



Trademark: Knots of Love

Tagline: Warming Hearts & Heads Since 2007

Our Mission

Our mission is to serve The Lord Jesus by providing free handmade gifts of love and warmth to people with a cancer diagnosis or to tiny babies in the NICU.

While Knots of Love is a faith-based ministry that follows Jesus, the Knots of Love family of makers consists of people from all walks of life and many different religions. Makers do not have to be of the same faith to contribute to make a difference. We say “our faith does not have to be your faith to contribute, but we would be remiss not to share ours with you.”





How We Do It

In short, by the grace of God, through His faith and love.

Knots of Love was founded in 2007 to make and provide free hand-knit and crochet beanies to people going through chemo. The beanies / chemo caps warm the hearts and heads of people with chemo induced hair loss (Chemo Induced Alopecia, which is a form of Traumatic Hair Loss). See the bottom of this kit for links to studies relating to Chemo Induced Alopecia and Traumatic Hair Loss.

In 2013 Knots of Love also started making and providing free premium handmade NICU blankets to families who have a baby in the neonatal ICU. We've provided over 100,000 tiny soft NICU blankets and continue to ship them every week since starting to distribute NICU blankets.

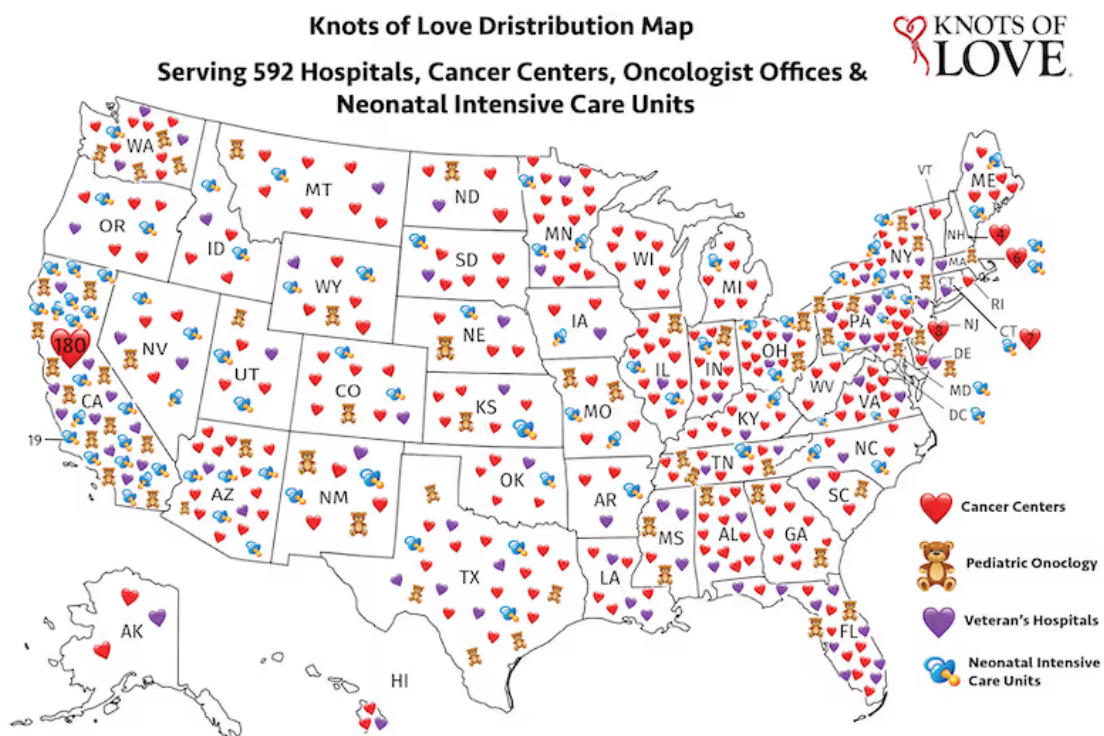
Our community of thousands of dedicated, loving, and compassionate makers and volunteers donate their time, talent, and yarn by hand-making beanies and NICU blankets through the art of knit and crochet. Our Family of makers consists of thousands of makers across the country.

All beanies and blankets are made by hand and given to recipients 100% free of charge to patients.

All items are hand knit or crocheted, using premium quality yarn, going through our special process to ensure safety of makers and recipients.

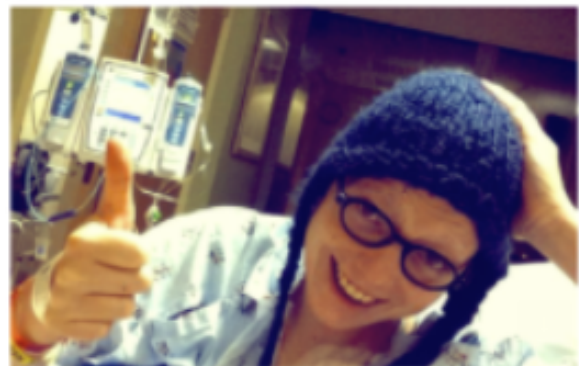
Every week – Knots of Love warms hearts and heads by making and distributing premium, hand-knit and crocheted beanies (chemo caps) to those battling cancer and to NICU blankets to via NICU nurses and families who care for tiny newborns and preemie babies in neonatal ICUs.

Throughout the year, Knots of Love makes and ships free chemo caps / beanies and NICU blankets to their distribution network of nearly 592 hospitals, infusion centers, NICUs, and doctor's offices across the USA.



We provide beanies / chemo caps for day-wear, and sleep-wear. Sleeping with a newly bald head and sensitive skin from chemo can keep people awake at night and make it hard to nap. Sleep caps are extra soft and designed to wear while sleeping. Sleep is crucial to the fighting and healing and recovery process so this can greatly.

For the privacy of the wearer, beanies and blankets have no Knots of Love branding after their "not for sale" and informational tags are removed by recipients.



Impact and Outcomes

By the Grace of God and the kindness of many, we've been blessed to provide over 700,000 lovingly handmade creations -- touching over 4 million lives since 2007.

“Reaching this milestone is all by the grace of God and the love of The Lord Jesus. We are blessed to be able to do this work every day that God allows us to make this impact and help so many people. All the glory and credit goes to God.” says Christine Fabiani, Founder and Executive Director of Knots of Love.



(Above: Left to right) Knots of Love board member Diana Rea, Founder and Executive Director Christine Fabiani, and Chief Operating Officer Geoff Shively delivering their 700,000th free hand-made gift of love to Tamarack Cancer Center Social Worker Laura Martinsen.

Location(s)

Knots of Love is a non-profit 501(c)3 public charity based in Ashland, Wisconsin.

The organization was born and raised in Orange County, California, in 2007. Knots of Love moved to Wisconsin in 2023.

Knots of Love has collection locations in over 30 states. Collection locations store up large batches of Knots of Love beanies and blankets and then send them to our HQ for processing. Collection locations are optional, most people choose to send their lovingly handmade creations (chemo caps/beanies and NICU blankets) directly to Knots of Love's HQ in Ashland, Wisconsin to be processed and distributed.

Past Press & Media

<https://www.knotsoflove.org/media>

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What Others Say

People who receive our hats say what many studies about the psychological and social effects of losing one's hair during treatment say as well: Our beanies give them comfort, restore dignity, and even help them sleep at night when they wear our super soft Knots of Love Sleep Hats (special hats made for sleeping) -- but most importantly, that someone who they never have met, and will probably never meet, took the time and spent money to make them a beanie to tell them they are loved and supported -- and that free gift of love is what we are blessed to be able to deliver every week to people all across the country.

Knots of Love is recognized by a long list of professional organizations such as The American Cancer Society, Women's Cancer Research Foundation, University of California at Irvine Cancer Center, The U.S. Congress House of Representatives, and many more.

We are grateful to be a Top-Rated Nonprofit on Great Nonprofits for numerous consecutive years, 100% rating on Charity Navigator, and Gold Transparency on Candid (formerly GuideStar). These awards and reviews belong to everyone in our family of makers, supporters, donors, and volunteers!

Most importantly, we are encouraged by those who the organization serves as being an important part of their treatment journey, in their own words. Read reviews from volunteers and recipients: <https://greatnonprofits.org/org/knots-of-love> and here: <https://www.knotsoflove.org/wall-of-love>



I have no living family. When I was diagnosed with Lymphoma and told I would have to undergo chemo, I was told to ask friends to knit hats for me. I had no one who knew how to knit or crochet. I sent a request to this organization and they sent me several hats which got me through the chemo and lasted until my hair grew back to a decent length. No one else helped me.

How To Help

While we are inspired by the stories of love and connection we hear from those who make and receive our free gifts of love – the need for more beanies and blankets, sadly, has never been greater.

All beanies and NICU blankets are made by the Knots of Love family of makers, spread across the country, who selflessly work to make these handmade gifts of love for people they will likely never meet, expecting nothing in return except knowing they have helped someone in need. This seemingly small act of lovingkindness can be a massive help for people going through chemo, or a family and their little baby in a NICU. (Read reviews on <https://www.knotsoflove.org/wall-of-love> or <https://greatnonprofits.org/org/knots-of-love>)

Knots of Love has set its sights on warming even more hearts and heads, shipping more beanies and NICU blankets every week than ever before. Those looking for purpose are encouraged to join our community of knitters and crochets for charity. “Our family of makers are a special community of knitters and crocheters, powered by lovingkindness. Although we have thousands of makers in our family, the demand has never been greater. We’d love you to join us in warming hearts and heads across the USA.” emphasized Christine Fabiani.

To get involved, simply pick a yarn from the Knots of Love Approved Yarn List, choose a pattern, and you will then be on your way to making a difference! Knots of Love also runs an in-house Charity Shop (<https://shop.knotsoflove.org>) to give those who want to get started the option to buy a starter kit containing everything one needs to make chemo caps and/or tiny NICU baby blankets. We offer 100+ free patterns on our website at <https://www.knotsoflove.org> and a guide for how to join us.

We welcome donations of any kind from individuals and companies at our website www.knotsoflove.org, via email at info@knotsoflove.org, or by calling 949-933-7000.





Take Action Links

1. Make a monetary donation. [Learn more.](#)
2. Become a Knots of Love maker. [Learn more.](#)
3. Host a corporate volunteer event. [Learn more.](#)
4. Become a corporate sponsor. [Learn more.](#)
5. Buy something from our Charity Shop. [Learn more.](#)

Information on Chemo Induced Alopecia and Traumatic Hair Loss (for research reference only - summaries are for help identifying studies - check data in actual studies before using - do not quote anything below this line)

1. Knots of Love helps people suffering from “Chemotherapy - Induced Alopecia (CIA)”. Other medicines also can cause hair loss, and make the CIA worse. (Nothing in this doc should be considered medically accurate or medical information as we are not doctors.)
<https://www.mayoclinic.org/tests-procedures/chemotherapy/in-depth/hair-loss/art-20046920>
 - a. “For cancer patients, hair loss can be one of the most frustrating side effects of treatment, and understandably so. It is no light matter. In addition to being a visible reminder of illness, hair loss can cause increased anxiousness, self-consciousness, and even depression according to recent studies.”
2. The stress and trauma caused by losing one's hair during chemo is immense. Reduction in self-esteem, confidence, and quality of life.
 - a. One study shows that 8% of people choose no chemo, because they want to avoid hair loss all together:
 - i. Study: [Scalp hypothermia to reduce chemotherapy-induced alopecia: A systematic review and meta-analysis](#) (2024)
Gynecologic Oncology Volume 188
 1. "CIA, while usually transient, is extremely distressing to those undergoing chemotherapy, with one study reporting 8% of patients considered refusing chemotherapy due to concerns around CIA [6]. This distress surrounding CIA is extremely prevalent in patients being treated for gynecologic cancers, as these patients frequently face CIA due to taxanes being a cornerstone of treatment for ovarian, endometrial, and cervical cancer regimens [[7], [8], [9]]. CIA has been noted to be one of the most distressing complications of chemotherapy in multiple cohorts of patients with gynecologic cancer [[10], [11], [12]]. In one cohort, 73% of patients had worsened confidence at the end of their chemotherapy cycle [10]. Furthermore, in a different cohort, thirteen of fourteen patients with ovarian cancer undergoing chemotherapy reported on CIA being a traumatic reminder of their illness and negatively impacting their

self-esteem and sense of self [11]. Another study, in which 50% of the patients had ovarian and endometrial cancer, demonstrates the intense psychological trauma and variety of negative psychosocial reactions that come from CIA.

These negative psychosocial reactions included a sense of stigma, reduction in relationships, and isolation [13]."

- b. More links to various related studies that speak to the psychological, psychosocial, and other negative impacts of chemo induced hair loss:
 - i. Study: ["The Incidence and Severity of Patient-Reported Side Effects of Chemotherapy in Routine Clinical Care: A Prospective Observational Study"](#)
 - 1. The Incidence and Severity of Patient-Reported Side Effects of Chemotherapy in Routine Clinical Care: A Prospective Observational Study
 - ii. Study: [Impact of chemotherapy-induced alopecia distress on body image, psychosocial well-being, and depression in breast cancer patients](#) (2014)
 - 1. "One hundred sixty-eight breast cancer patients participated in the study; the mean age was 48.4 (SD = 8.4) years, and 55.3% of the patients experienced higher distress from alopecia. In fully adjusted models, the high distress group was more likely to have a poorer body image than the low distress group (35.2 vs. 62.0; $p < 0.001$). Distressed patients were also more likely to report lower emotional (55.3 vs. 76.9; $p < 0.001$), role (58.6 vs. 72.0; $p < 0.001$), and social functioning (51.3 vs. 70.9; $p < 0.001$). The high distress group was also more likely to have depression compared with the low distress group (19.6 vs. 14.8; $p < 0.001$). Conclusions: Chemotherapy-induced alopecia distress was negatively associated with body image, psychosocial well-being, and depression in women with breast cancer. It is necessary to develop specific interventions to minimize distress due to alopecia for women with breast cancer."
 - iii. Study: [Chemotherapy-Induced Hair Loss and Its Psychological Impacts: A Study Among Cancer Survivors in a Tertiary Care Centre](#) (2020) International Journal for Multidisciplinary Research (IJFMR)
 - 1. "Chemotherapy-induced hair loss (CIA) is a distressing side effect of cancer treatment, caused by chemotherapy targeting rapidly dividing cells, including healthy hair follicles.

This often leads to partial or complete hair loss, significantly altering appearance and impacting self-esteem, confidence, and quality of life. For many patients, hair loss is deeply tied to identity, and its visible effects can lead to social withdrawal, isolation, and compounded emotional distress. The psychological impact of CIA varies based on age, gender, and cultural beliefs, with women and younger patients experiencing greater distress due to societal and personal expectations. For some, the emotional toll persists even after treatment, especially if hair regrowth differs in texture or color, highlighting the need for ongoing psychological support. Medical advancements, such as scalp cooling, have shown promise in reducing hair loss, though access remains limited. Psychological interventions, including counselling, support groups, and cognitive behavioural therapy (CBT), are crucial in helping patients manage their emotional burden. Healthcare providers must address hair loss empathetically during treatment, offering resources and support to ease its psychological effects. Ultimately, understanding and addressing the impact of CIA is vital for improving the overall well-being of cancer survivors and ensuring more holistic cancer care.” – **and –**

“Chemotherapy-induced hair loss (CIA) is a common and distressing side effect of cancer treatment, significantly impacting patients' self-esteem, body image, and mental health. Globally, 65% of cancer patients undergoing chemotherapy experience significant hair loss, according to the WHO (2020), while the American Cancer Society (2021) reported that over 75% of female patients noted a negative effect on their quality of life. The European Society for Medical Oncology (2022) found that up to 60% of patients developed anxiety or depression due to CIA. Nationally, a 2021 Tata Memorial Centre study revealed that 60-70% of Indian cancer patients experience hair loss, with over 80% of women reporting anxiety and depression. In Tamil Nadu, a 2020 Adyar Cancer Institute study found that 70% of patients undergoing chemotherapy faced hair loss, with 75% of women experiencing psychological distress. These findings highlight the urgent need for psychological support in cancer care to improve patient well-being.” — **and resulted in —**

“The study revealed among cancer survivors, 60% experienced moderate chemotherapy-induced hair loss, while 40% faced severe hair loss. None had mild or no hair loss. Psychological impacts were moderate in 70% and severe in 30%, with no minimal impacts. There is a strong positive correlation between hair loss severity and psychological distress. Education and employment status influenced hair loss scores, with statistical significance confirmed via chi-square tests. Cancer type, psychological counselling, and chemotherapy regimen were significant variables. Gender and education status had higher psychological impacts, verified by chi-square analysis.”

iv. Study: [Prevention and Treatment of Chemotherapy-Induced Alopecia: What Is Available and What Is Coming? \[alt pub\]](#) (2023)

1. “Millions of new cancer patients receive chemotherapy each year. In addition to killing cancer cells, chemotherapy is likely to damage rapidly proliferating healthy cells, including the hair follicle keratinocytes. Chemotherapy causes substantial thinning or loss of hair, termed chemotherapy-induced alopecia (CIA), in approximately 65% of patients. CIA is often ranked as one of the most distressing adverse effects of chemotherapy, but interventional options have been limited.” –and– “Globally, 18.1 million people were diagnosed with cancer (excluding non-melanoma skin cancers) in 2020, and this number is projected to rise to 26 million in 2040 [1,2]. By 2040, the number of patients requiring first-course chemotherapy each year will increase by approximately 50% to 15.0 million”

v. Study: [Management of chemotherapy-induced alopecia \(CIA\): A comprehensive review and future directions](#) (2020)

1. “Chemotherapy is notorious for its damaging psychological and physical side effects but necessary for many patients with cancer. Over the past several decades, the development of preventative treatments for some adverse effects (AE) has dramatically improved quality of life (QoL) during cancer therapy, but other side effects, particularly chemotherapy-induced alopecia (CIA), have proven to be difficult to prevent. Across most cultures globally, hair is regarded as a gender-identity marker. Without hair, many

patients may feel as if they have lost part of their identity (Bergman, 2013). Alopecia is considered to be one of the most disturbing AEs of chemotherapy. CIA estimated incidence is variable in literature and depends on the chemotherapy regimen used. Risk factors for CIA include pattern hair-loss, older age (post-menopause/andropause), poor nutrition, diabetes, lupus, and emotional stress. The most commonly used (and the only US-FDA-approved) preventive technique for CIA worldwide is scalp-cooling (e.g., Paxman and Dignitana systems). Many patients use complementary and alternative medicine (CAM) modalities for CIA prevention or treatment, with uncertainty regarding their effectiveness. Herein, we sought to conduct a comprehensive review of the current literature on CIA management, explore QoL aspects in CIA, discuss novel treatment/preventive strategies, and alert the oncology community about the CAM modalities currently utilized.” – **and** – “A high incidence rate of CIA exists with certain chemotherapies, and it significantly impairs QoL. Preventive and treatment strategies are incompletely effective. Additional literature is needed to explore potential preventive or therapeutic options for CIA.”

- vi. Study: [The physical, psychological and social experiences of alopecia among women receiving chemotherapy](#): An integrative literature review. European Journal of Oncology Nursing (2020)
 - 1. Conclusions: **This review highlights the continued pervasive psychosocial implications arising from CIA**
 - a. 23 studies met the inclusion criteria for review, Table 4 outlines the characteristics of the publications included. Study designs were mostly qualitative (n = 13), the majority of quantitative (n = 8) studies were cross-sectional in design and two studies adopted a mixed-method design. Qualitative and mixed-method data (n = 21) represented 100% female participants. Two quantitative studies were mostly representative of female participants (55–61%), and conducted sub-group analysis, enabling data extraction of the women's experiences of CIA. Sample sizes varied from 12 to 32 participants for qualitative studies and 40 to 549 participants for quantitative studies; the

mixed methods studies recruited samples of 60 and 355 participants respectively. Demographic data shows the majority of women recruited were middle-aged, white and married.

- vii. Study: [The Prevention of Alopecia Induced by Chemotherapy by Enhancing Self-Esteem and Reducing Distress. Observational Study between the Level of Distress from Chemo-Induced Alopecia and Self-Esteem in Patients Belonging to the Oncology Department of the Bat Health Authority, Italy \(2021\)](#)
- viii. Study: [An Observational Study of Anticipatory Coping Behavior of Women for Chemotherapy-Induced Alopecia for Breast Cancer Treatment \(2022\)](#)
 - 1. “It is necessary to explore patients' expectations of chemotherapy-induced alopecia, anticipate reactions to alopecia, and how women intend to prepare for an altered body appearance. Studies regarding women's critical aspects of anticipatory coping behavior (anticipate reactions to alopecia and how women intend to prepare for a modified body appearance) towards hair loss and factors influencing it are sparse, especially from India. This study helped identify the factors influencing the anticipatory coping behavior toward chemotherapy-induced alopecia.” – **and** – “52.5% of the patients felt shame in front of society due to a lack of anticipatory behavior. About 47.5% of the participants felt that not being willing to wear a wig is a reason for deficient anticipatory coping behavior.”
- ix. Changes in self-concept and body image during alopecia induced cancer chemotherapy. Münstedt K, Manthey N, Sachsse S, Vahrson H. Support Care Cancer. 1997;5:139–143. doi: 10.1007/BF01262572. [DOI] [PubMed] [Google Scholar]
- x. Experiences of self-criticism and self-compassion in people diagnosed with cancer: a multimethod qualitative study. Austin J, Drossaert CH, Sanderman R, Schroevers MJ, Bohlmeijer ET. Front Psychol. 2021;12:737725. doi: 10.3389/fpsyg.2021.737725. [DOI] [PMC free article] [PubMed] [Google Scholar]
- xi. 1.2.3.Chemotherapy-induced alopecia: a phenomenological study. Power S, Condon C. Cancer Nurs Pract. 2008;7:44–47. [Google Scholar]

- xii. Anticipating an altered appearance: women undergoing chemotherapy treatment for breast cancer. Frith H, Harcourt D, Fussell A. *Eur J Oncol Nurs*. 2007;11:385–391. doi: 10.1016/j.ejon.2007.03.002. [\[DOI\]](#) [\[PubMed\]](#) [\[Google Scholar\]](#)
- xiii. Impact of scalp cooling on chemotherapy-induced alopecia, wig use and hair growth of patients with cancer. van den Hurk CJ, van den Akker-van Marle ME, Breed WP, van de Poll-Franse LV, Nortier JW, Coebergh JW. *Eur J Oncol Nurs*. 2013;17:536–540. doi: 10.1016/j.ejon.2013.02.004. [\[DOI\]](#) [\[PubMed\]](#) [\[Google Scholar\]](#)
- xiv. The symptom experience of alopecia. Pickard-Holley S. *Semin Oncol Nurs*. 1995;11:235–238. doi: 10.1016/s0749-2081(05)80003-8. [\[DOI\]](#) [\[PubMed\]](#) [\[Google Scholar\]](#)
- xv. Chemotherapy-induced alopecia and effects on quality of life among women with breast cancer: a literature review. Lemieux J, Maunsell E, Provencher L. *Psychooncology*. 2008;17:317–328. doi: 10.1002/pon.1245. [\[DOI\]](#) [\[PubMed\]](#) [\[Google Scholar\]](#)
- xvi. Knowledge, expectations and experiences of patients receiving chemotherapy for breast cancer. Tierney AJ, Taylor J, Closs SJ. *Scand J Caring Sci*. 1992;6:75–80. doi: 10.1111/j.1471-6712.1992.tb00128.x. [\[DOI\]](#) [\[PubMed\]](#) [\[Google Scholar\]](#)
- xvii. An evaluation of a computer-imaging program to prepare women for chemotherapy-related alopecia. McGarvey EL, Leon-Verdin M, Baum LD, et al. *Psychooncology*. 2010;19:756–766. doi: 10.1002/pon.1637. [\[DOI\]](#) [\[PMC free article\]](#) [\[PubMed\]](#) [\[Google Scholar\]](#)
- xviii. Brederbecke J, Zimmermann T. Psychometric properties of the German version of the Self Image Scale SIS-D in a sample of cancer patients. *PLoS One*. 2020; 15: e0240619.
1.2.3.Cancer treatment and survivorship statistics, 2019. Miller KD, Nogueira L, Mariotto AB, et al. *CA Cancer J Clin*. 2019;69:363–385. doi: 10.3322/caac.21565. [\[DOI\]](#) [\[PubMed\]](#) [\[Google Scholar\]](#) 4. [Aug; 2019].
<https://www.cancer.org/treatment/treatments-and-side-effects/treatment-types/chemotherapy/how-chemotherapy-drugs-work.html>
<https://www.cancer.org/treatment/treatments-and-side-effects/treatment-types/chemotherapy/how-chemotherapy-drugs-work.html>
- xix. Cancer Statistics
 1. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185

countries. Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, Bray F. CA Cancer J Clin. 2021;71:209–249. doi: 10.3322/caac.21660. [\[DOI\]](#) [\[PubMed\]](#) [\[Google Scholar\]](#)

2. Cancer statistics, 2020: report from National Cancer Registry Programme, India. Mathur P, Sathishkumar K, Chaturvedi M, et al. JCO Glob Oncol. 2020;6:1063–1075. doi: 10.1200/GO.20.00122. [\[DOI\]](#) [\[PMC free article\]](#) [\[PubMed\]](#) [\[Google Scholar\]](#)

xx. Additional Related Studies:

1. Alfonso M, Richter-Appelt H, Tosti A, et al. The psychosocial impact of hair loss among men a multinational European study. Curr Med Res Opin. 2005; 21: 1829-1836.
2. Dua P, Heiland MF, Kracen AC, et al. Cancer-related hair loss a selective review of the alopecia research literature. Psycho oncology. 2017; 26: 438-443.
3. Frith H, Harcourt D, Fussell A. Anticipating an altered appearance women undergoing chemotherapy treatment for breast cancer. Eur J Oncol Nurs. 2007; 11: 385-391.
4. Lemieux J, Maunsell E, Provencher L. Chemotherapy-induced alopecia and effects on quality of life among women with breast cancer a literature review. Psycho oncology. 2008; 17: 317-328.
5. Campbell-Enns H, Woodgate R. The psychosocial experiences of women with breast cancer across the lifespan a systematic review protocol. JBI Database System Rev Implement Rep. 2015; 13: 112-121.
6. Dunnill CJ, Al-Tameemi W, Collett A, et al. A Clinical and Biological Guide for Understanding Chemotherapy-Induced Alopecia and Its Prevention. Oncologist. 2018; 23: 84-96.
7. Hosseini SA, Padhy RK. Body Image Distortion. 2020 Jul 2. In StatPearls Internet. Treasure Island FL. StatPearls Publishing. 2020.
8. Williams J, Wood C, Cunningham-Warburton P. A narrative study of chemotherapy-induced alopecia. Oncol Nurs Forum. 1999; 26: 1463-1468.
9. Saraswat N, Chopra A, Sood A, et al. A Descriptive Study to Analyze Chemotherapy-Induced Hair Loss and its Psychosocial Impact in Adults: Our Experience from a Tertiary Care Hospital. Indian Dermatol Online J. 2019; 10: 426-430.

10. McGarvey EL, Baum LD, Pinkerton RC, et al. Psychological sequelae and alopecia among women with cancer. *Cancer Pract.* 2001; 9: 283-289.
11. Rosman S. Cancer and stigma experience of patients with chemotherapy-induced alopecia. *Patient Educ Couns.* 2004; 52: 333-339.
12. Choi EK, Kim IR, Chang O, et al. Impact of chemotherapy-induced alopecia distress on body image psychosocial well-being and depression in breast cancer patients. *Psych oncology.* 2014; 23: 1103-1110.
13. Helms RL, O'Hea EL, Corso M. Body image issues in women with breast cancer. *Psychol Health Med.* 2008; 13: 313-325.
14. Kaur MN, Klassen AF, Xie F, et al. An international mixed methods study to develop a new preference-based measure for women with breast cancer the BREAST-Q Utility module. *BMC Women's Health.* 2021; 21: 8.
15. External validity of randomised controlled trials: 'to whom do the results of this trial apply?'. Rothwell PM. *Lancet.* 2005;365:82–93. doi: 10.1016/S0140-6736(04)17670-8. [\[DOI\]](#) [\[PubMed\]](#) [\[Google Scholar\]](#)

