

Supplementary Table 1: Characteristics of the included studies

	Author(s)	Purpose and context	METHODS	Participant characteristics
1	Befort et al (2011)	<p>Purpose: to describe weight status and methods used for weight control in rural breast cancer survivors and to examine psychosocial factors in this population associated with weight change since breast cancer diagnosis.</p> <p>Context: patients treated for breast cancer within the past six years</p> <p>Setting: three rural Cancer Center</p> <p>Country: USA, kansas</p>	<p>Sample Size: 1100</p> <p>Sampling: convenience</p> <p>Response Rate: n = 918, 83% response rate</p> <p>Design: cross sectional</p> <p>Descriptive study</p> <p>Data Collection: weight history questionnaire used in the National Health and Nutrition Examination Survey (NHANES)</p>	<p>Demographic: Age: 65.9 ± 13.1</p> <p>Self-reported cancer stage: Stage I–III 395 (43%) Stage IV 105 (11%) Unknown 364 (40%)</p> <p>Time since diagnosis: 3.2 ± 2.6</p> <p>Treatment: Currently taking anti-hormone treatment 412 (45%)</p> <p>Menopausal status Post-menopausal 865 (95%) Peri-menopausal 23 (2%) Pre-menopausal 26 (3%)</p>
2	Sleight et al (2017)	<p>Purpose: investigate the supportive care needs of a sample of low-income Latina breast cancer survivors.</p> <p>Context: Spanish-speaking breast cancer survivors</p> <p>Setting: Los Angeles County + USC Medical Center (LAC+USC) Oncology Clinic.</p> <p>Country: USA</p>	<p>Sample Size: 102</p> <p>Sampling: convenience</p> <p>Response Rate: n = 99</p> <p>Design: cross sectional</p> <p>Descriptive study</p> <p>Data Collection: the supportive care needs survey (SCNS-SF34)</p>	<p>Demographic: Age: Mean (SD): 54.0 (8.6) 30–39: 5 40–49: 27 50–59: 38 60–69: 26 70–79: 2</p> <p>Stage of cancer: Stage 1: 29 Stage 2: 19 Stage 3: 2 Stage 4: 1 Unknown: 29</p> <p>Time since diagnosis: mean (SD): 4.52 (2.61)</p> <p>Treatment: Surgery, radiation, and chemo: 49 Surgery and radiation: 19 Surgery and chemo: 13 Surgery: 13 Radiation: 4 Chemo: 1</p>
3	Autade Y (2021)	<p>Purpose: To determine the prevalence of post-treatment unmet needs and association between unmet needs of breast cancer survivors with selected demographic variables</p> <p>Context: breast cancer survivors</p> <p>Setting: oncology wards and tertiary care hospitals' outpatient departments</p> <p>Country: India.</p>	<p>Sample Size: 147</p> <p>Sampling: non-probability sampling</p> <p>Response Rate: n = 120, 81.6% response rate</p> <p>Design: Descriptive research study</p> <p>Data Collection: the breast cancer survivor needs assessment questionnaire</p>	<p>Demographic: Age: 18–22:1 23–26:3 27–31:10 32–36:8 37–45:28 45–50:32 above 50:38</p> <p>Self-reported cancer stage: Stage I:87 Stage II:33</p> <p>Time since diagnosis:</p> <p>Treatment: Chemotherapy:119</p>

				<p>Radiation Therapy:116 Surgical Treatment:76 Hormonal Therapy:53 Mastectomy:23 Modified Mastectomy:32 Axillary lymph node dissection:21</p>
4	Chae et al (2019)	<p>Purpose: to investigate the unmet needs and related factors of Korean breast cancer survivors. Context: Setting: six medical centers (Chonbuk National University Hospital, National Cancer Center, Samsung Medical Center, Myongji Hospital, Soonchunhyang University Seoul and Bucheon Hospital) Country: Korea</p>	<p>Sample Size:332 Sampling: convenience Response Rate: n = 320, 96.1% response rate Design: multicenter, cross-sectional, interview survey Data Collection: Comprehensive Needs Assessment Tool (CNAT)</p>	<p>Demographic: Age: < 40: 44 (13.3) 40 ~ 49: 129 (38.9) 50 ~ 59: 123 (37.0) ≥ 60: 36 (10.8) Self-reported cancer stage: 0: 13 (3.9) I: 129 (38.9) II: 148 (44.6) III & IV: 42 (12.6) Time since diagnosis: ≤ 1: 73 (22.0) > 1, ≤ 3: 160 (48.2) > 3, ≤ 5: 66 (19.9) > 5: 33 (9.9) Treatment: Chemotherapy: 248 (74.7) Hormonal therapy: 236 (71.1) Radiation therapy: 262 (78.9) Target therapy: 72 (21.7) Co-morbidity: 79 (23.8) Menopausal status: Postmenopause: 127 (38.3)</p>
5	Cheng et al (2018)	<p>Purpose: to explore the supportive care needs of breast cancer survivors (BCS) in the first five years post-treatment. Context: Setting: university-affiliated hospital Country: Singapore</p>	<p>Sample Size: 250 BCS in quantitative phase 60 BCS in qualitative phase Design: mixed methods study Data Collection: Supportive Care Needs Survey-Short Form (SCNS-SF34) semi-structured qualitative interviews</p>	<p>Demographic: Age: Quantitative: 54.7±8.2 Qualitative: 55.3±7.6 Self-reported cancer stage: Quantitative: 0: 35(11.1) 1-2: 175(70) 3-4: 39(15.6) Qualitative: 0: 5 (8.3) 1-2: 46(76.7) 3-4: 9(15) Time since diagnosis: Treatment: Quantitative: Chemotherapy: 29 (11.6) Radiotherapy: 62 (24.8) Chemo-radiotherapy: 110 (44.0) Qualitative: Chemotherapy: 8 (13.3) Radiotherapy: 15 (25.0) Chemo-radiotherapy: 27 (45.0)</p>

6	Lee et al (2021)	<p>Purpose: Investigate the accuracy of physicians' awareness of breast cancer survivors' unmet needs in Korea.</p> <p>Context: physicians and breast cancer survivors</p> <p>Setting: 6 medical centers in Korea: Jeonbuk National University Hospital, National Cancer Center, Samsung Medical Center, Myongji Hospital, Soonchunhyang University Seoul and Bucheon Hospital.</p> <p>Country: Korea</p>	<p>Sample Size: 106 physicians and 320 Korean breast cancer survivors</p> <p>Sampling: convenience</p> <p>Response Rate: not reported</p> <p>Design: cross-sectional interview survey</p> <p>Data Collection: Comprehensive Needs Assessment Tool (CNAT)</p>	<p>Demographic: Age: Note reported</p> <p>Self-reported cancer stage: Note reported</p> <p>Time since diagnosis: Note reported</p> <p>Treatment: Note reported</p>
7	Pauwels et al (2013)	<p>Purpose: (i) to identify the care needs of rehabilitating breast cancer survivors during the first 6 months post-treatment; (ii) to examine whether needs have been met; (iii) to assess the preferred time and manner of receiving information and support; and (iv) to determine which sociodemographic and medical characteristics are associated with specific care needs.</p> <p>Context: Breast cancer survivors</p> <p>Setting: both large teaching and smaller regional hospitals.</p> <p>Country: Belgium</p>	<p>Sample Size: 547</p> <p>Sampling: convenience</p> <p>Response Rate: (n = 465, response rate = 65%)</p> <p>Design: A large-scale cross-sectional study</p> <p>Data Collection: assess the care needs of breast cancer survivors</p>	<p>Demographic:</p> <p>Age: 51.87 (8.16)</p> <p>Self-reported cancer stage: Note reported</p> <p>Weeks post-treatment: 14.17 (7.43)</p> <p>Treatment: Breast conserving: 294 (63.20) Mastectomy, no reconstruction: 121 (26.00) Mastectomy, reconstruction: 32 (6.90) Chemotherapy: 237 (51.00) Radiotherapy: 399 (85.80) Immunotherapy: 50 (10.80) Hormonal therapy: 355 (76.90)</p>
8	Vuksanovic et al (2021)	<p>Purpose: to explore and better understand the perceptions of breast cancer survivors with regard to their ongoing survivorship issues, unmet needs, care benchmarks, and satisfaction with and use of survivorship care providers in local hospital and community settings.</p> <p>Context: females with a history of breast cancer diagnosis</p> <p>Setting: the Gold Coast Hospital and Health Service (GCHHS)</p>	<p>Sample Size: 185</p> <p>Sampling: convenience</p> <p>Response Rate: (n = 130, response rate = 70.2%)</p> <p>Design: cross-sectional prospective cohort study</p> <p>Data Collection: Cancer Survivors Unmet Needs Questionnaire (CaSUN)</p>	<p>Demographic:</p> <p>Age: 25-45: 15 46-65: 71 >65: 44</p> <p>Time since diagnosis: 37.3 months</p> <p>Treatment: Hormonal treatment: 71</p>

		Country: Australia		
9	Fong E J (2016)	Purpose: to determine the prevalence of unmet supportive care needs and its associated factors among the breast cancer survivors Context: Breast Cancer Survivors of Community-Based Support Group in Kuching Setting: the community based Non governmental organization (NGO) Sarawak Breast Cancer Support Group (SBCSG) in Kuching, Sarawak. Country: Malaysia	Sample Size: 100 Sampling: Census sampling Design: descriptive cross-sectional study Data Collection: The 34-item short-form Supportive Care Needs Survey (SCNS-SF34)	Demographic: Age: 57.9 (9.53) Self-reported cancer stage: Early stage (Stages I and II) 79 (80.6) Later stage (Stages III and IV) 19 (19.4) Do not know 3 (3.0) Time since diagnosis: 8.2 (5.72) Treatment: No current active treatment 73 (72.3) Undergoing active treatment 28 (27.7)
10	Y.-H. Chou et al (2020)	Purpose: to investigate the difference among different BC stages and unmet supportive care needs and predict the major factors that may influence the needs of patients with BC. Context: survival patients with breast cancer Setting: cancer center in a medical center in central Taiwan Country: Taiwan.	Sample Size: 1193 Sampling: convenience Response Rate: (n = 1129, response rate = 94.6 %) Design: retrospective study Data Collection: case consultation and service records of a cancer center	Demographic: Age: <45: 308 (27.3) 46-55: 437 (38.7) 56-65: 272 (24.1) >66: 112 (9.9) Self-reported cancer stage: I: 255 (22.6) II: 554 (49.1) III: 238 (21.1) IV: 82 (7.2) Time since diagnosis: Treatment phase: Newly diagnosed 194 (17.2) In-treatment 693 (61.4) Relapse 73 (6.4) Follow-up 161 (14.3) Terminal care 8 (0.7)
11	Cheng KK et al (2014)	Purpose: the range and levels of perceived symptoms and unmet needs reported by breast cancer survivors in the half-year to five year post-treatment period, and determined whether the symptoms can be a predictor of unmet needs. Context: breast cancer survivors Setting: regional university affiliated hospital Country: Singapore	Sample Size: 324 Sampling: Response Rate: (n = 150, response rate = 46 %) Design: cross-sectional study Data Collection: the Memorial Symptom Assessment Scale (MSAS), Care Needs Survey Short Form (SCNS-SF34).	Demographic: Age: 55.1 (8) Self-reported cancer stage: Stage 0: 17 (11.3) Stage 1-2: 109 (72.7) Stage 3-4: 23 (15.3) Time since diagnosis: <2 years 62 (41.3) 2-5 years 88 (58.7) Treatment: Chemotherapy 20 (13.3) Radiotherapy 34 (22.7) Chemo-radiotherapy 71 (47.3) Menopausal status: Pre-menopausal: 19 (12.7) Post-menopausal: 131 (87.3)

12	Ellegaarda M B B et al (2016)	<p>Purpose: to determine the frequency of needs and FCR among women treated for primary breast cancer</p> <p>Context: breast cancer survivors</p> <p>Setting: the Department of Oncology, Aarhus University Hospital</p> <p>Country: Denmark</p>	<p>Sample Size: 194</p> <p>Sampling: convenience</p> <p>Response Rate: (n = 155, response rate = 79 %)</p> <p>Design: cross-sectional questionnaire study</p> <p>Data Collection: the questionnaires CaSUN, Concerns About Recurrence of Cancer (CARQ-4)</p>	<p>Demographic:</p> <p>Age:mean: 63</p> <p>Self-reported cancer stage: Not reported</p> <p>Time since diagnosis: Not reported</p> <p>Treatment: Not reported</p>
13	BRENNAN M E (2016)	<p>Purpose: to identify specific areas (in quality of life, unmet needs and cancer care coordination domains)</p> <p>Context: breast cancer survivors</p> <p>Setting: public and private health settings</p> <p>Country: Australia</p>	<p>Sample Size: 68</p> <p>Sampling: not reported</p> <p>Response Rate: not reported</p> <p>Design: cross-sectional study</p> <p>Data Collection: Cancer Survivors Unmet Needs (CaSUN) questionnaire, Functional Assessment of Cancer Therapy-Breast questionnaire (FACT-B, version 4), Endocrine Subscale (ES), the Patient Satisfaction Scale</p>	<p>Demographic:</p> <p>Age: 56.0 (25–84)</p> <p>Self-reported cancer stage: Stage T1: 30 Stage T2: 32 Stage T3: 6</p> <p>Time since diagnosis:</p> <p>Treatment: Radiotherapy: 54 Chemotherapy: 49 Endocrine therapy: 60</p> <p>Menopausal status:</p>
14	Bu et al (2022)	<p>Purpose: to (1) investigate the unmet needs and quality of life (QoL) of BCSs in China, (2) explore the diverse factors associated with their unmet needs, and (3) assess the association between their unmet needs and QoL.</p> <p>Context: breast cancer survivors</p> <p>Setting: cancer hospitals from 10 provinces (Hunan, Guangxi, Beijing, Jiangxi, Henan, Guizhou, Guangdong, Hebei, Xinjiang, and Zhejiang)</p> <p>Country: china</p>	<p>Sample Size: 1210</p> <p>Sampling: Cluster random sampling</p> <p>Response Rate: not reported</p> <p>Design: A multicentre cross-sectional survey</p> <p>Data Collection: the Cancer Survivor Profile-Breast Cancer (CSPro-BC)</p>	<p>Demographic:</p> <p>Age: < 40: 235 (19.71%) 40–49: 454 (38.09%) 50–59: 401 (33.64%) ≥ 60: 102 (8.56%)</p> <p>Self-reported cancer stage: I: 254 (21.3%) II: 567 (47.6%) III: 279 (23.4%) IV: 92 (7.7%)</p> <p>Time since diagnosis: ≤ 12: 273 (22.9%) 13–24: 583 (48.9%) 25–60: 277 (23.2%) ≥ 61: 59 (5.0%)</p> <p>Treatment: Surgery therapy: 109 (9.2%) Surgery + chemotherapy: 385 (32.3%) Surgery + radiation therapy: 14 (1.2%) Surgery + chemotherapy + radiation therapy: 211 (17.7%) Surgery + chemotherapy + radiation therapy + hormone therapy: 179 (15.0%) Surgery + targeted therapy: 41 (3.4%) Others: 253 (21.2%)</p>
15	Fang et al (2017)	<p>Purpose: to understand the care</p>	<p>Sample Size: 237</p> <p>Sampling: convenience</p>	<p>Demographic:</p> <p>Age: 57.34 (9.66)</p>

		needs of long-term breast cancer survivors and the factors that influence these needs. Context: Long-Term Breast Cancer Survivors Setting: 2 medical centers Country: southern Taiwan	Response Rate: (n = 192, response rate =81 %) Design: correlational study Data Collection: Cancer Survivors' Unmet Needs Questionnaire(CaSUN)	Self-reported cancer stage: 0-I: 74 (38.5) II-III: 113 (58.9) Others: 5 (2.6) Time since diagnosis: 5-7: 66 (34.4) 7-9: 71 (37.0) >10: 55 (28.6) Treatment: Chemotherapy: 122 (63.5) Radiotherapy: 85 (44.3) Hormone therapy: 119 (62.0)
16	Winnie K.W. So et al (2014)	Purpose: 1. What are the five most common supportive care needs among breast cancer survivors? 2. Is there an association between these survivors' characteristics and their needs and quality of life? Context: Chinese breast cancer survivors Setting: outpatient oncology department in a teaching hospital Country: Hong Kong	Sample Size: 163 Sampling: convenience Response Rate: note reported Design: cross-sectional study Data Collection: Chinese version of Supportive Care Needs Survey form (SCNS-SF34)	Demographic: Age: 51.0 (9.2) Self-reported cancer stage: < II: 129 (79.1%) > III: 34 (20.9%) Time since diagnosis(months): 14 (11-19) Treatment: Receiving hormone treatment: 113 (69.8%)
17	Miyashita, M (2015)	Purpose: to identify the unmet information needs and examine the relationships between unmet information needs and QOL in young breast cancer survivors in Japan Context: Setting: Hiroshima University Hospital and National Hospital Organization Kyushu Cancer Center Country: Japan,	Sample Size: 308 Sampling: convenience Response Rate: (n = 163, response rate =52.9 %) Design: cross-sectional descriptive research Data Collection: UNMET INFORMATION NEEDS questionnaire	Demographic: Age: 44.8 (6.6) Self-reported cancer stage: 0 : 11 (6.7) I: 44 (27.0) II: 55 (33.7) III: 14 (8.6) IV: 5 (3.1) Unknown: 34 (20.9) Time since diagnosis(Months): 61.3 (60.5) Treatment: Radiation: 109 (54.2) Chemotherapy: 108 (53.7) Hormonal therapy: 141 (70.1) Breast reconstruction 19 (9.5) Menopausal status:
18	Hodgkinson K (2007)	Purpose: to identify the prevalence and correlates of supportive care needs in breast cancer survivors. Context: Breast cancer survivors Setting: outpatient radiation oncology department in a Sydney hospital Country: Australia	Sample Size: 174 Sampling: convenience Response Rate: (n = 117, response rate =67 %) Design: correlational study Data Collection: Cancer Survivors Unmet Needs Questionnaire (CaSUN)	Demographic: Age: 61 (range 32–88 years) Self-reported cancer stage: Time since diagnosis: 3.9 years (range 2–10 years) Treatment: Radiotherapy: 115 (96.6) Surgery: 108 (90.8) Hormone therapy: 74 (62.2) Chemotherapy: 57 (47.9)

				Other treatment/s: 7 (5.9)
19	Arroyo O M (2018)	<p>Purpose: to analyze the prevalence and sociodemographic and medical risk factors of clinical distress.</p> <p>Context: survivors of breast cancer</p> <p>Setting: different medical institutions and cancer patient associations</p> <p>Country: Spain</p>	<p>Sample Size: 555</p> <p>Sampling: convenience</p> <p>Response Rate: (n = 450, response rate = 81 %)</p> <p>Design: cross-sectional study</p> <p>Data Collection: The Cancer Survivors Unmet Needs (CaSUN)</p>	<p>Demographic:</p> <p>Age: ≤ 45: 86 (19.2) 46–55: 155 (34.5) 56–65: 134 (29.8) ≥ 66: 74 (16.5)</p> <p>Self-reported cancer stage: Not reported</p> <p>Time elapsed since the end of primary treatment ≤ 12 months (RE subgroup): 182(41.9) > 12 months—≥ 5 years (ES subgroup): 166 (38.2) > 5 years (LTS subgroup): 86 (19.8)</p> <p>Treatment: Surgery only: 10 (2.4) Surgery, chemotherapy: 42 (10.2) Surgery, radiotherapy: 93 (22.6) Surgery, chemotherapy, radiotherapy: 266 (64.7) Hormonotherapy: 292 (70.9)</p>
20	Park B W (2012)	<p>Purpose: to evaluate the prevalence of unmet needs among breast cancer survivors, to assess the relationships between unmet needs and depression and quality of life, and to explore the extent to which unmet needs of breast cancer patients relate to the time elapsed since surgery</p> <p>Context: Breast Cancer Patients Relative to Survival Duration</p> <p>Setting: Yonsei University Severance Hospital Breast Cancer Clinic.</p> <p>Country: Korea</p>	<p>Sample Size: 1,250</p> <p>Sampling: convenience</p> <p>Response Rate: : (n = 1084, response rate = 86.7%)</p> <p>Design: cross-sectional study</p> <p>Data Collection: The supportive care needs survey (SCNS)</p>	<p>Demographic: Age: 46.45</p> <p>Self-reported cancer stage: I: 507(46.7) II: 438(0.40) III: 130(0.11)</p> <p>Time since diagnosis: Not reported</p> <p>Treatment: Radiation therapy: 618(57%) Hormone therapy: 765(70%) Chemotherapy: 660(60%)</p>
21	Gray R E et al (1998)	<p>Purpose: to identify 'problems', or clinically important levels of dysfunction, and more on identifying the information needs and preferences of well breast cancer survivors, four years or more post-diagnosis.</p>	<p>Sample Size: 70</p> <p>Sampling: purposeful sampling</p> <p>Response Rate: note reported</p> <p>Design: qualitative study</p> <p>Data Collection: focus groups</p>	<p>Demographic: Age: 59, range of 32–84 years</p> <p>Self-reported cancer stage: Note reported</p> <p>Time since diagnosis: Note reported</p> <p>Treatment: Note reported</p>

		<p>Context: longer-term survivors of breast cancer</p> <p>Setting: Ontario and in both rural and urban settings (Peterborough, Scarborough, Toronto, Windsor, Sudbury, Manitoulin Island, Kenora, Ottawa and Burlington).</p> <p>Country: Canada</p>		
22	Buki L P (2021)	<p>Purpose: to examine the lived experiences of Latina women with breast cancer-related lymphedema.</p> <p>Context: Latina survivors with breast cancer-related lymphedema.</p> <p>Setting: several nonprofit organizations that serve the needs of Latina breast cancer survivors in Florida, New York, and Washington, DC</p> <p>Country: USA</p>	<p>Sample Size: 10</p> <p>Sampling: purposive sampling Method</p> <p>Response Rate: Not reported</p> <p>Design: qualitative study</p> <p>Data Collection: Semi-structured interviews</p>	<p>Demographic:</p> <p>Age: 49(10.04)</p> <p>Self-reported cancer stage: Note reported</p> <p>Time since diagnosis: Note reported</p> <p>Treatment:</p> <p>lumpectomy (n = 4)</p> <p>simple mastectomy(n = 1)</p> <p>lumpectomy and simple mastectomy (n = 1)</p> <p>radical mastectomy (n = 3)</p> <p>simple and radical mastectomy (n = 1)</p>
23	Ankersmid J W (2022)	<p>Purpose: explored how patients experience current information provision and decision-making about post-treatment surveillance after breast cancer.</p> <p>Context: women in the post-treatment surveillance trajectory</p> <p>Setting: seven Dutch teaching hospitals.</p> <p>Country: Netherlands</p>	<p>Sample Size: 22</p> <p>Sampling: purposive sampling Method</p> <p>Response Rate: not reported</p> <p>Design:qualitative study</p> <p>Data Collection: semi-structured interviews</p>	<p>Demographic:</p> <p>Age: 59 (29–78)</p> <p>tumor stage:</p> <ul style="list-style-type: none"> • 1: 11 (50%) • 2: 7 (31.8%) • pTis: 2 (9.1%) • Missing: 2 (9.1%) <p>Differentiation grade:</p> <ul style="list-style-type: none"> • Grade I: 6 (27.3%) • Grade II: 13 (59.1%) • Grade III: 1 (4.5%) • Missing: 2 (9.1%) <p>Time since diagnosis: 3.5 (0.17–8.5)</p> <p>Treatment:</p> <p>Neo-adjuvant chemotherapy: 2 (9.1%)</p> <p>Adjuvant chemotherapy: 7 (31.8%)</p> <p>Radiotherapy: 17 (77.3%)</p> <p>Hormonal therapy: 17 (77.3%)</p> <p>Immunotherapy: 2 (9.1%)</p>
24	Gisiger-Camata et al(2016)	<p>Purpose :to (a) engage rural community leaders, survivors, and providers; (b) analyze and report</p>	<p>Sample Size: n=69</p> <p>Sampling: purposeful sampling method</p> <p>Response Rate: Not</p>	<p>Demographic: Age: mean age of 66 years (range: 54–74 years)</p>

		<p>results of discussion groups to understand survivorship concerns and preferences; (c) integrate discussion group findings to develop, tailor, and deliver Reach Out; and (d) evaluate Reach Out with regard to satisfaction and helpfulness.</p> <p>Context: Rural breast cancer survivors</p> <p>Setting: four rural counties located in Northeast Alabama</p> <p>Country: USA</p>	<p>reported</p> <p>Design: Descriptive cross sectional qualitative study</p> <p>Data Collection: group discussions</p>	<p>Time since diagnosis:</p> <p><1 year: (13%)</p> <p>1–5: (44%)</p> <p>6–10: (16%)</p> <p>11–15: (7%)</p> <p>More than 15: (16%)</p> <p>Not answered: (4%)</p>
25	Pembroke et al (2020)	<p>Purpose: To identify the unmet needs of breast cancer survivors after radiation therapy.</p> <p>Context: All Breast cancer survivors patients considering inclusion and exclusion criteria</p> <p>Setting: outpatient academic radiation oncology practice.</p> <p>Country: USA</p>	<p>Sample Size: 24</p> <p>Sampling: purposeful sampling method</p> <p>Response Rate: n = 24, 66.6% response rate</p> <p>Design: Descriptive cross sectional qualitative study</p> <p>Data Collection: the five domains from the SUNS instrument to inform the open-ended questions</p>	<p>Demographic: Age:</p> <p>35: (2)</p> <p>36–50: (1)</p> <p>51–60: (3)</p> <p>61–70: (7)</p> <p>71 or older (4)</p> <p>Time since treatment:</p> <p>12 months: (7)</p> <p>48 months: (7)</p> <p>96 months : (3)</p> <p>Treatment:</p> <p>Lumpectomy: (11)</p> <p>Unilateral mastectomy without reconstruction: (4)</p> <p>Bilateral mastectomy with reconstruction: (1)</p> <p>Bilateral mastectomy without reconstruction: (1)</p> <p>radiation therapy: (17)</p> <p>Received endocrine therapy: (13)</p> <p>Received chemotherapy: (8)</p> <p>Menopausal status:</p> <p>Postmenopausal: (13)</p> <p>Premenopausal: (3)</p>
26	S.M. Dsouza et al (2017)	<p>Purpose: to explore the experiences and needs of breast cancer survivors.</p> <p>Context: breast cancer survivors</p> <p>Setting: Shirdi Sai Baba hospital, Kasturba Medical College (KMC)</p> <p>Country: India</p>	<p>Sample Size:17</p> <p>Sampling: purposive sampling Method</p> <p>Response Rate: Note reported</p> <p>Design: qualitative study design</p> <p>Data Collection: In-depth interviews</p>	<p>Demographic:</p> <p>Age:</p> <p>>50 7 (41.2)</p> <p>>50 10 (58.8)</p> <p>Self-reported cancer stage:</p> <p>Stage 2: 11 (64.7)</p> <p>Stage 3: 5 (29.4)</p> <p>Stage 4: 1 (15.9)</p> <p>Time since diagnosis:</p> <p>Not reported</p> <p>Treatment:</p> <p>Not reported</p>
27	WILSON, SE et al (2000)	<p>Purpose:</p> <p>The primary aim: to generate ideas about how to improve the lives of rural breast cancer survivors.</p>	<p>Sample Size: 142</p> <p>Sampling: purposeful sampling method</p>	<p>Demographic:</p> <p>Age: 58.49 (10.01)</p> <p>Self-reported cancer stage:</p> <p>In situ 6(%5)</p>

		<p>The secondary aim: to expand existing knowledge of breast cancer survivorship.</p> <p>Context: Rural Breast Cancer Survivors</p> <p>Setting: 20 predominantly rural communities in Washington State.</p> <p>Country: USA</p>	<p>Response Rate: 128 breast cancer survivors, 23 Focus groups</p> <p>Design: qualitative study</p> <p>Data Collection: focus group</p>	<p>Early 46 (%36) Regional 20 (%15) Metastasis 8 (%6) Missing 48 (%38)</p> <p>Time since diagnosis: 7.10 (6.5)</p> <p>Treatment: Radiation 43 (%34) Chemotherapy 41 (%32) Tamoxifen 34 (%27) Missing 10(%7) Initial surgery: Mastectomy 80 (%63) Lumpectomy 33 (%26) Missing 15 (%11)</p>
28	Galván N (2014)	<p>Purpose: (1) At what stage/s of survivorship is social support needed and important?, (2) How do women perceive the influence of social support on their psychosocial adjustment to breast cancer?, (3) What type of support is needed at each stage?, and (4) Who are the sources/providers of support?</p> <p>Context: Latina women breast cancer survivors</p> <p>Setting: nonprofit, communitybased cancer support organization serving Latina breast cancer survivors in the mid-Atlantic region</p> <p>Country: USA</p>	<p>Sample Size: 22</p> <p>Sampling: purposive sampling Method</p> <p>Response Rate: not reported</p> <p>Design: qualitative study</p> <p>Data Collection: focus groups and individual interviews</p>	<p>Demographic: Age: 51(9) Self-reported cancer stage: Not reported Time since diagnosis: Note reorted Treatment: chemotherapy (64%) radiation (54%) lumpectomy: 10(48%) mastectomy: 4 (19%) radical mastectomy: 10 (48%)</p>
29	Cappiello M et al (2007)	<p>Purpose: to describe the information and support needs of women with early-stage breast cancer after treatment</p> <p>Context:</p> <p>Setting: two National Cancer Institute–designated Comprehensive Cancer Centers in the northeastern area of the United States</p> <p>Country:USA</p>	<p>Sample Size: 52</p> <p>Sampling: purposive sampling Method</p> <p>Response Rate: 100%</p> <p>Design :qualitative study</p> <p>Data Collection: semistructured interview</p>	<p>Demographic: Age: 52, 33-80 Self-reported cancer stage: I: 7 (35) II: 9 (45) III: 2 (10) Unknown: 2 (10) Time since diagnosis: 1 year: 4 (%20) 2 years: 11 (%55) 3 years: 0 (%0) 4 years 4 (%20) 5 years 1 (%5)</p> <p>Treatment: Chemotherapy: 20 (100) Hormonal therapy: 15 (75) Radiation 1 to 3 years: 13 (65)</p>

				4 to 5 years: 2 (10)
30	Black et al (2020)	<p>Purpose: examined the unmet sexual and reproductive health needs of breast cancer survivors</p> <p>Context: women diagnosed with breast cancer between the ages of 18 and 45 years and living in North Carolina.</p> <p>Setting: community-based and cancer center-based breast cancer support group meetings, cancer center-based listservs for young breast cancer survivors, and referrals from the advisory committee.</p> <p>Country: USA</p>	<p>Sample Size: 17</p> <p>Sampling: purposeful sampling method</p> <p>Response Rate: note reported</p> <p>Design: Descriptive cross sectional qualitative study</p> <p>Data Collection: in-depth semi-structured interviews</p>	<p>Demographic: Age: 45.8 (7.2)</p> <p>Self-reported cancer stage: Stage 0: (in situ) 2 Stage 1: 4 Stage 2: 7 Stage 3: 3 Unsure: 1</p> <p>Time since diagnosis: <1 year: 2 1 ≤ years < 5: 6 5 ≤ years < 10: 4 ≥10 years: 5</p> <p>Treatment: Lumpectomy 12 Unilateral mastectomy: 3 Bilateral mastectomy: 4 Chemotherapy: 11 Radiation: 12 Breast reconstruction: 5 Adjuvant endocrine therapy: 1</p>
31	Tanjasiri S P (2011)	<p>Purpose: to report on the cultural dimensions of social support among Samoan breast cancer survivors in Southern California.</p> <p>Context: Samoan Breast Cancer Survivors</p> <p>Setting: the Samoan National Nurses Association (SNNA) and the California State University, Fullerton (CSUF).</p> <p>Country: USA</p>	<p>Sample Size: 24</p> <p>Sampling: purposeful sampling</p> <p>Response Rate: : (n = 20, response rate = 83.3 %)</p> <p>Design: qualitative cross-sectional retrospective study,</p> <p>Data Collection: In-depth, interviews</p>	<p>Demographic: Age: 30-49 years: 4 (%20.0) 50+ years: 16 (%80.0)</p> <p>Self-reported cancer stage: Early (Stage I or II): 14 (%70.0) Middle (Stage III): 4 (%20.0) Late (Stage IV): 2 (%10.0)</p> <p>Time since diagnosis: < 5 years: 8 (%40.0) 6-10 years: 6 (%30.0) 11+ years: 6 (%30.0)</p> <p>Treatment: Not reported</p>
32	Adams N et al (2015)	<p>Purpose: to explore the survivorship experience, concerns, and needs of African American Breast Cancer Survivors</p> <p>Context: African American Breast Cancer Survivors</p> <p>Setting: three Black Belt counties</p> <p>Country: USA</p>	<p>Sample Size: 15</p> <p>Sampling: purposeful sampling</p> <p>Response Rate: Not reported</p> <p>Design: qualitative research design</p> <p>Data Collection: focus groups and individual interview</p>	<p>Demographic: Age: 56(10.7%)</p> <p>Self-reported cancer stage: not reported</p> <p>Time since diagnosis: 5 years in survivorship (range 0–16 years; SD 5.7 years).</p> <p>Treatment: Not reported</p>
33	Hubbeling H G (2017)	<p>Purpose: to describe the psychosocial needs of young breast cancer survivors</p> <p>Context: young breast cancer survivors</p>	<p>Sample Size: 25</p> <p>Sampling: purposive sampling Method</p> <p>Response Rate: note reported</p> <p>Design: qualitative study</p> <p>Data Collection: semi-structured interviews</p>	<p>Demographic: Age: 43.4, 37±53</p> <p>Self-reported cancer stage: I-II: 18/25 (72%) III: 7/25 (28%)</p> <p>Time since diagnosis: 7.2, 5±14</p>

		<p>Setting: the National Cancer Institute (Instituto Nacional de Cancerolog oÁa, INCan) Country: Mexico City, Mexico</p>		<p>Treatment: Mastectomy with reconstruction: 6/25 (24%) Mastectomy without reconstruction: 15/25 (60%) Breast conserving surgery: 4/25 (16%) Chemotherapy: 24/25 (96%) Radiation: 19/25 (76%) Hormonal Therapy: 15/25 (60%)</p>
34	kim et al (2020)	<p>Purpose: to explore the Self management needs of BCSs who had completed treatment. Context: Setting: large, university-based hospital in Incheon, South Korea. Country: Korea</p>	<p>Sample Size: 20 Sampling: purposeful sampling method Response Rate: not reported Design: qualitative study Data Collection: focus group interviews</p>	<p>Demographic: Age: 56.0 (6.4) Self-reported cancer stage: I: 3 (15.0) II: 6 (30.0) III: 11 (55.0) Time since diagnosis: 3.4 (1.3) Treatment: Surgery: 20 (100.0) Chemotherapy: 20 (100.0) Radiation therapy: 17 (85.0) Targeted therapy: 5 (25.0) Menopausal status:</p>
35	Lee et al (2013)	<p>Purpose: describe Asian American women’s perceptions of quality of life and their breast cancer experiences. Context: Chinese and Korean American breast cancer survivors, as well as oncologists who provide care for Asian American breast cancer patients Setting: community-based organizations located in the Washington, DC metropolitan area Country:USA</p>	<p>Sample Size: nine breast cancer survivors (four Chinese and five Korean Americans) and three oncologists Sampling: purposeful sampling method Response Rate: note reported Design: qualitative study Data Collection: In-depth interviews</p>	<p>Demographic: Age: 53.7 (8.2) Self-reported cancer stage: 1: 2 (22.2%) 2: 5 (55.6%) 3: 1 (11.1%) 4: 1 (11.1%) Time since diagnosis: 1.9 (1.5) Treatment: Ongoing: 1 (11.1%) Completed: 8 (88.9%)</p>
36	THEWES ET AL (2004)	<p>Purpose: 1. Gather preliminary qualitative data on the needs of breast cancer survivors; and 2. Identify the shared and unique psychosocial needs of ‘younger’ and ‘older’ breast cancer survivors. Context: breast cancer survivors Setting: the radiation oncology department</p>	<p>Sample Size:23 Sampling: purposive sampling Method Response Rate: (n = 18, response rate = 78%) Design: qualitative study Data Collection: telephone interviews</p>	<p>Demographic: Age: mean: 54.9 Self-reported cancer stage: I:12 II: 6 Treatment: Lumpectomy CH+RT: 3 Lumpectomy RT+Tam:2 Lumpectomy RT:8 Lumpectomy CH+RT+Tam:2 Mastectomy RT+Tam:1 Mastectomy CH+RT: 2</p>

		of a major teaching hospital in Sydney Country: Australia		
37	Kwok C (2014)	Purpose: to explore the perceptions of information needs and social support among Chinese-Australian breast cancer survivors and how these resources impacted their cancer experience. Context: Chinese-Australian women diagnosed with breast cancer Setting: Chinese cancer support group in Sydney Country: Australia	Sample Size: 23 Sampling: purposeful sampling Response Rate: note reported Design: qualitative study Data Collection: Three focus groups	Demographic: Age: 56 (2.5) Self-reported cancer stage: Stage 0: 5 (21.7) Stage 1: 6 (26.1) Stage 2: 6 (26.1) Stage 3: 4 (17.4) Stage 4: 2 (8.6) Time since diagnosis: <1 year: 6 (26.1) 1–2 years: 11 (47.8) 2–3 years: 5 (21.7) 3–4 years: 1 (4.3) Treatment: Note reported
38	Wells K J (2021)	Purpose: underserved BrCS whose unmet supportive care needs can result in worse physical and mental health outcomes, compare healthcare and support providers' perceptions of BrCS' needs to survivors' perceptions of their own needs. Context: breast cancer survivors Setting: National Cancer Institute-designated comprehensive cancer center Country: USA	Sample Size: Survivors: 69 Stakeholders: 27 Sampling: purposeful sampling Response Rate: Survivors : (n = 25, response rate =36 %) Stakeholders: (n = 20, response rate =74 %) Design: cross-sectional qualitative study Data Collection: Semi-structured in-depth interviews	Demographic: Age: Survivors: 59.92 (6.82). Stakeholders: 45.80 (12.27). Self-reported cancer stage: Not reported Time since diagnosis: Note reported Treatment: Not reported
39	Shaw M D (2008)	Purpose: (a) What are the most important needs of Black breast cancer survivors? (b) What are the physical well-being needs of Black breast cancer survivors? (c) What are the social wellbeing needs of Black breast cancer survivors? (d) What are the psychological (emotional) well-being needs of Black breast cancer survivors? (e) What are the spiritual well-being needs of Black breast cancer survivors? and (f) What are the financial well-being needs of Black Breast cancer survivors? Context: Black breast cancer survivors	Sample Size: 140 Sampling: convenience Response Rate: (n = 62, response rate = 43 %) Design: qualitative study Data Collection: the Delphi technique	Demographic: Age: 30-39: 11 (7.9) 40-49: 38 (27.2) 50-59: 49 (34.8) 60-69: 29 (20.8) 70-79: 12 (8.4) >80: 1 (0.7) Self-reported cancer stage: Not reported Time since diagnosis: Not reported Treatment: Not reported

		<p>Setting: three geographic regions of the United States Country: USA</p>		
40	Ridner et al (2016)	<p>Purpose: To solicit breast cancer survivors' perspectives on the variety of issues they face related to lymphedema selfcare and identify support needs perceived as critical for managing their chronic medical condition. Context: breast cancer survivors with lymphedema Setting: Vanderbilt University School of Nursing in Nashville, TN. Country: USA</p>	<p>Sample Size:21 Sampling: purposeful sampling method Response Rate: Note reported Design: qualitative, descriptive design Data Collection: focus groups</p>	<p>Demographic: Age: 53.8 (6.8) Treatment: Chemotherapy: 20 (95.2) Radiation therapy: 16 (76.2) Hormone inhibitors: 13 (61.9) Surgery + radiation + chemo: 15 (71.4) Menopausal status: Pre-menopausal: 3 (14.3) Post-menopausal: 18 (85.7)</p>