

# Deborah Tomlinson

## List of Publications by Year in descending order

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Version: 2024-02-01

56  
papers

2,224  
citations

236925

25  
h-index

223800

46  
g-index

57  
all docs

57  
docs citations

57  
times ranked

2543  
citing authors

#	ARTICLE	IF	CITATIONS
1	Describing taste changes and their potential impacts on paediatric patients receiving cancer treatments. <i>BMJ Supportive and Palliative Care</i> , 2023, 13, e382-e388.	1.6	3
2	Finalising the administration of co-SSPedi, a dyad approach to symptom screening for paediatric patients receiving cancer treatments. <i>BMJ Supportive and Palliative Care</i> , 2023, 13, e469-e475.	1.6	5
3	Mindfulness Practices for Children and Adolescents Receiving Cancer Therapies. , 2022, 39, 40-48.		2
4	Lack of Concordance in Symptomatic Adverse Event Reporting by Children, Clinicians, and Caregivers: Implications for Cancer Clinical Trials. <i>Journal of Clinical Oncology</i> , 2022, 40, 1623-1634.	1.6	27
5	Reliability and validity of proxy-SSPedi and mini-SSPedi in pediatric patients 2-7 years receiving cancer treatments. <i>BMC Cancer</i> , 2022, 22, .	2.6	5
6	Feeling scared or worried self-report in children receiving cancer treatments using the Symptom Screening in Pediatrics Tool (SSPedi). <i>Supportive Care in Cancer</i> , 2021, 29, 3137-3144.	2.2	3
7	Reasons for disagreement between proxy-report and self-report rating of symptoms in children receiving cancer therapies. <i>Supportive Care in Cancer</i> , 2021, 29, 4165-4170.	2.2	10
8	Identifying clinical practice guidelines for symptom control in pediatric oncology. <i>Supportive Care in Cancer</i> , 2021, 29, 7049-7055.	2.2	8
9	Mindfulness-Based Interventions for Symptom Management in Children and Adolescents With Cancer: A Systematic Review. <i>Journal of Pediatric Oncology Nursing</i> , 2020, 37, 423-430.	1.5	8
10	Agreement Between Child Self-report and Caregiver-Proxy Report for Symptoms and Functioning of Children Undergoing Cancer Treatment. <i>JAMA Pediatrics</i> , 2020, 174, e202861.	6.2	73
11	Discordance between pediatric self-report and parent proxy-report symptom scores and creation of a dyad symptom screening tool (co-SSPedi). <i>Cancer Medicine</i> , 2020, 9, 5526-5534.	2.8	15
12	Changes in hunger among pediatric patients with cancer and hematopoietic stem cell transplantation recipients. <i>Supportive Care in Cancer</i> , 2020, 28, 5795-5801.	2.2	3
13	Patient-Reported Outcomes in Pediatric Oncology: The Voice of the Child. <i>Pediatric Oncology</i> , 2020, , 107-129.	0.5	3
14	Changes in taste among pediatric patients with cancer and hematopoietic stem cell transplantation recipients. <i>Quality of Life Research</i> , 2019, 28, 2941-2949.	3.1	14
15	Optimizing symptom control in children and adolescents with cancer. <i>Pediatric Research</i> , 2019, 86, 573-578.	2.3	27
16	Development of mini-SSPedi for children 4-7 years of age receiving cancer treatments. <i>BMC Cancer</i> , 2019, 19, 32.	2.6	27
17	Symptom documentation and intervention provision for symptom control in children receiving cancer treatments. <i>European Journal of Cancer</i> , 2019, 109, 120-128.	2.8	23
18	Severely bothersome fatigue in children and adolescents with cancer and hematopoietic stem cell transplant recipients. <i>Supportive Care in Cancer</i> , 2019, 27, 2665-2671.	2.2	17

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19	Taste changes in children with cancer and hematopoietic stem cell transplant recipients. <i>Supportive Care in Cancer</i> , 2019, 27, 2247-2254.	2.2	10
20	Validation of the Symptom Screening in Pediatrics Tool in Children Receiving Cancer Treatments. <i>Journal of the National Cancer Institute</i> , 2018, 110, 661-668.	6.3	68
21	Describing symptoms using the Symptom Screening in Pediatrics Tool in hospitalized children with cancer and hematopoietic stem cell transplant recipients. <i>Cancer Medicine</i> , 2018, 7, 1750-1755.	2.8	50
22	Validation of the Proxy Version of Symptom Screening in Pediatrics Tool in Children Receiving Cancer Treatments. <i>Journal of Pain and Symptom Management</i> , 2018, 56, 107-112.	1.2	28
23	Physical activity reduces fatigue in patients with cancer and hematopoietic stem cell transplant recipients: A systematic review and meta-analysis of randomized trials. <i>Critical Reviews in Oncology/Hematology</i> , 2018, 122, 52-59.	4.4	111
24	Management of fatigue in children and adolescents with cancer and in paediatric recipients of haemopoietic stem-cell transplants: a clinical practice guideline. <i>The Lancet Child and Adolescent Health</i> , 2018, 2, 371-378.	5.6	44
25	Evaluation of the electronic self-report Symptom Screening in Pediatrics Tool (SSPedi). <i>BMJ Supportive and Palliative Care</i> , 2018, 8, 110-116.	1.6	41
26	Child and adolescent self-report symptom measurement in pediatric oncology research: a systematic literature review. <i>Quality of Life Research</i> , 2018, 27, 291-319.	3.1	67
27	Self-report of symptoms in children with cancer younger than 8 years of age: a systematic review. <i>Supportive Care in Cancer</i> , 2017, 25, 2663-2670.	2.2	13
28	Instruments to measure anxiety in children, adolescents, and young adults with cancer: a systematic review. <i>Supportive Care in Cancer</i> , 2017, 25, 2921-2931.	2.2	27
29	Mind and body practices for fatigue reduction in patients with cancer and hematopoietic stem cell transplant recipients: A systematic review and meta-analysis. <i>Critical Reviews in Oncology/Hematology</i> , 2017, 120, 210-216.	4.4	39
30	Eliciting the child's voice in adverse event reporting in oncology trials: Cognitive interview findings from the Pediatric Patient-Reported Outcomes version of the Common Terminology Criteria for Adverse Events initiative. <i>Pediatric Blood and Cancer</i> , 2017, 64, e26261.	1.5	50
31	Methodological issues identified during cognitive interviews in the development of a pediatric cancer symptom screening tool. <i>Psycho-Oncology</i> , 2016, 25, 349-353.	2.3	2
32	Concept elicitation phase for the development of the pediatric patient-reported outcome version of the Common Terminology Criteria for Adverse Events. <i>Cancer</i> , 2016, 122, 141-148.	4.1	32
33	Effect of Exercise on Cancer-Related Fatigue. <i>American Journal of Physical Medicine and Rehabilitation</i> , 2014, 93, 675-686.	1.4	176
34	Predictors of Symptoms and Site of Death in Pediatric Palliative Patients With Cancer at End of Life. <i>American Journal of Hospice and Palliative Medicine</i> , 2014, 31, 548-552.	1.4	17
35	Initial development of the Symptom Screening in Pediatrics Tool (SSPedi). <i>Supportive Care in Cancer</i> , 2014, 22, 71-75.	2.2	52
36	Development and initial evaluation of electronic Children's International Mucositis Evaluation Scale (eChIMES) for children with cancer. <i>Supportive Care in Cancer</i> , 2014, 22, 115-119.	2.2	17

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37	Psychometric Properties of Instruments Used to Measure Fatigue in Children and Adolescents With Cancer: A Systematic Review. <i>Journal of Pain and Symptom Management</i> , 2013, 45, 83-91.	1.2	36
38	A systematic review of symptom assessment scales in children with cancer. <i>BMC Cancer</i> , 2012, 12, 430.	2.6	59
39	Psychometric properties of the Oral Mucositis Daily Questionnaire for child self-report and importance of mucositis in children treated with chemotherapy. <i>Supportive Care in Cancer</i> , 2012, 20, 1251-1258.	2.2	16
40	Concordance Between Couples Reporting Their Child's Quality of Life and Their Decision Making in Pediatric Oncology Palliative Care. <i>Journal of Pediatric Oncology Nursing</i> , 2011, 28, 319-325.	1.5	18
41	Reliability and construct validity of the oral mucositis daily questionnaire in children with cancer. <i>European Journal of Cancer</i> , 2011, 47, 383-388.	2.8	24
42	Factors affecting treatment choices in paediatric palliative care: Comparing parents and health professionals. <i>European Journal of Cancer</i> , 2011, 47, 2182-2187.	2.8	46
43	Complementary and alternative medicine use in pediatric cancer reported during palliative phase of disease. <i>Supportive Care in Cancer</i> , 2011, 19, 1857-1863.	2.2	31
44	Defining Bloodstream Infections Related to Central Venous Catheters in Patients With Cancer: A Systematic Review. <i>Clinical Infectious Diseases</i> , 2011, 53, 697-710.	5.8	93
45	Chemotherapy versus supportive care alone in pediatric palliative care for cancer: comparing the preferences of parents and health care professionals. <i>Cmaj</i> , 2011, 183, E1252-E1258.	2.0	71
46	Parent Reports of Quality of Life for Pediatric Patients With Cancer With No Realistic Chance of Cure. <i>Journal of Clinical Oncology</i> , 2011, 29, 639-645.	1.6	57
47	Refinement of the Children's International Mucositis Evaluation Scale (ChIMES): Child and parent perspectives on understandability, content validity and acceptability. <i>European Journal of Oncology Nursing</i> , 2010, 14, 29-41.	2.1	27
48	A Systematic Review of Faces Scales for the Self-report of Pain Intensity in Children. <i>Pediatrics</i> , 2010, 126, e1168-e1198.	2.1	421
49	Designing an oral mucositis assessment instrument for use in children: generating items using a nominal group technique. <i>Supportive Care in Cancer</i> , 2009, 17, 555-562.	2.2	22
50	Understandability, Content Validity, and Overall Acceptability of the Children's International Mucositis Evaluation Scale (ChIMES). <i>Journal of Pediatric Hematology/Oncology</i> , 2009, 31, 416-423.	0.6	20
51	Challenges of mucositis assessment in children: Expert opinion. <i>European Journal of Oncology Nursing</i> , 2008, 12, 469-475.	2.1	22
52	Determining the Understandability and Acceptability of an Oral Mucositis Daily Questionnaire. <i>Journal of Pediatric Oncology Nursing</i> , 2008, 25, 107-111.	1.5	18
53	Establishing Literature-Based Items for an Oral Mucositis Assessment Tool in Children. <i>Journal of Pediatric Oncology Nursing</i> , 2008, 25, 139-147.	1.5	18
54	Challenges to participation in paediatric palliative care research: a review of the literature. <i>Palliative Medicine</i> , 2007, 21, 435-440.	3.1	42

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55	Measurement of oral mucositis in children: a review of the literature. <i>Supportive Care in Cancer</i> , 2007, 15, 1251-1258.	2.2	31
56	Parental decision making in pediatric cancer end-of-life care: Using focus group methodology as a prephase to seek participant design input. <i>European Journal of Oncology Nursing</i> , 2006, 10, 198-206.	2.1	35