



This research was conducted to study the relationship between death anxiety and spiritual well-being in patients with gynecologic cancer. Materials and Methods: This descriptive-correlational study was conducted on 230 women with gynecologic cancer selected through convenience sampling from Shohada-e Tajrish Hospital, affiliated to Shahid Beheshti University of Medical Sciences, in Tehran, Iran, from April to May 2016. The data collection instruments included a demographic questionnaire, the 15-item Templer Death Anxiety Scale and the Spiritual Well-Being Scale. The data were analyzed in SPSS-22 using descriptive (mean, standard deviation, frequency and percentage) and inferential (Pearson's correlation coefficient and the linear regression model) statistics. Mental Health Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO, 2014). The positive dimension of mental health is stressed in WHO's definition of health as. The contribution of spirituality and spiritual coping to anxiety and depression in women with a recent diagnosis of gynecological cancer. *International Journal Of Gynecological Cancer: Official Journal Of The International Gynecological Cancer Society*, 15(5), 755-761. Survivorship planning in gynecologic cancer patients. Spiritual well-being is a state of health expressing emotions, behaviors, and positive cognitions of self-, others, nature, and a super entity communication. Elderly is an undeniable evolutionary period of human being. Getting older, elderlies would undergo several physical and mental problems including cancer. In addition, there was seen a significant inverse relationship between death anxiety and spiritual well-being. As a result, the individuals with higher spiritual well-being would experience less death anxiety. Palliative care and spiritual care: the crucial role of spiritual care in the care of patients with advanced illness. *Current opinion in supportive and palliative care*. 2012;6(2):269-74. <https://doi.org/10.1097/SPC.0b013e3283530d13> PMID:22469668.