### Supplementary Table 1: Characteristics of the included studies

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Purpose and context</th>
<th>METHODS</th>
<th>Participant characteristics</th>
</tr>
</thead>
</table>
| 1 Befort et al   | **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. **Context**: patients treated for breast cancer within the past six years **Setting**: three rural Cancer Center **Country**: USA, kansas | **Sample Size**: 1100  
**Sampling**: convenience  
**Response Rate**: n = 918, 83% response rate  
**Design**: cross sectional Descriptive study  
**Data Collection**: weight history questionnaire used in the National Health and Nutrition Examination Survey (NHANES) | **Demographic**: Age: 65.9 ± 13.1  
**Self-reported cancer stage**: Stage I–III 395 (43%)  
Stage IV 105 (11%)  
Unknown 364 (40%)  
**Time since diagnosis**: 3.2 ± 2.6  
**Treatment**: Currently taking anti-hormone treatment 412 (45%)  
**Menopausal status**: Post-menopausal 865 (95%)  
Peri-menopausal 23 (2%)  
Pre-menopausal 26 (3%) |
| 2 Sleight et al  | **Purpose**: investigate the supportive care needs of a sample of low-income Latina breast cancer survivors. **Context**: Spanish-speaking breast cancer survivors **Setting**: Los Angeles County + USC Medical Center (LAC+USC) Oncology Clinic. **Country**: USA | **Sample Size**: 102  
**Sampling**: convenience  
**Response Rate**: n = 99  
**Design**: cross sectional Descriptive study  
**Data Collection**: the supportive care needs survey (SCNS-SF34) | **Demographic**: Age: Mean (SD): 54.0 (8.6)  
30–39: 5  
40–49: 27  
50–59: 38  
60–69: 26  
70–79: 2  
**Stage of cancer**: Stage 1: 29  
Stage 2: 19  
Stage 3: 2  
Stage 4: 1  
Unknown: 29  
**Time since diagnosis**: mean (SD): 4.52 (2.61)  
**Treatment**: Surgery, radiation, and chemo: 49  
Surgery and radiation: 19  
Surgery and chemo: 13  
Surgery: 13  
Radiation: 4  
Chemo: 1 |
| 3 Autade Y      | **Purpose**: To determine the prevalence of post-treatment unmet needs and association between unmet needs of breast cancer survivors with selected demographic variables **Context**: breast cancer survivors **Setting**: oncology wards and tertiary care hospitals' outpatient departments **Country**: India. | **Sample Size**:147  
**Sampling**: non-probability sampling  
**Response Rate**: n = 120, 81.6% response rate  
**Design**: Descriptive research study  
**Data Collection**: the breast cancer survivor needs assessment questionnaire | **Demographic**: Age: 18–22: 1  
23–26: 3  
27–31: 10  
32–36: 8  
37–45: 28  
45–50: 32  
above 50: 38  
**Self-reported cancer stage**: Stage I: 87  
Stage II: 33  
**Time since diagnosis**: Treatment: Chemotherapy:119 |
<table>
<thead>
<tr>
<th>Study</th>
<th>Year</th>
<th>Purpose</th>
<th>Sample Size</th>
<th>Demographic: Age</th>
<th>Treatment</th>
</tr>
</thead>
</table>
| 4     | Chae et al (2019) | **Purpose:** to investigate the unmet needs and related factors of Korean breast cancer survivors.  
 **Context:** Six medical centers (Chonbuk National University Hospital, National Cancer Center, Samsung Medical Center, Myongji Hospital, Soonchunhyang University Seoul and Bucheon Hospital)  
 **Country:** Korea | **Sample Size:** 332  
 **Sampling:** Convenience  
 **Response Rate:** n = 320, 96.1% response rate  
 **Data Collection:** Comprehensive Needs Assessment Tool (CNAT) | **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)  
 **Design:** Multicenter, cross-sectional, interview survey  
 **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) | **Quantitative:**  
 0: 35 (14.0)  
 1-2: 175 (70.5)  
 3-4: 39 (15.6)  
 **Qualitative:**  
 0: 5 (8.3)  
 1-2: 46 (76.7)  
 3-4: 9 (15) |
| 5     | Cheng et al (2018) | **Purpose:** to explore the supportive care needs of breast cancer survivors (BCS) in the first five years post-treatment.  
 **Context:** University-affiliated hospital  
 **Country:** Singapore | **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 | **Demographic:** Age:  
 Quantitative: 54.7±8.2  
 Qualitative: 55.3±7.6  
 **Self-reported cancer stage:**  
 Quantitative: 0: 35 (44.7)  
 1-2: 175 (70.7)  
 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: 27 (13.3)  
 Radiotherapy: 50 (25.0)  
 Chemo-radiotherapy: 27 (45.0) |
|   | Lee et al (2021) | Purpose: Investigate the accuracy of physicians’ awareness of breast cancer survivors’ unmet needs in Korea. | Sample Size: 106 physicians and 320 Korean breast cancer survivors | Demographic: Age: Note reported |
|   |                | Context: physicians and breast cancer survivors | Sampling: convenience Response Rate: not reported Design: cross-sectional interview survey Data Collection: Comprehensive Needs Assessment Tool (CNAT) | Self-reported cancer stage: Note reported |
|   |                | Setting: 6 medical centers in Korea: Jeonbuk National University Hospital, National Cancer Center, Samsung Medical Center, Myongji Hospital, Soonchunhyang University Seoul and Bucheon Hospital. Country: Korea | | Time since diagnosis: Note reported |
|   |                | Country: Korea | | Treatment: Note reported |

|   | Pauwels et al (2013) | 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. | Sample Size: 547 | Demographic: Age: 51.87 (8.16) |
|   |                | Context: Breast cancer survivors | Sampling: convenience Response Rate: (n = 465, response rate = 65%) Design: A large-scale cross-sectional study Data Collection: assess the care needs of breast cancer survivors | Self-reported cancer stage: Note reported |
|   |                | Setting: both large teaching and smaller regional hospitals. Country: Belgium | | Weeks post-treatment 14.17 (7.43) |

<p>|   | Vuksanovic et al (2021) | 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. | Sample Size: 185 | Demographic: Age: 25-45: 15 46-65: 71 &gt;65: 44 |
|   |                | Context: females with a history of breast cancer diagnosis Setting: the Gold Coast Hospital and Health Service (GCHHS) | Sampling: convenience Response Rate: (n = 130, response rate = 70.2%) Design: cross-sectional prospective cohort study Data Collection: Cancer Survivors Unmet Needs Questionnaire (CaSUN) | Time since diagnosis: 37.3 months |
|   |                | | Treatment: Hormonal treatment: 71 | |</p>
<table>
<thead>
<tr>
<th>No.</th>
<th>Study</th>
<th>Country</th>
<th>Purpose</th>
<th>Sample Size</th>
<th>Demographic</th>
<th>Self-reported cancer stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Fong E J (2016)</td>
<td>Australia</td>
<td>to determine the prevalence of unmet supportive care needs and its associated factors among the breast cancer survivors</td>
<td>101</td>
<td>Age: 57.9 (9.53)</td>
<td>Early stage (Stages I and II) 79 (80.6)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Later stage (Stages III and IV) 19 (19.4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Do not know 3 (3.0)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Time since diagnosis: 8.2 (5.72)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Treatment:</td>
<td>No current active treatment 73 (72.3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Undergoing active treatment 28 (27.7)</td>
</tr>
<tr>
<td>10</td>
<td>Y.-H. Chou et al (2020)</td>
<td>Malaysia</td>
<td>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.</td>
<td>1193</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Age: &lt;45: 308 (27.3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>46-55: 437 (38.7)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>56-65: 272 (24.1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&gt;66: 112 (9.9)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Self-reported cancer stage:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>I: 255 (22.6)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>II: 554 (49.1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>III: 238 (21.1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>IV: 82 (7.2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Time since diagnosis:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Treatment phase:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Newly diagnosed: 194 (17.2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>In-treatment: 693 (61.4)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Relapse: 73 (6.4)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Follow-up: 161 (14.3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Terminal care: 8 (0.7)</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Cheng KK et al (2014)</td>
<td>Singapore</td>
<td>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.</td>
<td>324</td>
<td>Age: 55.1 (8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Self-reported cancer stage:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Stage 0: 17 (11.3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Stage 1-2: 109 (72.7)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Stage 3-4: 23 (15.3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Time since diagnosis:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&lt;2 years: 62 (41.3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2-5 years: 88 (58.7)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Treatment:</td>
<td>Chemotherapy: 20 (13.3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Radiotherapy: 34 (22.7)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Chemo-radiotherapy: 71 (47.3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Menopausal status:</td>
<td>Pre-menopausal: 19 (12.7)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Post-menopausal: 131 (87.3)</td>
<td></td>
</tr>
</tbody>
</table>

Notes: Country: Australia

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)

Fong E J (2016) purpose: to determine the prevalence of unmet supportive care needs and its associated factors among the breast cancer survivors

Sample Size: 101
Sampling: Census sampling
Design: descriptive cross-sectional study
Data Collection: The 34-item short-form Supportive Care Needs Survey (SCNS-SF34)

Country: Malaysia

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

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

Country: Taiwan

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

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).

Country: Singapore

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)
<table>
<thead>
<tr>
<th>Study</th>
<th>Authors</th>
<th>Demographic</th>
<th>Purpose</th>
<th>Sample Size</th>
<th>Sampling</th>
<th>Response Rate</th>
<th>Design</th>
<th>Data Collection</th>
<th>Context</th>
<th>Setting</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Ellegaarda MB B et al (2016)</td>
<td>Age: mean: 63</td>
<td>to determine the frequency of needs and FCR among women treated for primary breast cancer</td>
<td>194</td>
<td>convenience</td>
<td>(n = 155, response rate = 79 %)</td>
<td>cross-sectional questionnaire study</td>
<td>the questionnaires CaSUN, Concerns About Recurrence of Cancer (CARQ-4)</td>
<td>breast cancer survivors</td>
<td>Department of Oncology, Aarhus University Hospital</td>
<td>Denmark</td>
</tr>
<tr>
<td>13</td>
<td>BRENNAN ME (2016)</td>
<td>Age: 56.0 (25–84)</td>
<td>to identify specific areas (in quality of life, unmet needs and cancer care coordination domains)</td>
<td>68</td>
<td>not reported</td>
<td>cross-sectional study</td>
<td>Cancer Survivors Unmet Needs (CaSUN) questionnaire, Functional Assessment of Cancer Therapy-Breast questionnaire (FACT-B, version 4), Endocrine Subscale (ES), the Patient Satisfaction Scale</td>
<td>breast cancer survivors</td>
<td>public and private health settings</td>
<td>Australia</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Bu et al (2022)</td>
<td>Age: 57.34 (9.66)</td>
<td>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.</td>
<td>1210</td>
<td>Cluster random sampling</td>
<td>not reported</td>
<td>A multicentre cross-sectional survey</td>
<td>the Cancer Survivor Profile-Breast Cancer (CSPro-BC)</td>
<td>breast cancer survivors</td>
<td>cancer hospitals from 10 provinces (Hunan, Guangxi, Beijing, Jiangxi, Henan, Guizhou, Guangdong, Hebei, Xinjiang, and Zhejiang)</td>
<td>China</td>
</tr>
<tr>
<td>15</td>
<td>Fang et al (2017)</td>
<td>Age: 57.34 (9.66)</td>
<td>to understand the care</td>
<td>237</td>
<td>convenience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Design
- correlational study

### Data Collection
- Cancer Survivors’ Unmet Needs Questionnaire (CaSUN)

### Response Rate
- (n = 192, response rate = 81%)

### 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)

### Sample Size:
- 163

### Sampling:
- convenience

### 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

---

### Demographic:
- Age: 51.0 (9.2)
- Self-reported cancer stage:
  - 0-I: 129 (79.1%)
  - > III: 34 (20.9%)

### Time since diagnosis (months):
- 14 (11-19)

### Treatment:
- Receiving hormone treatment: 113 (69.8%)

---

### 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)

---

### Demographic:
- Age: 61 (range 32–88 years)
- Self-reported cancer stage:
  - 3.9 years (range 2–10 years)

### 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)
<table>
<thead>
<tr>
<th>Page</th>
<th>Author</th>
<th>Study Details</th>
<th>Sample Size</th>
<th>Demographic</th>
<th>Self-reported cancer stage</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Arroyo O M (2018)</td>
<td>Purpose: to analyze the prevalence and sociodemographic and medical risk factors of clinical distress. Context: survivors of breast cancer Setting: different medical institutions and cancer patient associations Country: Spain</td>
<td>Sample Size: 555</td>
<td>Age: 46.45, range of 32–84 years</td>
<td>Self-reported cancer stage: Not reported</td>
<td>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)</td>
</tr>
<tr>
<td>20</td>
<td>Park B W (2012)</td>
<td>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 Context: Breast Cancer Patients Relative to Survival Duration Setting: Yonsei University Severance Hospital Breast Cancer Clinic Country: Korea</td>
<td>Sample Size: 1,250</td>
<td>Age: 46.45</td>
<td>Self-reported cancer stage: Not reported</td>
<td>Treatment: Radiation therapy: 618 (57%) Hormone therapy: 765 (70%) Chemotherapy: 266 (64.7)</td>
</tr>
<tr>
<td>21</td>
<td>Gray R E et al (1998)</td>
<td>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.</td>
<td>Sample Size: 70</td>
<td>Age: 59, range of 32–84 years</td>
<td>Self-reported cancer stage: Note reported</td>
<td>Treatment: Note reported</td>
</tr>
</tbody>
</table>

Note: BMJ Publishing Group Limited (BMJ) disclaims all liability and responsibility arising from any reliance placed on this supplemental material which has been supplied by the author(s)
<table>
<thead>
<tr>
<th>Reference</th>
<th>Context</th>
<th>Purpose</th>
<th>Sample Size</th>
<th>Demographic</th>
<th>Self-reported cancer stage</th>
<th>Time since diagnosis</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buki L P (2021)</td>
<td>longer-term survivors of breast cancer</td>
<td>to examine the lived experiences of Latina women with breast cancer-related lymphedema.</td>
<td>10</td>
<td>Age: 49 (10.04)</td>
<td>Not reported</td>
<td>Not reported</td>
<td>lumpectomy (n = 4) simple mastectomy (n = 1) lumpectomy and simple mastectomy (n = 1) radical mastectomy (n = 3) simple and radical mastectomy (n = 1)</td>
</tr>
<tr>
<td>Ankersmid J W (2022)</td>
<td>women in the post-treatment surveillance trajectory</td>
<td>explored how patients experience current information provision and decision-making about post-treatment surveillance after breast cancer.</td>
<td>22</td>
<td>Age: 59 (29–78)</td>
<td>Not reported</td>
<td>Not reported</td>
<td>Neo-adjuvant chemotherapy: 2 (9.1%) Adjuvant chemotherapy: 7 (31.8%) Radiotherapy: 17 (77.3%) Hormonal therapy: 17 (77.3%) Immunotherapy: 2 (9.1%)</td>
</tr>
<tr>
<td>Gisiger-Camata et al (2016)</td>
<td>to (a) engage rural community leaders, survivors, and providers; (b) analyze and report</td>
<td></td>
<td>n=69</td>
<td>mean age of 66 years (range: 54–74 years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study</td>
<td>Authors</td>
<td>Purpose</td>
<td>Context</td>
<td>Setting</td>
<td>Country</td>
<td>Sample Size</td>
<td>Sampling</td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>-------------</td>
<td>----------</td>
</tr>
<tr>
<td>25</td>
<td>Pembroke et al (2020)</td>
<td>To identify the unmet needs of breast cancer survivors after radiation therapy.</td>
<td>Rural breast cancer survivors</td>
<td>Rural counties located in Northeast Alabama</td>
<td>USA</td>
<td>24</td>
<td>Purposive sampling</td>
</tr>
<tr>
<td>26</td>
<td>S.M. Dsouza et al (2017)</td>
<td>To explore the experiences and needs of breast cancer survivors.</td>
<td>Breast cancer survivors</td>
<td>Outpatient academic radiation oncology practice</td>
<td>India</td>
<td>142</td>
<td>Purposive sampling</td>
</tr>
<tr>
<td>27</td>
<td>WILSON, SE et al (2000)</td>
<td>The primary aim: to generate ideas about how to improve the lives of rural breast cancer survivors.</td>
<td>Rural breast cancer survivors</td>
<td>Outpatient academic radiation oncology practice</td>
<td>USA</td>
<td>142</td>
<td>Purposive sampling</td>
</tr>
</tbody>
</table>

Design: Descriptive cross sectional qualitative study
Data Collection: group discussions

Demographic: Age:
- >50: 41.2%
- >60: 38.8%

Self-reported cancer stage:
- Stage 1: 64.7%
- Stage 2: 29.4%
- Stage 3: 5.9%

Time since diagnosis:
- <1 year: (13%)
- 1–5: (44%)
- 6–10: (16%)
- 11–15: (7%)
- More than 15: (16%)
- Not answered: (4%)

Time since treatment:
- 12 months: (7)
- 48 months: (7)
- 96 months: (3)

Treatment:
- Lumpectomy: (11)
- Mastectomy with reconstruction: (1)
- Mastectomy without reconstruction: (1)
- Radiation therapy: (17)
- Chemotherapy: (13)
- Hormone therapy: (8)

Menopausal status:
- Postmenopausal: (13)
- Premenopausal: (3)
| Country: USA | Response Rate: 128 breast cancer survivors, 23 Focus groups | Early 46 (%36)  
Regional 20 (%15)  
Metastasis 8 (%6)  
Missing 48 (%38)  
Time since diagnosis: 7.10 (6.5)  
Treatment: Radiation 43 (%34)  
Chemotherapy 41 (%32)  
Tamoxifen 34 (%27)  
Missing 10 (%7)  
Initial surgery: Mastectomy 80 (%63)  
Lumpectomy 33 (%26)  
Missing 15 (%11) |
|---|---|---|
| Galván N (2014) | **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?  
**Context:** Latina women breast cancer survivors  
**Setting:** nonprofit, community-based cancer support organization serving Latina breast cancer survivors in the mid-Atlantic region  
**Sample Size:** 22  
**Sampling:** purposive sampling  
**Method** Response Rate: not reported  
**Design:** qualitative study  
**Data Collection:** focus groups and individual interviews  
**Demographic:**  
**Age:** 51(9)  
**Self-reported cancer stage:** Not reported  
**Time since diagnosis:** Note reported  
**Treatment:** chemotherapy (64%)  
radiation (54%)  
lumpectomy: 10(48%)  
mastectomy: 4 (19%)  
radical mastectomy: 10 (48%) |  
| Cappiello M et al (2007) | **Purpose:** to describe the information and support needs of women with early-stage breast cancer after treatment  
**Context:**  
**Setting:** two National Cancer Institute–designated Comprehensive Cancer Centers in the northeastern area of the United States  
**Sample Size:** 24  
**Sampling:** purposive sampling  
**Method** Response Rate:  
**Design:** qualitative study  
**Data Collection:** semistructured interview  
**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)  
**Treatment:**  
Chemotherapy: 20 (100)  
Hormonal therapy: 15 (75)  
Radiation 1 to 3 years: 13 (65) |
<table>
<thead>
<tr>
<th>Study ID</th>
<th>Authors</th>
<th>Study Purpose</th>
<th>Sample Size</th>
<th>Sampling</th>
<th>Response Rate</th>
<th>Design</th>
<th>Data Collection</th>
<th>Demographic: Age</th>
<th>Self-reported cancer stage</th>
<th>Time since diagnosis</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Black et al (2020)</td>
<td>Purpose: examined the unmet sexual and reproductive health needs of breast cancer survivors</td>
<td>17</td>
<td>purposeful sampling method</td>
<td>not reported</td>
<td>Descriptive cross-sectional qualitative study</td>
<td>In-depth semi-structured interviews</td>
<td>45.8 (7.2)</td>
<td>Stage 0: (in situ) 2</td>
<td>&lt;1 year: 2</td>
<td>Lumpectomy 12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Stage 1: 4</td>
<td>1 ≤ years &lt; 5: 6</td>
<td>1 ≤ years &lt; 10: 4</td>
<td>Unilateral mastectomy: 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Stage 2: 7</td>
<td>≥10 years: 5</td>
<td></td>
<td>Bilateral mastectomy: 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Stage 3: 3</td>
<td></td>
<td></td>
<td>Chemotherapy: 11</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unsure: 1</td>
<td></td>
<td></td>
<td>Radiation: 12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Breast reconstruction: 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Adjuvant endocrine therapy: 1</td>
</tr>
<tr>
<td>31</td>
<td>Tanjasiri S P (2011)</td>
<td>Purpose: to report on the cultural dimensions of social support among Samoan breast cancer survivors in Southern California</td>
<td>24</td>
<td>purposeful sampling method</td>
<td>not reported</td>
<td>Qualitative cross-sectional retrospective study</td>
<td>In-depth, interviews</td>
<td>56(10.7%)</td>
<td>Early (Stage I or II): 14</td>
<td>&lt;5 years: 8</td>
<td>Not reported</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Middle (Stage III): 4</td>
<td>6-10 years: 6</td>
<td></td>
<td>Chemotherapy: 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Late (Stage IV): 2</td>
<td>11+ years: 6</td>
<td></td>
<td>Radiation: 12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Breast reconstruction: 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Adjuvant endocrine therapy: 1</td>
</tr>
<tr>
<td>32</td>
<td>Adams N et al (2015)</td>
<td>Purpose: to explore the survivorship experience, concerns, and needs of African American Breast Cancer Survivors</td>
<td>15</td>
<td>purposeful sampling method</td>
<td>Not reported</td>
<td>Qualitative research design</td>
<td>Focus groups and individual interview</td>
<td>56(10.7%)</td>
<td>Age: 56</td>
<td>Not reported</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Self-reported cancer stage:</td>
<td></td>
<td></td>
<td>Treatment:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>not reported</td>
<td></td>
<td>Not reported</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Time since diagnosis:</td>
<td>5 years in survivorship (range 0–16 years; SD 5.7 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Hubbeling H G (2017)</td>
<td>Purpose: to describe the psychosocial needs of young breast cancer survivors</td>
<td>25</td>
<td>purposeful sampling method</td>
<td>note reported</td>
<td>Qualitative study</td>
<td>Semi-structured interviews</td>
<td>43.4, 37±53</td>
<td>Stage I-II: 18/25 (72%)</td>
<td>Time since diagnosis:</td>
<td>Not reported</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Stage III: 7/25 (28%)</td>
<td>7.2, 5±14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study</td>
<td>Purpose</td>
<td>Setting</td>
<td>Country</td>
<td>Demographic</td>
<td>Treatment</td>
<td>Sample Size</td>
<td>Sampling</td>
<td>Response Rate</td>
<td>Design</td>
<td>Data Collection</td>
<td>Relationship</td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>-------------</td>
<td>-----------</td>
<td>-------------</td>
<td>----------</td>
<td>---------------</td>
<td>--------</td>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>34</td>
<td>to explore the Self management needs of BCSs who had completed treatment.</td>
<td>the National Cancer Institute (Instituto Nacional de Cancerolog ëÃã, INCan)</td>
<td>Mexico City, Mexico</td>
<td>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%)</td>
<td>Setting: large, university-based hospital in Incheon, South Korea.</td>
<td>Sample Size: 20</td>
<td>purposeful sampling method</td>
<td>not reported</td>
<td>qualitative study</td>
<td>focus group interviews</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>describe Asian American women’s perceptions of quality of life and their breast cancer experiences.</td>
<td>Kim et al. (2020)</td>
<td>Korea</td>
<td>Demographic: Age: 56.0 (6.4) Self-reported cancer stage: E: 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:</td>
<td>Setting: large, university-based hospital in Incheon, South Korea.</td>
<td>Sample Size: nine breast cancer survivors (four Chinese and five Korean Americans) and three oncologists</td>
<td>purposeful sampling method</td>
<td>note reported</td>
<td>qualitative study</td>
<td>In-depth interviews</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>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.</td>
<td>Lee et al. (2013)</td>
<td>USA</td>
<td>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%)</td>
<td>Setting: community-based organizations located in the Washington, DC metropolitan area</td>
<td>Sample Size: 23</td>
<td>purposive sampling method</td>
<td>note reported</td>
<td>qualitative study</td>
<td>telephone interviews</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>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.</td>
<td>Thewes et al. (2004)</td>
<td>USA</td>
<td>Demographic: Age: mean: 54.9 Self-reported cancer stage: I:12 II: 6</td>
<td>Setting: the radiation oncology department</td>
<td>Sample Size: 23</td>
<td>purposive sampling method</td>
<td>(n = 18, response rate = 78%)</td>
<td>qualitative study</td>
<td>telephone interviews</td>
<td></td>
</tr>
<tr>
<td>Page</td>
<td>Author</td>
<td>Year</td>
<td>Purpose</td>
<td>Sample Size</td>
<td>Demographic</td>
<td>Age</td>
<td>Self-reported cancer stage</td>
<td>Response Rate</td>
<td>Design</td>
<td>Data Collection</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>--------</td>
<td>------</td>
<td>---------</td>
<td>-------------</td>
<td>-------------</td>
<td>-----</td>
<td>----------------------------</td>
<td>-------------</td>
<td>--------</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Kwok C</td>
<td>2014</td>
<td>to explore the perceptions of information needs and social support among Chinese-Australian breast cancer survivors and how these resources impacted their cancer experience.</td>
<td>23</td>
<td></td>
<td>56 (2.5)</td>
<td></td>
<td>qualitative study</td>
<td>Three focus groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Wells K J</td>
<td>2021</td>
<td>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.</td>
<td>69</td>
<td></td>
<td>30-39: 11 (7.9)</td>
<td></td>
<td>qualitative study</td>
<td>Semi-structured in-depth interviews</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Shaw M D</td>
<td>2008</td>
<td>(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?</td>
<td></td>
<td></td>
<td></td>
<td>qualitative study</td>
<td>the Delphi technique</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study</td>
<td>Authors</td>
<td>Year</td>
<td>Setting</td>
<td>Purpose</td>
<td>Sample Size</td>
<td>Sampling</td>
<td>Response Rate</td>
<td>Design</td>
<td>Data Collection</td>
<td>Demographic</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>------</td>
<td>---------</td>
<td>---------</td>
<td>-------------</td>
<td>----------</td>
<td>---------------</td>
<td>--------</td>
<td>----------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Ridner et al (2016)</td>
<td>2016</td>
<td>USA</td>
<td>Three geographic regions of the United States</td>
<td>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.</td>
<td>21</td>
<td>Purposeful sampling method</td>
<td>Note reported</td>
<td>Qualitative, descriptive design</td>
<td>Focus groups</td>
<td></td>
</tr>
</tbody>
</table>

**Context:** Breast cancer survivors with lymphedema
**Setting:** Vanderbilt University School of Nursing in Nashville, TN.
**Country:** USA

**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)