hyperthermic Intraperitoneal Perfusion Chemotherapy [J]. Yonsei Med J, 2017, 58(3): 497-504
- [7] Blackham AU, Stewart JH, Levine EA, et al. Metastatic colorectal cancer: survival comparison of hepatic resection versus cytoreductive surgery and hyperthermic intraperitoneal chemotherapy[J]. Annals of surgical oncology, 2014, 21(8): 2667-74
- [8] 莫德龙,万进,刁德昌,等.循环腹腔热灌注化疗用于老年胃肠肿瘤患者的安全性[J].广东医学, 2015, 36(14): 2213-2215
- [9] 黄超群,周云峰,谢丛华等.细胞减灭术加腹腔热灌注化疗治疗结直肠癌腹膜转移癌病例对照研究 [J]. 中国肿瘤临床, 2013, 40(16): 979-983
- [10] Saxena A, Valle SJ, Liauw W, et al. Limited synchronous hepatic resection does not compromise peri-operative outcomes or survival after cytoreductive surgery and hyperthermic intraperitoneal chemotherapy[J]. J Surg Oncol, 2017, 115(4): 417-424
- [11] Lorimier G, Linot B, Paillocher N, et al. Curative cytoreductive surgery followed by hyperthermic intraperitoneal chemotherapy in patients with peritoneal carcinomatosis and synchronous resectable liver metastases arising from colorectal cancer [J]. Eur J Surg Oncol, 2017, 43(1): 150-158
- [12] 石刚,张睿,任宇鹏,等.结直肠癌组织和细胞株中 TSPAN1 蛋白、mRNA 的表达变化[J].山东医药, 2017, 57(31): 41-43
- [13] Whealon MD, Gahagan JV, Sujatha-Bhaskar S, et al. Is Fecal Diversion Needed in Pelvic Anastomoses During Hyperthermic Intraperitoneal Chemotherapy (HIPEC) [J]. Annals of surgical oncology, 2017, 24(8): 2122-2128
- [14] Ba MC, Long H, Zhang XL, et al. Port-Site Metastases and Chimney Effect of B-Ultrasound-Guided and Laparoscopically-Assisted Hyperthermic Intraperitoneal Perfusion Chemotherapy [J]. Yonsei medical journal, 2017, 58(3): 497-504
- [15] 任若冰,许颖,李亚芬,等.血清胸苷激酶 1 在乳腺肿瘤中的表达及其临床意义[J].中国癌症杂志, 2014, 24(1): 41-45
- [16] 俞悦,周爱萍.RAS 野生型转移性结直肠癌 EGFR 抑制剂耐药机制的研究进展[J].中国肿瘤临床, 2017, 44(11): 517-521
- [17] Kok NF, de Hingh IH. Cytoreductive surgery and hyperthermic intraperitoneal chemotherapy for peritoneal metastases of colorectal origin[J]. The British journal of surgery, 2017, 104 (4): 313-315
- [18] Maillet M, Glehen O, Lambert J, et al. Early Postoperative Chemotherapy After Complete Cytoreduction and Hyperthermic Intraperitoneal Chemotherapy for Isolated Peritoneal Carcinomatosis of Colon Cancer: A Multicenter Study [J]. Annals of surgical oncology, 2016, 23(3): 863-869
- [19] 陈翔,陆宝华,袁杰,等.老年结直肠癌血清可溶性细胞间黏附分子-1 及炎症因子表达的临床意义[J].重庆医学, 2016, 45(16): 2202-2204, 2208
- [20] Königsrainer I, Struller F, Zieker D, et al. Recurrent Peritoneal Metastases after Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy (HIPEC) in Colorectal Cancer [J]. Zentralblatt für Chirurgie, 2015, 140(6): 607-609
- (上接第 1948 页)
- [27] 王月琴,张宇,王青.离异单亲大学生父母依恋同伴依恋与心理韧性的关系[J].中国学校卫生, 2017, 38(2): 219-223
- [28] 郭谊楠,许乐,谢娜娜,等.低年资护士心理韧性和社会支持的现状及其相关性[J].解放军护理杂志, 2017, 34(13): 26-29
- [29] 吴子敬,刘叶,李小寒.乳腺癌患者心理韧性现状及其与焦虑抑郁之间的关系[J].中国医科大学学报, 2018, 47(1): 78-81
- [30] Axelsson U, Rydén L, Johnsson P, et al. A multicenter study investigating the molecular fingerprint of psychological resilience in breast cancer patients: study protocol of the SCAN-B resilience study [J]. BMC Cancer, 2018, 18(1): 789