**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 yearsLeukaemia 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 yearsLeukaemia 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 yearsLeukaemia 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 questionnaire3 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 tumoursEwing’s n= 7Osteosarcoma 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 yearsLymphoma 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 questionnaireYP 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=5n=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 female10 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 yearsCancer 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 | Noneexploratory  | 20 to 43 years of age, various cancers and stages through to survivorshipHodgkin’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 groups5 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 yearsCancer 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 yearsLeukaemia 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 yearsSame 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 yearsLeukaemia n=6Brain 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 yearsLeukaemia n=3Lymphoma n=3Brain tumour n=1Bone tumour n=2Germ 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 convictionsBeing optimistic and rebuilding hopeEnhancing appearanceFinding self again | Loss of oneselfHope 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 selfFearing the unknown | Loss of oneselfHope and fear | **Uncertainty – holding on to life** |
| Farjou et al. (2013) | 89% answered Q163% 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 itselfThe cancer care they received,The treatments centre itselfSocial activities | Experience of healthcare deliveryAge-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 periodLevels of information providedYP involved in research | Impact of diagnosis.Delay in diagnosisExperience of healthcare deliveryAge-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 symptomsSymptoms in relationship to other peopleExperiences of the generalist healthcare system Threshold pointsSpecialist cancer care | Delay in diagnosisExperience of healthcare deliveryAge-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 diagnosisReceiving chemotherapyBeing admitted to the wardImportant aspects of care | Impact of diagnosisExperience of healthcare deliveryAge-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 situationFuture viewsInformation receivedThe need for additional informationHow life could be made easier | Family and friendsExperience of healthcare deliveryAge-appropriate specialist servicesHope 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 unitChanges over time | Impact of diagnosisLoss of selfHope and fear Experience of healthcare deliveryAge-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 friendsLoss 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 diagnosisHope 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 diagnosisExperience of healthcare deliveryAge-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 integrationKnowledge and participation, Age-appropriate care Support | Experience of healthcare deliveryAge-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 normalcyGaining informationImportance friends and their reactionsGetting used to it,Giving backFamily support | Family and friendsExperience of healthcare deliveryAge-appropriate specialist servicesLoss 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 worldStill pretty much same person, well almostRespond 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 relationshipsBeing thereConsequences 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 issuesHospital facilitiesInformation provisionPhysical effects of treatmentEmotional effectsImpact on developmental processes | Impact of diagnosisLoss of selfExperience of healthcare deliveryAge-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 domainSide effects and symptoms domainThe psychological, spiritual domainRelationship domainPractical domain | Hope and fear Loss of selfAge-appropriate specialist services | **Uncertainty - holding on to life****Gaps in the care delivery** |