**Table 1: Characteristics of Reviewed Articles**

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| Author / Date | Country | Aims | Study Design | Age Group / Cancer | Sample Demographics | Study Design / Data Collection Methods |
| Al Omari, Wynaden, Al-Omari & Khatatbeh (2017) | Jordan | Explore - Coping Strategies of Jordanian Adolescents with Cancer: An IPA study | IPA | 13 to 18 years  Leukaemia n=4, Hodgkin’s n=3 non-Hodgkin’s n=3 | 10 YP 13 to 18 years of age, 5 males, 5 females | In-depth individual interview of YP who were receiving chemotherapy |
| Al Omari & Wynaden (2014) | Jordan | Explore -The psychosocial experience of adolescents with haematological malignancies in Jordan; an IPA study | IPA | 13 to 17 years  Leukaemia n=6, Hodgkin’s 5, non-Hodgkin’s n= 3 | 14 YP 13 to 17 years, 9 male 5 female | Individual Semi-structured interviews, interviewed twice in 2 hospital settings six months after receiving a diagnosis |
| Farjou et al. (2013) | Canada | Understanding the healthcare experiences of teenage cancer patients and survivors from 3 paediatric hospitals | Open-ended survey | 12 to 20 years  Leukaemia n= 82, Lymphoma n=37, sarcoma n=30, brain n=25 other n=26 | 200 YP aged 12 to 20 years, 108 male 92 females | Open ended questionnaire  3 parts to it |
| Fern et al. (2013) | UK | The Art of Age-Appropriate Care: Reflecting on a conceptual model of cancer experience for teenagers and young adults | Qualitative Participatory Action | 13 to 25 years Male n=5 Female n- 6 | 11 YP aged 13 to 25. 5 male, 6 female | Semi-structured peer to peer interviews, workshop |
| Gibson et al. (2013) | UK | To describe how YP describe their prediagnosis cancer experience | Interpretive using narrative inquiry | 16 to 24 years  All solid tumours  Ewing’s n= 7  Osteosarcoma n=5, Hodgkin's n= 5, medulloblastoma n= 1 neuroblastoma 1,  malignant peripheral nerve n=1, ovarian n=2, synovial sarcoma n=1, metastatic adenocarcinoma of bowel n=1 | 24 YP, 16 to 24 years, 14 male 10 female | Semi-structured interviews 2-4 months from diagnosis of a solid tumour. Case notes were also accessed. |
| Hedström et al. (2004) | Sweden | Distressing and positive experiences and important aspects of care for adolescents treated for cancer. Adolescent and nurse perceptions | Cross-sectional descriptive | 13 to 19 years  Lymphoma n=8, Osteosarcoma n= 5, Ewing’s n=2, Leukaemia n=3, other solid tumours n= 5 | 23 YP 13 to 19 years, 15 male 8 female | Semi-structured interviews with an open-ended questionnaire  YP and nurses. |
| Hokkanen et al. (2004) | Finland | Exploring what adolescents with cancer experience of life and how it could be made easier | Descriptive | 13 to 18 years  Leukaemia n=11, Hodgkin’s n = 2, aplastic anaemia, non-Hodgkin’s, brain and bone n=5  n=2 unknown what they had. | 20 YP 13 to 18 years, 13 female 7 male | Focus groups attending cancer adjustment camp  3 focus group of 7 |
| Kelly et al. (2004) | UK | Set out to provide insight into an adolescent cancer unit | Ethnography | 13 to 20 years  Cancers not known | 10 YP 13 to 20 years, 4 male 6 female  10 parents 9 mothers 1 father | Observation and in-depth semi-structured interviews with YP and parents |
| Kumar & Schapira (2013) | USA | Examine how young adult cancer patients make sense of their experiences with cancer. | Exploratory | 18 to 30 years  Ovarian n = 3, Hodgkin’s n= 2, non-Hodgkin’s n=1, Leukaemia n=3, melanoma n=1, breast n=1, endometrial n=1, ependymoma n=3 | 15 YP 18 to 30 years, 7 males  8 females | Semi-structured interviews |
| Kyngäs et al. (2001) | Finland | To describe the coping strategies and resources of YP with cancer | None | 16 to 22 years  Cancer lymphatic system n=5, Thyroid n= 2 Sarcoma n= 2 Leukaemia n=2 ovarian n=1brain n=1 granulocytomatous tumour n=1 | 14 YP 16 to 22 years of age, 6 male, 8 females | Interviews |
| Miedema et al. (2006) | Canada | Young adults’ experiences with cancer | None  exploratory | 20 to 43 years of age, various cancers and stages through to survivorship  Hodgkin’s n=5, Thyroid n= 2, breast cancer n=3,  Synovial, melanoma, osteosarcoma, colorectal and fibrohistocytoma n=1 | 15 YP/adult 20 to 43 years, 6 male 9 female | Individual Semi-Structured Interviews interviewed once |
| Olsson, Jarfelt, Pergert & Enskär  (2015) | Sweden | Identify the requirements and acknowledge what is relevant to teenagers and YP treated for cancer in Sweden | Exploratory | 15 to 29 years  Leukaemia n=12, Lymphoma n= 11 sarcoma n=12, brain tumour n=2, Testicular n=5 gynaecological n=2 | 44 YP 15 to 29 years, 16 male and  28 females | Focus groups  5 focus groups with 15-18 years (paed unit)  6 focus groups with 19-29 years) |
| Stegenga & Ward-Smith (2009) | USA | Explore the lived experience of being diagnosed with cancer from the perspective of the adolescent. | Phenomenology | 12 to 17 years  Cancer not known | 10 YP 12 to 17 years, 1 male 9 female | Semi-structured interviews |
| Woodgate  (2005) | Canada | Part of a more extensive study, this study, in particular, sought to understand the impact cancer and its symptoms had on the adolescents' sense of self. | Longitudinal | 12 to 18 years  Leukaemia or lymphoma n=12  Solid tumour n=3 | 15 YP 12 to 18 years, 8 male 7 female | Semi-structured interviews moderate participant observation and focus groups with one group 4 males and 1 group 5 females. |
| Woodgate (2006) | Canada | This paper explores the sources of social support that help YP get through their cancer experience. | Longitudinal | 12 to 18 years  Same participants as above | 15 YP 12 to 18 years, 8 male 7 female | Open-ended interviews with follow-up questions and a focus group |
| Wu, Chin, Hasse & Chen (2009) | Twain | To describe the essence of the coping experiences of Taiwanese adolescents with cancer. | Phenomenology | 12 to 18 years  Leukaemia n=6  Brain n= 1, Neuroblastoma n=1, Lymphoma n=1 Osteosarcoma n=1 | 10 YP 12 to 18 years, 6 male 4 female | Interviews |
| Wicks & Mitchell  (2010) | New Zealand | This study examined the adolescent cancer experience from the perspective YP. | None | 16 to 22 years  Leukaemia n=3  Lymphoma n=3  Brain tumour n=1  Bone tumour n=2  Germ cell tumour n=1 | 6 male 4 female | In-depth semi-structured interviews |
| Zebrack et al. (2014) | USA | To describe adolescent and young adult cancer medical care or experience with cancer | Survey open-ended questionnaire | 15-39 years | 296 YP/adult 15 to 39 years, 192 male 104 female | Survey e-mailed |

**Table 2: Emerging Cancer Themes**

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| Study | Research Findings | Overarching Themes From Study | Sub-Themes From Review | Synthesised Themes From Review |
| Al Omari et al. (2017) | To cope with the impact of cancer, coping strategies emerged. There were some cultural issues faced within this study and the female participants. | Strengthening spiritual convictions  Being optimistic and rebuilding hope  Enhancing appearance  Finding self again | Loss of oneself  Hope and fear | **Uncertainty – holding on to life** |
| Al Omari & Wynaden (2014) | Participants reported limited emotional and psychological support from family, friends and healthcare team. Separated from family, friends once hospitalised. Treatment generated uncertainty of the future. | Being in the hospital, the changing self  Fearing the unknown | Loss of oneself  Hope and fear | **Uncertainty – holding on to life** |
| Farjou et al. (2013) | 89% answered Q1  63% Q2, 69% Q3. This study was part of a more extensive teen-centred care study. Likes and dislikes were conceptualized into key themes. Support the shaping of future services for YP. | Staff at the treatment centre itself  The cancer care  they received,  The treatments centre itself  Social activities | Experience of healthcare delivery  Age-appropriate specialist services | **Gaps in the care delivery** |
| Fern et al. (2013b) | Built upon the conceptual model by Taylor et al. (2013) and identified areas of care that were deficient or unreported by YP experiencing cancer.  The diagnosis and information provided at this time was an important aspect of the cancer journey. | Diagnosis period  Levels of information provided  YP involved in research | Impact of diagnosis.  Delay in diagnosis  Experience of healthcare delivery  Age-appropriate specialist services | **Being diagnosed with cancer**  **Gaps in the care delivery** |
| Gibson et al. (2013) | Perspectives of the impact of the symptoms on their lives and in general, how others played a significant part. Findings report of the time lag from first symptoms to diagnosis. Age plays a vital part in this group patient as they are seeking independence. | The individual and nature of the symptoms  Symptoms in relationship to other people  Experiences of the generalist healthcare system  Threshold points  Specialist cancer care | Delay in diagnosis  Experience of healthcare delivery  Age-appropriate specialist services | **Being diagnosed with cancer**  **Gaps in the care delivery** |
| Hedström, et al. (2004) | Findings indicate a range of positive and negative experiences related to the disease and treatment. Highlights the importance of information and the value of experienced staff that are competent in the care delivery. | Being told the diagnosis  Receiving chemotherapy  Being admitted to the ward  Important aspects of care | Impact of diagnosis  Experience of healthcare delivery  Age-appropriate specialist services | **Being diagnosed with cancer**  **Gaps in the care delivery** |
| Hokkanen et al. (2004) | Findings from the study report cancer experience can affect the adolescent's relationship with the world around self. Relationships with families were affected by the disease. They also found it hard to be independent. | Experiences of current life situation  Future views  Information received  The need for additional information  How life could be made easier | Family and friends  Experience of healthcare delivery  Age-appropriate specialist services  Hope and fear | **Being diagnosed with cancer**  **Gaps in the care delivery**  **Uncertainty – holding on to life** |
| Kelly et al. (2004) | Findings provide an insight into one specific cancer unit in London. The culture of the unit emerged as pivotal in supporting YP with cancer and through the expertise within the unit itself. | Cancer and the unit  Changes over time | Impact of diagnosis  Loss of self  Hope and fear  Experience of healthcare delivery  Age-appropriate specialist services | **Being diagnosed with cancer**  **Uncertainty – holding on to life**  **Gaps in the care delivery** |
| Kumar & Schapira (2013) | YP affected by the loss of physical control during and after treatment. Some found support from family and friends; others did not and felt isolated. | Intrapersonal, interpersonal, role identity | Family and friends  Loss of self | **Being diagnosed with cancer**  **Uncertainty – holding on to life** |
| Kyngäs et al. (2001) | How YP coped with life and the coping strategies used. | Three significant strategies identified social support, belief in recovery and getting back to normal life as soon as possible | Impact of diagnosis  Hope and fear  Experience of healthcare delivery | **Being diagnosed with cancer**  **Uncertainty – holding on to life**  **Gaps in the care delivery** |
| Miedema et al. (2006) | The most important issue that emerged was that being young appeared to delay in diagnosis: patients or physician's inaction. | Participant’s age contributed to a delay in diagnosis either inaction from themselves, parents or physician | Delay in diagnosis  Experience of healthcare delivery  Age-appropriate specialist services | **Being diagnosed with cancer**  **Gaps in the care delivery** |
| Olsson et al. (2015) | The needs vary over time due to individual situations. HCPs need increased knowledge to care for this patient group. Special needs of this group are not being met in Sweden. | Personal & professional integration  Knowledge and participation,  Age-appropriate care  Support | Experience of healthcare delivery  Age-appropriate specialist services | **Gaps in the care delivery** |
| Stegenga & Ward-Smith (2009) | Findings suggest a loss of normalcy having been diagnosed with cancer is immense.  Peer support fundamental and may support the loss of normalcy. | Loss of normalcy  Gaining information  Importance friends and their reactions  Getting used to it,  Giving back  Family support | Family and friends  Experience of healthcare delivery  Age-appropriate specialist services  Loss of self | **Being diagnosed**  **Gaps in the care delivery**  **Uncertainty – holding on to life** |
| Woodgate  (2005) | Findings revealed that adolescents experience changes to their bodies because of symptoms and their increasing awareness of their body changing. HCPs to be in a position to recognise this and support where when necessary. | Ways of being in the world  Still pretty much same person, well almost  Respond as same person, but treat me as special | Loss of self | **Uncertainty – holding on to life** |
| Woodgate (2006) | This study found that families, special friends and HCPs were the three central supportive relationships YP experience. Although supportive at times, a source of stress. | Supportive relationships  Being there  Consequences of being there | Family and friends | **Being diagnosed** |
| Wu , Chin, Hasse & Chen (2009) | Findings suggest that there were many challenges of having cancer, especially ones they could not control. YP also felt that they required having hope as a useful coping mechanism to enable them to keep going. | Losing confidence  Rebuilding hope | Hope and fear | **Uncertainty – holding on to life** |
| Wicks & Mitchell  (2010) | Findings underline the need for effective communication, ongoing psychological support and service flexibility. | Treatment issues  Hospital facilities  Information provision  Physical effects of treatment  Emotional effects  Impact on developmental processes | Impact of diagnosis  Loss of self  Experience of healthcare delivery  Age-appropriate specialist services | **Being diagnosed with cancer**  **Uncertainty – holding on to life**  **Gaps in the care delivery** |
| Zebrack et al. (2014) | Findings contribute to a better understanding of the cancer treatment experience. | Medical care domain  Side effects and symptoms domain  The psychological, spiritual domain  Relationship domain  Practical domain | Hope and fear  Loss of self  Age-appropriate specialist services | **Uncertainty - holding on to life**  **Gaps in the care delivery** |