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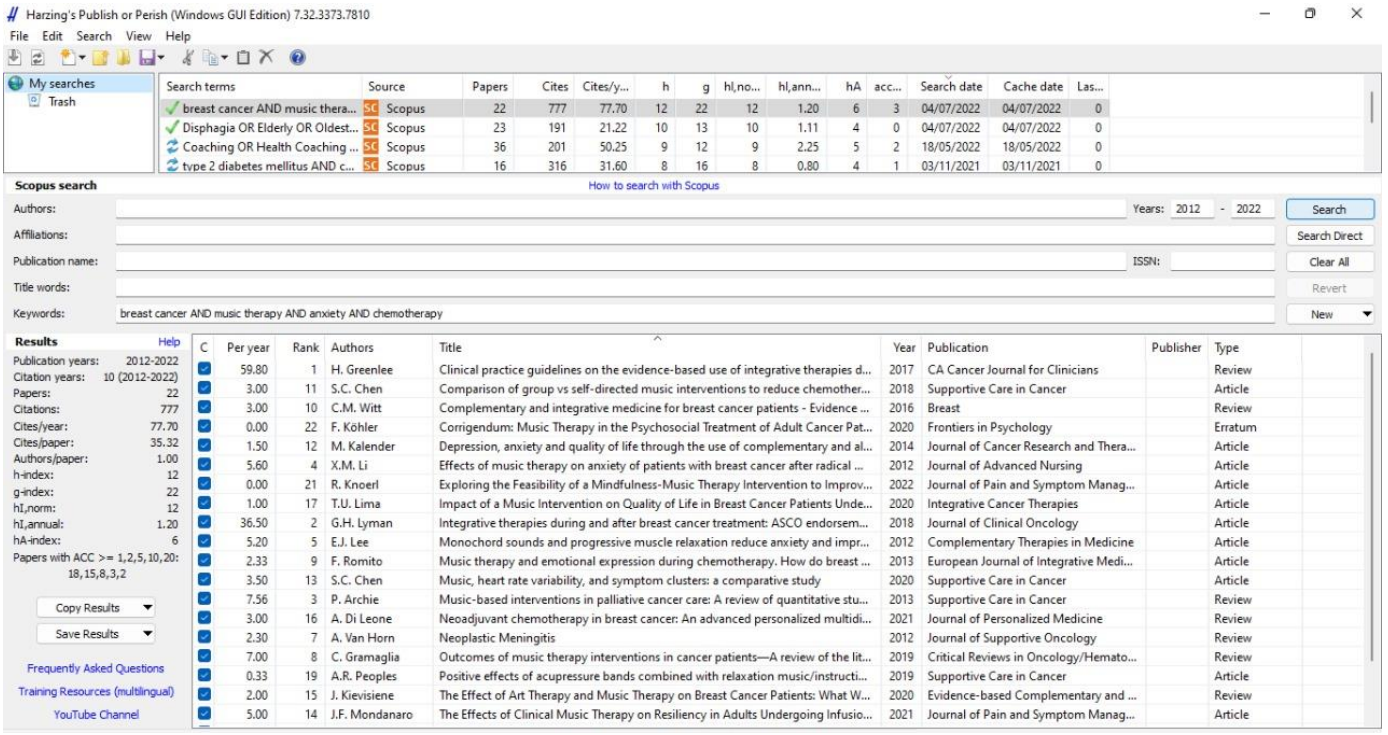
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C | Per year | Rank | Authors | Title | Year | Publication | Publisher | Type
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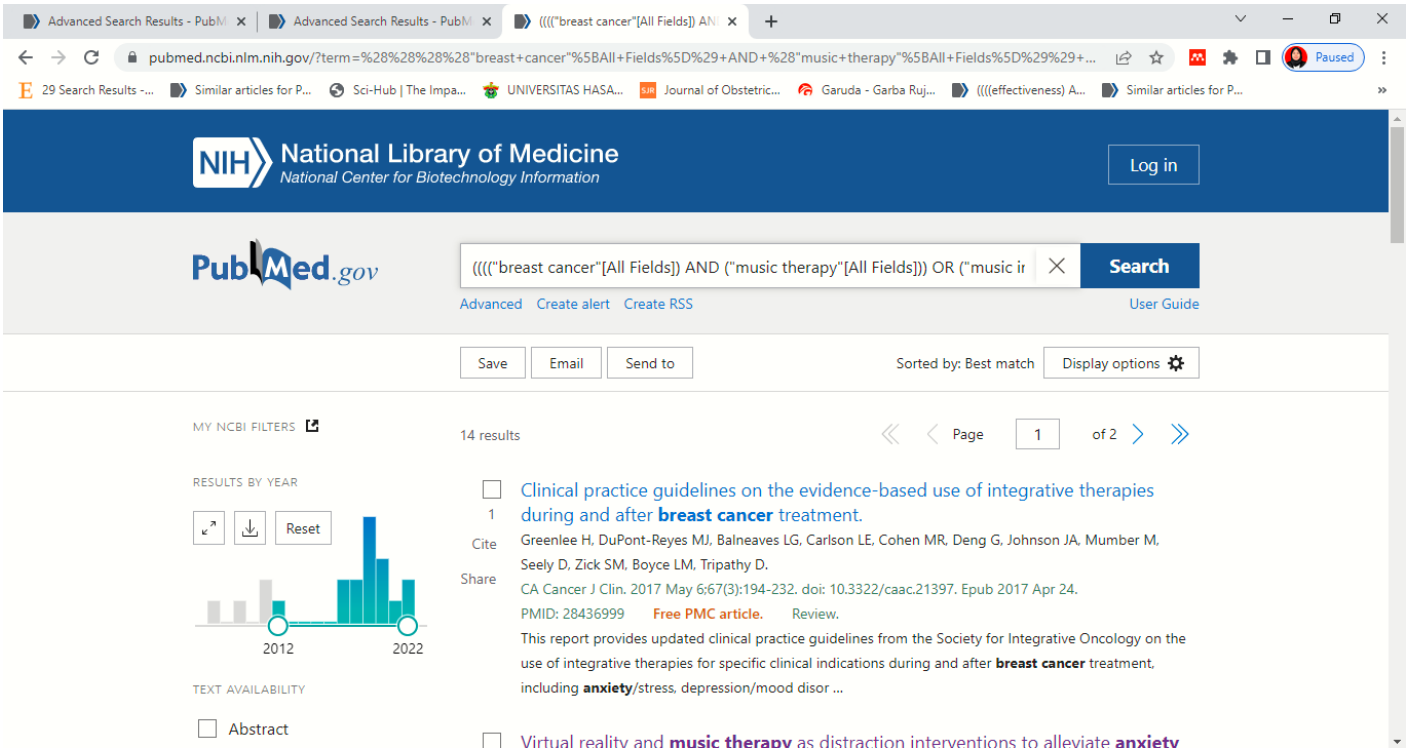
3.00 | 11 | S.C. Chen | Comparison of group vs self-directed music interventions to reduce chemother... | 2018 | Supportive Care in Cancer | | Article
3.00 | 10 | C.M. Witt | Complementary and integrative medicine for breast cancer patients - Evidence ... | 2016 | Breast | | Review
0.00 | 22 | F. Köhler | Corrigendum: Music Therapy in the Psychosocial Treatment of Adult Cancer Pat... | 2020 | Frontiers in Psychology | | Erratum
1.50 | 12 | M. Kalender | Depression, anxiety and quality of life through the use of complementary and al... | 2014 | Journal of Cancer Research and Thera... | | Article
5.60 | 4 | X.M. Li | Effects of music therapy on anxiety of patients with breast cancer after radical ... | 2012 | Journal of Advanced Nursing | | Article
0.00 | 21 | R. Knoerl | Exploring the Feasibility of a Mindfulness-Music Therapy Intervention to Improv... | 2022 | Journal of Pain and Symptom Manag... | | Article
1.00 | 17 | T.U. Lima | Impact of a Music Intervention on Quality of Life in Breast Cancer Patients Unde... | 2020 | Integrative Cancer Therapies | | Article
36.50 | 2 | G.H. Lyman | Integrative therapies during and after breast cancer treatment: ASCO endorsem... | 2018 | Journal of Clinical Oncology | | Article
5.20 | 5 | E.J. Lee | Monochord sounds and progressive muscle relaxation reduce anxiety and impr... | 2012 | Complementary Therapies in Medicine | | Article
2.33 | 9 | F. Romito | Music therapy and emotional expression during chemotherapy. How do breast ... | 2013 | European Journal of Integrative Medi... | | Article
3.50 | 13 | S.C. Chen | Music, heart rate variability, and symptom clusters: a comparative study | 2020 | Supportive Care in Cancer | | Article
7.56 | 3 | P. Archie | Music-based interventions in palliative cancer care: A review of quantitative stu... | 2013 | Supportive Care in Cancer | | Review
3.00 | 16 | A. Di Leone | Neoadjuvant chemotherapy in breast cancer: An advanced personalized multidi... | 2021 | Journal of Personalized Medicine | | Review
2.30 | 7 | A. Van Horn | Neoplastic Meningitis | 2012 | Journal of Supportive Oncology | | Review
7.00 | 8 | C. Gramaglia | Outcomes of music therapy interventions in cancer patients—A review of the lit... | 2019 | Critical Reviews in Oncology/Hemato... | | Review
0.33 | 19 | A.R. Peoples | Positive effects of acupressure bands combined with relaxation music/instructi... | 2019 | Supportive Care in Cancer | | Article
2.00 | 15 | J. Kievisiene | The Effect of Art Therapy and Music Therapy on Breast Cancer Patients: What W... | 2020 | Evidence-based Complementary and ... | | Review
5.00 | 14 | J.F. Mondanaro | The Effects of Clinical Music Therapy on Resiliency in Adults Undergoing Infusio... | 2021 | Journal of Pain and Symptom Manag... | | Article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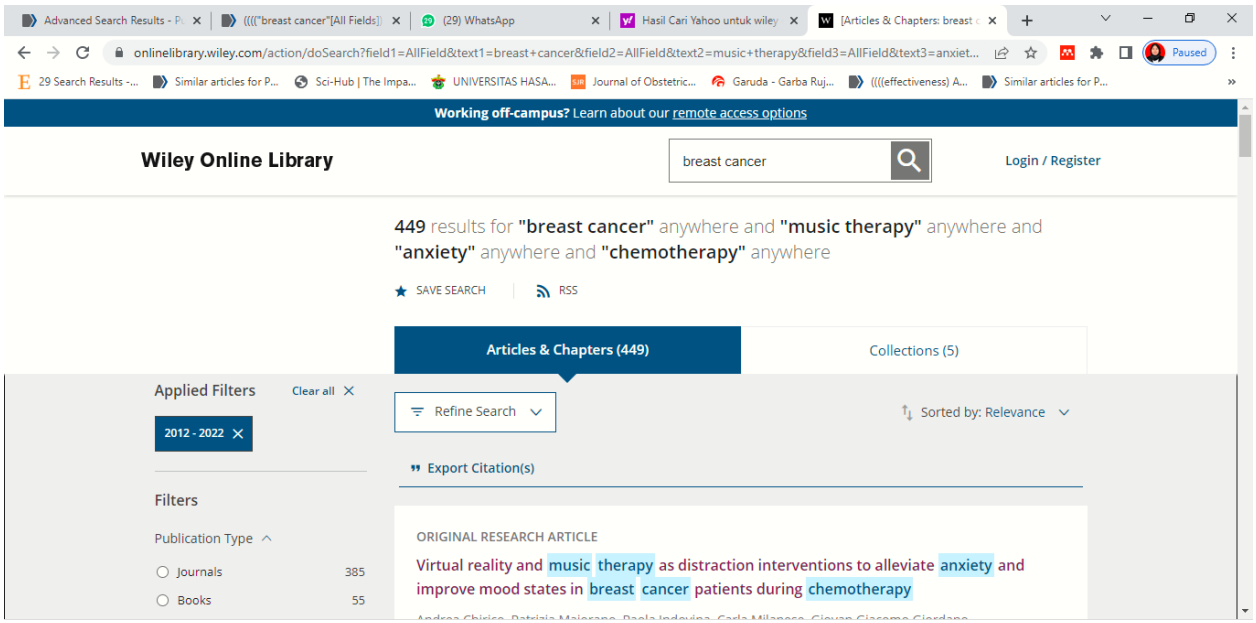
Clinical practice guidelines on the evidence-based use of integrative therapies during and after breast cancer treatment.
Greenlee H, DuPont-Reyes MJ, Balneaves LG, Carlson LE, Cohen MR, Deng G, Johnson JA, Mumber M, Seely D, Zick SM, Boyce LM, Tripathy D.
CA Cancer J Clin. 2017 May 6;67(3):194-232. doi: 10.3322/caac.21397. Epub 2017 Apr 24.
PMID: 28436999 Free PMC article. Review.
This report provides updated clinical practice guidelines from the Society for Integrative Oncology on the use of integrative therapies for specific clinical indications during and after breast cancer treatment, including anxiety/stress, depression/mood disor ...
Virtual reality and music therapy as distraction interventions to alleviate anxiety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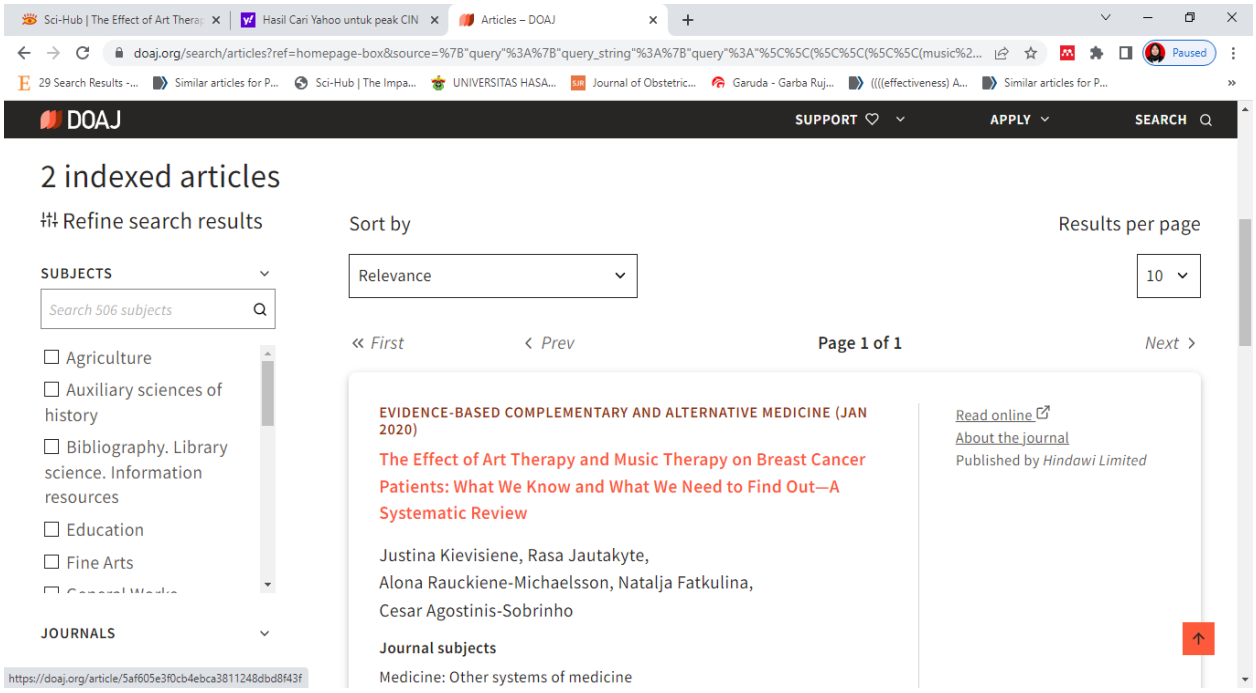
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EVIDENCE-BASED COMPLEMENTARY AND ALTERNATIVE MEDICINE (JAN 2020)
The Effect of Art Therapy and Music Therapy on Breast Cancer Patients: What We Know and What We Need to Find Out—A Systematic Review
Justina Kievisiene, Rasa Jautakyte, Alona Rauckiene-Michaelsson, Natalja Fatkulina, Cesar Agostinis-Sobrinho
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REKOMENDASI PERSETUJUAN ETIK

Nomor : 296/UN4.6.4.5.31/ PP36/ 2022

Tanggal: 20 Juni 2022

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan Dengan Protokol berikut ini telah mendapatkan Persetujuan Etik :

No Protokol	UH22060256	No Sponsor Protokol	
Peneliti Utama	**Dian Ika Pertiwi,S.Kep, Ns**	Sponsor	
Judul Peneliti	Efektivitas Terapi Musik dalam Menurunkan Tingkat Kecemasan pada Pasien Kanker Payudara yang Menjalani Kemoterapi : A Systematic Review		
No Versi Protokol	**1**	Tanggal Versi	**7 Juni 2022**
No Versi PSP		Tanggal Versi	
Tempat Penelitian	Fakultas Keperawatan Universitas Hasanuddin Makassar		
Jenis Review	☐ Exempted ☒ Expedited ☐ Fullboard Tanggal	Masa Berlaku **20 Juni 2022** sampai **20 Juni 2023**	Frekuensi review lanjutan
Ketua KEP Universitas Hasanuddin	Nama **Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)**	Tanda tangan	
Sekretaris KEP Universitas Hasanuddin	Nama **dr. Agussalim Bukhari, M.Med.,Ph.D.,Sp.GK (K)**	Tanda tangan	

Kewajiban Peneliti Utama:

- Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
- Menyerahkan Laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan Lapor SUSAR dalam 72 Jam setelah Peneliti Utama menerima laporan
- Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
- Menyerahkan laporan akhir setelah Penelitian berakhir
- Melaporkan penyimpangan dari prokol yang disetujui (protocol deviation / violation)
- Mematuhi semua peraturan yang ditentukan

Lampiran **TOOLS PENILAIAN KUALITAS ARTIKEL CASP RCT**

11 questions to help you make sense of a trial

How to use this appraisal tool

Three broad issues need to be considered when appraising a randomised controlled trial study:

Are the results of the study valid? (Section A)

What are the results? (Section B)

Will the results help locally? (Section C)

The 11 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions.

There is some degree of overlap between the questions, you are asked to record a "yes", "no" or "can't tell" to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: Critical Appraisal Skills Programme (2017). CASP (insert name of checklist i.e. Randomised Controlled Trial) Checklist. [online] Available at: *URL*. Accessed: *Date Accessed.*

(A) Are the results of the trial valid?

Screening Questions

1. Did the trial address a clearly focused issue? ☐Yes ☐Can't tell ☐No

   HINT: An issue can be 'focused' In terms of
   - The population studied
   - The intervention given
   - The comparator given
   - The outcomes considered

2. Was the assignment of patients to treatments randomised? ☐Yes ☐Can't tell ☐No

   HINT: Consider
   - How was this carried out?
   - Was the allocation sequence concealed from researchers and patients?

3. Were all of the patients who entered properly accounted the trial for at its conclusion?

   ☐Yes ☐Can't tell ☐No

   HINT: Consider
   - Was the trial stopped early?
   - Were patients analysed in the groups to which they were randomised?

Is it worth continuing? 

Detailed questions

4. Were patients, health workers and study personnel 'blind' to treatment?
   ☐Yes ☐Can't tell ☐No

   HINT: Think about
   - Patients?
   - Health workers?
   - Study personnel?

5. Were the groups similar at the start of the trial? ☐Yes ☐Can't tell ☐No

   HINT: Look at
   - Other factors that might affect the outcome such as age, sex, social class

6. Aside from the experimental intervention, were the groups treated equally?
   ☐Yes ☐Can't tell ☐No

(B) What are the results?

7. How large was the treatment effect?

   HINT: Consider
   - What outcomes were measured?
   - Is the primary outcome clearly specified?
   - What results were found for each outcome?

8. How precise was the estimate of the treatment effect?

   HINT: Consider
   - What are the confidence limits?

(C) Will the results help locally?

9. Can the results be applied in your context? ☐Yes ☐Can't tell ☐No (or to the local population?)

   HINT: Consider whether
   - Do you think that the patients covered by the trial are similar enough to the patients to whom you will apply this? if not how to they differ?

10. Were all clinically important outcomes ☐Yes ☐Can't tell ☐No considered?

    HINT: Consider
    - Is there other information you would like to have seen?
    - If not, does this affect the decision?

11. Are the benefits worth the harms and costs? ☐Yes ☐Can't tel ☐No

    HINT: Consider
    - Even if this is not addressed by the trial, what do you think.

Use the modified Cochrane Collaboration tool to assess risk of bias for randomized controlled trials. Bias is assessed as a judgment (high, low, or unclear) for individual elements from five domains (selection, performance, attrition, reporting, and other).

Lampiran 1. Tools Risk of Bias

Domain	Description	High risk of bias	Low risk of bias	Unclear risk of bias	Reviewer Assessment	Reviewer Comment
Selection bias Random sequence generation	Described the method used to generate the allocation sequence in sufficient detail to allow an assessment of whether it should produce comparable groups	Selection bias (biased allocation to interventions) due to inadequate generation of a randomized sequence	Random sequence Generation method Should produce comparable groups	Not described in sufficient detail	**High** **Low** **Unclear**	
Selection bias Allocation concealment	Described the method used to conceal the allocation sequence in sufficient detail to determine whether intervention allocations could have been foreseen before or during enrolment	Selection bias (biased allocation to interventions) due to inadequate concealment of allocations prior to assignment	Intervention allocations likely could not have been foreseen in before or during enrolment	Not described in sufficient detail	**High** **Low** **Unclear**	
Reporting bias Selective reporting	Stated how the possibility of selective outcome reporting was examined by the authors and what was found	Reporting bias due to selective outcome reporting	Reporting bias due to selective outcome reporting	Insufficient information to permit judgment†	**High** **Low** **Unclear**	
Other bias Other sources of bias	Any important concerns about bias not addressed above*	Bias due to problems not Covered elsewhere in the table	No other bias detected	There may be a risk of bias, but there is either insufficient information to assess whether an important risk of bias exists or insufficient rationale or evidence that an identified problem will introduce bias	**High** **Low** **Unclear**	
Performance bias **Blinding** (participants	Described all measures used, if any, to blind study participants and personnel from knowledge of which intervention a participant received. Provided any	Performance bias due to knowledge of the allocated interventions by participants	Blinding was likely effective.	Not described in sufficient detail	**High** **Low** **Unclear**	

And personnel)	information relating to whether the intended blinding was effective	and personnel during the study.				
Detection bias Blinding (outcome assessment)	Described all measures used, if any, to blind outcome assessors from knowledge of which intervention a participant received. Provided any information relating to whether the intended blinding was effective.	Detection bias due to knowledge of the allocated interventions by outcome assessors	Blinding was likely effective.	Not described in sufficient detail	**High** **Low** **Unclear**	
Attrition bias Incomplete outcome data	Described the completeness of outcome data for each main outcome, including attrition and exclusions from the analysis. Stated whether attrition and exclusions were reported, the numbers in each intervention group (compared with total randomized participants), reasons for attrition/exclusions where reported.	Attrition bias due to amount, nature or handling of incomplete outcome data.	Handling of incomplete outcome data was complete and unlikely to have produced bias	Insufficient reporting of attrition/exclusions to permit judgment (encumber randomized not stated, no reasons for missing data provided)		

* If particular questions/entries were pre-specified in the study's protocol, responses should be provided for each question/entry.

† It is likely that the majority of studies will fall into this category.
Assess each main or class of outcomes for each of the following. Indicate the specific outcome.