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EXPLORING PATIENT EXPERIENCES AND PSYCHOSOCIAL CHALLENGES DURING DIAGNOSIS AND TREATMENT JOURNEY OF BREAST CANCER IN WOMEN

Original Research

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ABSTRACT

Background: Breast cancer remains the most prevalent malignancy among women and is associated with profound emotional and psychosocial consequences. While survival rates have improved, the psychological and social burden continues to affect women's quality of life, particularly in low- and middle-income countries such as Pakistan. Understanding patient perspectives and coping mechanisms is essential to enhance holistic and culturally sensitive cancer care.

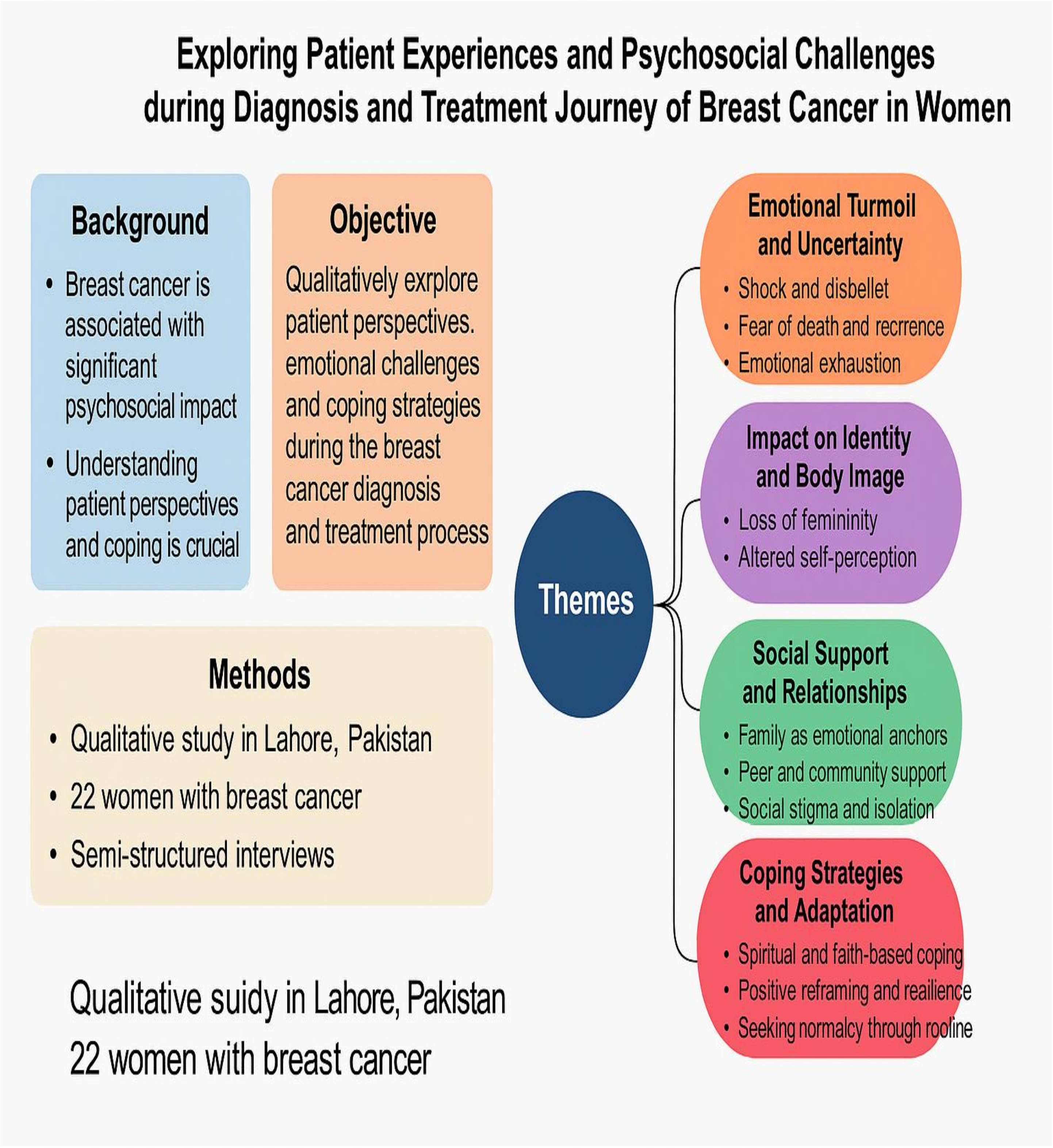
Objective: To qualitatively explore patient perspectives, emotional challenges, and coping strategies during the diagnosis and treatment journey of breast cancer among women in the Lahore region of Pakistan.

Methods: An interpretative phenomenological approach was employed over eight months in tertiary care hospitals and oncology centers in Lahore. Using purposive sampling, 22 women aged 25 years and above, diagnosed with breast cancer within the past 18 months, were interviewed through semi-structured, in-depth sessions. Data were analyzed thematically following Braun and Clarke's framework using NVivo 12 software. Ethical approval and informed consent were obtained prior to participation.

Results: Five overarching themes and thirteen subthemes emerged: emotional turmoil and uncertainty (shock, fear, and exhaustion), impact on identity and body image (loss of femininity and altered self-view), social support and relationships (family strength, community care, and stigma), coping strategies and adaptation (spiritual reliance, positive reframing, and routine rebuilding), and healthcare experiences and expectations (empathy, communication, and unmet psychosocial needs). Participants expressed distress yet demonstrated resilience through faith, family, and optimism.

Conclusion: Women with breast cancer in Lahore face emotional, social, and existential challenges throughout their illness journey. Culturally tailored psychosocial interventions addressing these five thematic domains are vital to improve holistic cancer care and patient well-being.

Keywords: Body Image, Breast Cancer, Coping Strategies, Emotional Distress, Pakistan, Phenomenology, Psychosocial Challenges, Qualitative Research, Social Support, Spirituality.



Exploring Patient Experiences and Psychosocial Challenges during Diagnosis and Treatment Journey of Breast Cancer in Women

Background

- Breast cancer is associated with significant psychosocial impact
- Understanding patient perspectives and coping is crucial

Objective

Qualitatively exrplore patient perspectives. emotional challenges and coping strategies during the breast cancer diagnosis and treatment process

Methods

- Qualitative study in Lahore, Pakistan
- 22 women with breast cancer
- Semi-structured interviews

Qualitative suidy in Lahore, Pakistan
22 women with breast cancer

Themes

Emotional Turmoil and Uncertainty

- Shock and disbellet
- Fear of death and recrrence
- Emotional exhaustion

Impact on Identity and Body Image

- Loss of femininity
- Altered self-perception

Social Support and Relationships

- Family as emotional anchors
- Peer and community support
- Social stigma and isolation

Coping Strategies and Adaptation

- Spiritual and faith-based coping
- Positive reframing and reailience
- Seeking normalcy through rooline

INTRODUCTION

Breast cancer remains one of the most prevalent malignancies affecting women worldwide, not only as a physical disease but as a profound emotional and psychosocial experience. Despite major medical advancements improving survival rates, the diagnosis and treatment journey continues to challenge women's psychological resilience, self-perception, and social relationships. The impact of breast cancer extends far beyond the physiological symptoms and medical interventions, encompassing emotional turmoil, social disruptions, and existential struggles that reshape how women view themselves and their lives (1). The diagnosis of breast cancer often triggers an immediate sense of shock, disbelief, and fear of death, as the disease is deeply intertwined with womanhood, body image, and identity. Emotional responses such as anxiety, depression, and uncertainty about the future are common, reflecting the overwhelming nature of confronting a potentially life-threatening illness (2). These reactions are compounded by the invasive nature of treatments—surgery, chemotherapy, and radiation—which alter physical appearance, energy levels, and social functioning. As noted in qualitative studies, women often describe feeling that their bodies have betrayed them, while simultaneously struggling to maintain hope and normalcy (3). Cultural and social factors further shape the psychosocial landscape of the breast cancer journey. For instance, among Chinese–Australian women, cultural expectations of stoicism and family protection led many to limit emotional disclosure and suppress their distress to shield loved ones (4). Similarly, research in Ghana found that stigma and fear surrounding breast cancer contributed to social isolation and reliance on alternative medicine, revealing gaps in healthcare communication and community awareness (5). These variations across contexts underscore the importance of cultural sensitivity in psychosocial care and the need to consider the sociocultural environment in which women experience the disease. Beyond the immediate psychological effects, the diagnosis also redefines women's roles within families and communities. Many experience changes in marital and sexual relationships, often due to altered body image and self-esteem following mastectomy or hair loss. Marital adjustment becomes a critical factor influencing emotional recovery, as supportive partnerships can buffer psychological distress while strained relationships can exacerbate it (6,7). Additionally, social withdrawal and financial burden contribute to emotional exhaustion, creating a complex web of stressors that require holistic attention (8).

Despite the distress, many women exhibit remarkable resilience and adaptability throughout their cancer journey. Coping strategies vary from reliance on spirituality and faith-based practices to seeking support through family, peers, and healthcare providers. Qualitative studies highlight how spirituality provides a sense of meaning and acceptance, while social support acts as a protective factor mitigating anxiety and depression (9). Women often describe developing new perspectives on life, valuing relationships more deeply, and re-evaluating priorities, signifying personal growth amid adversity (10). However, gaps persist in addressing the psychosocial needs of women across diverse cultural, socioeconomic, and healthcare settings. Studies in low- and middle-income countries, such as Ethiopia, report that inadequate access to therapy, unfavorable hospital conditions, and limited psychosocial support worsen patient distress (11). Similarly, women in Western contexts still encounter unmet psychological care needs, particularly regarding fertility concerns, body image, and reintegration into social and occupational life (12). These findings collectively highlight the necessity for a patient-centered, multidisciplinary approach that integrates psychological, emotional, and social support throughout all phases of the breast cancer journey. Given the diverse psychosocial dimensions of breast cancer, it is essential to explore the lived experiences of affected women to inform supportive care practices and policy. While quantitative research provides valuable epidemiological data, qualitative inquiry uniquely captures the subjective nuances of how women make sense of their illness, navigate emotional upheaval, and construct meaning amid uncertainty. The personal narratives derived from qualitative research contribute to a deeper understanding of the psychosocial burden and resilience patterns that define the breast cancer experience (13,14). Therefore, the present qualitative study aims to explore patient perspectives, emotional challenges, and coping strategies among women during the diagnosis and treatment journey of breast cancer. By illuminating the lived realities of these women, the study seeks to enhance understanding of their psychosocial needs and inform culturally sensitive, patient-centered interventions that promote emotional well-being and holistic recovery. The objective of the study is to qualitatively explore patient perspectives, emotional challenges, and coping strategies during the diagnosis and treatment journey of breast cancer in women, thereby informing the development of comprehensive psychosocial support interventions tailored to their lived experiences.

METHODS

This qualitative study was designed to explore the lived experiences, emotional challenges, and coping mechanisms of women diagnosed with breast cancer during their diagnosis and treatment journey in the Lahore region of Pakistan. The study adopted a phenomenological approach to gain an in-depth understanding of how women perceive and make meaning of their illness experiences within their social and cultural contexts. This design was selected because it enables exploration of subjective experiences and allows participants to describe their emotions, thoughts, and coping behaviors in their own words, fostering a holistic understanding of their psychosocial realities. The study was conducted over a period of eight months, from January to August 2025, across two tertiary care hospitals and one oncology center in Lahore, which cater to a diverse patient population from urban and semi-urban backgrounds. These institutions were selected based on the availability of comprehensive oncology services, psychological support units, and a high volume of female breast cancer patients undergoing various stages of treatment. The hospital environments provided an appropriate setting for recruiting participants who were actively engaged in their diagnostic or treatment processes, ensuring relevance and authenticity of data. The study population consisted of adult women aged 25 years and above who had been clinically diagnosed with breast cancer within the past 18 months. Inclusion criteria required participants to be aware of their diagnosis, currently undergoing or having completed at least one phase of treatment (surgery, chemotherapy, or radiotherapy), and able to communicate effectively in Urdu or English. Women with a previous history of psychiatric disorders, cognitive impairment, or those too unwell to participate in interviews were excluded to ensure clarity and depth in narrative accounts. This selection ensured that participants were capable of expressing their emotional and psychological experiences coherently.

A purposive sampling strategy was employed, which is consistent with phenomenological research principles. Participants were selected based on their ability to provide rich, detailed descriptions of their experiences. The sample size was determined using the principle of data saturation—the point at which no new themes emerged from the interviews. Based on prior qualitative studies on psychosocial challenges among breast cancer patients and similar phenomenological work (7,15), a sample size of 20–25 participants was targeted. Saturation was achieved after 22 in-depth interviews, as no novel concepts emerged beyond this point. Data collection was conducted through semi-structured, in-depth interviews, allowing flexibility for participants to narrate their stories freely while ensuring that all relevant areas were explored. An interview guide was developed based on literature review and expert consultation, covering topics such as emotional reactions to diagnosis, perceptions of treatment, changes in family and social relationships, coping mechanisms, and sources of psychological support. The guide was pilot-tested on two participants for clarity and cultural sensitivity, following which minor adjustments were made to refine wording and sequencing of questions. Each interview lasted approximately 45 to 60 minutes and was conducted in a quiet, private setting within the hospital to ensure confidentiality and comfort. All interviews were conducted in the language preferred by the participant—either Urdu or English—and were audio-recorded with consent to ensure accurate transcription. To ensure methodological rigor, the study adhered to established qualitative research criteria of credibility, dependability, confirmability, and transferability. Field notes were maintained throughout the data collection process to record contextual observations, non-verbal cues, and researcher reflections, which were later integrated into the analysis for interpretive depth.

Data analysis was performed using Braun and Clarke's six-step framework for thematic analysis. All interviews were transcribed verbatim and translated into English where necessary. The transcripts were read multiple times to achieve data immersion. Initial codes were generated manually and then organized into broader themes reflecting patterns across the data. Themes were refined iteratively through discussion among the research team until consensus was reached. NVivo 12 software was used to facilitate data management and coding consistency. The final themes were reviewed to ensure that they captured the essence of participants' lived experiences, emphasizing emotional challenges and coping strategies during the breast cancer journey. To measure the emotional and coping dimensions more systematically, two validated qualitative outcome tools were incorporated as supportive frameworks: the **Hospital Anxiety and Depression Scale (HADS)** was used qualitatively to gauge self-reported emotional distress, and the **Brief COPE Inventory** provided a conceptual structure for categorizing coping responses. Although these tools were not used for quantitative scoring, they guided thematic categorization and interpretation of emotional and coping narratives. Ethical approval for the study was obtained from the Institutional Review Board (IRB) of the relevant institute. Permission to conduct the study within hospital premises was also granted by each participating institution. All participants were informed about the study's purpose, voluntary nature, and confidentiality protocols prior to recruitment. Written informed consent was obtained from each participant before interviews, including consent for audio recording. Participants were assured that they could withdraw from the study at any stage without any impact on their medical care. Data were anonymized, and identifiers were removed during transcription to maintain participant confidentiality.

Throughout the research process, reflexivity was maintained to minimize researcher bias and ensure that participants' voices remained central in interpretation. Regular peer debriefing sessions were conducted among the research team to review coding and thematic consistency. The study's methodological transparency, use of validated analytical frameworks, and adherence to ethical standards contribute to its trustworthiness and replicability. In summary, this qualitative exploration employed a rigorously structured phenomenological design, using purposive sampling and thematic analysis to investigate the psychosocial and emotional landscape of women living with breast cancer in Lahore. Through systematic collection and interpretation of lived experiences, the study sought to illuminate the nuanced challenges and adaptive strategies that define women's journeys from diagnosis to treatment, providing insights essential for culturally sensitive psychosocial care in oncology settings.

RESULTS

The analysis of twenty-two in-depth interviews revealed a complex and emotionally layered experience of women navigating breast cancer diagnosis and treatment. Thematic analysis generated **five overarching themes** and **thirteen subthemes**, capturing the emotional, social, and behavioral dimensions of participants lived experiences.

Theme 1: Emotional Turmoil and Uncertainty

This theme encompassed the intense emotional distress and psychological fluctuations experienced during the early stages of diagnosis and treatment. Three subthemes emerged: *shock and disbelief at diagnosis*, *fear of death and recurrence*, and *emotional exhaustion during treatment*. Participants frequently described the diagnosis as an unexpected and devastating life event. One participant stated, *"When the doctor said it was cancer, my mind went blank—I could only think about my children and who would take care of them."* Another added, *"Every chemotherapy session felt like a battle between life and death; I was scared it would come back even if I survived."* The recurring sense of uncertainty contributed to prolonged anxiety and disrupted emotional stability throughout treatment.

Theme 2: Impact on Identity and Body Image

The transformation of body image and self-identity emerged as a profound psychosocial challenge. Subthemes included *loss of femininity* and *altered self-perception post-surgery*. Many participants expressed distress over hair loss, mastectomy scars, and physical disfigurement, which affected their sense of womanhood and confidence. One woman noted, *"I felt incomplete after surgery, like a part of my womanhood was taken away."* Another described, *"Even after recovery, I couldn't recognize myself in the mirror; the scars reminded me every day of what I went through."* These experiences highlighted the deep intertwining of physical changes and emotional self-concept.

Theme 3: Social Support and Relationships

This theme captured the dual role of social relationships as both a source of strength and stress. The subthemes included *family as emotional anchors*, *peer and community support*, and *social stigma and isolation*. Most participants acknowledged the critical role of family, particularly spouses and children, in sustaining morale. One participant shared, *"My husband never let me feel weak; his support gave me the courage to continue treatment."* However, others described withdrawal and isolation due to perceived social stigma: *"Some people avoided me as if cancer was contagious; that hurt more than the disease itself."* Support from other survivors and religious communities often emerged as a crucial coping buffer.

Theme 4: Coping Strategies and Adaptation

Participants employed various coping mechanisms to manage emotional and physical distress. Three subthemes emerged: *spiritual and faith-based coping*, *positive reframing and resilience*, and *seeking normalcy through routine*. The majority relied on spiritual belief systems as their primary source of comfort. One participant explained, *"I left everything to God; it gave me peace when nothing else could."* Others adopted active coping, emphasizing optimism and acceptance: *"I decided to live each day with hope; this attitude kept me strong through the pain."* The findings reflected a dynamic balance between emotional acceptance and practical adaptation to illness challenges.

Theme 5: Healthcare Experiences and Expectations

This theme described participants' perceptions of healthcare delivery and the patient–provider relationship. Two subthemes were identified: *empathy and communication from healthcare providers* and *barriers to psychological support*. While many praised the medical care, several participants emphasized the lack of psychological counseling and follow-up. One participant mentioned, *"Doctors focused on my body but not my mind. I needed someone to talk to about the fear I carried inside."* Another remarked, *"Nurses were kind, but counseling services were missing; sometimes I felt emotionally abandoned."* These insights underscored the necessity of holistic and empathetic cancer care that integrates psychosocial support.

Across all themes, the interplay between emotional suffering, resilience, and relational dynamics was evident. Participants described the breast cancer journey as a deeply transformative experience that redefined their self-concept, relationships, and outlook on life. While distress was pervasive, so was an underlying current of strength and acceptance, shaped by cultural values, faith, and social connections.

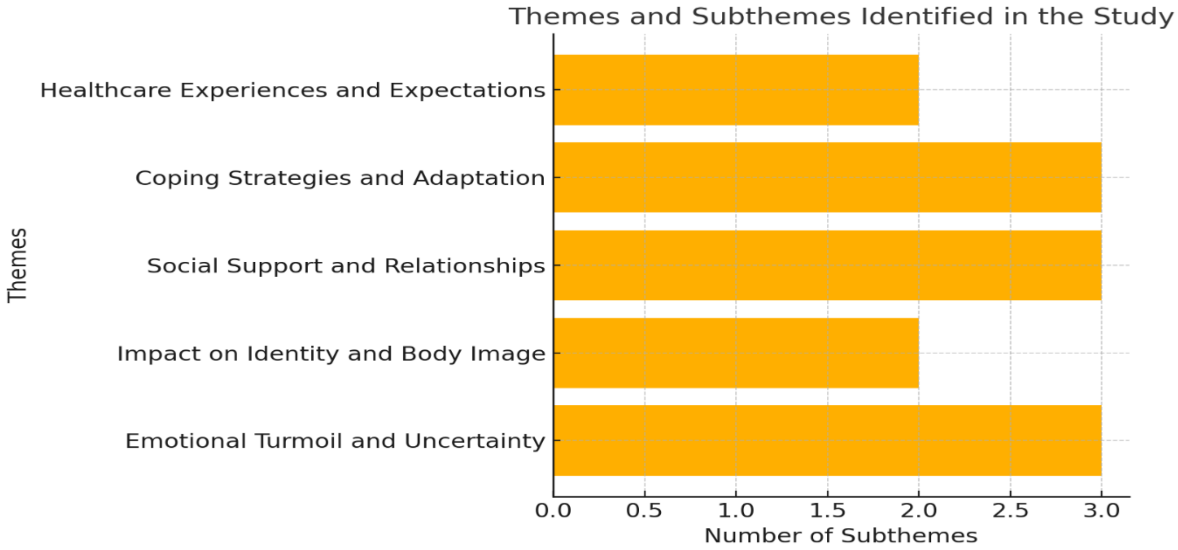


Figure 1 Themes and subthemes Identified in Study

DISCUSSION

The findings of this qualitative study illuminated the multifaceted psychosocial experiences of women navigating breast cancer diagnosis and treatment in Lahore, revealing patterns that both align with and extend existing literature on this topic. The **emotional distress and uncertainty** reported by participants, characterized by fear of mortality, ongoing anxiety, and emotional fatigue, mirrors outcomes identified in recent qualitative work demonstrating pervasive psychological strain following breast cancer diagnosis and throughout treatment trajectories. Such distress has been described as a core element of the breast cancer experience, influencing mental health and quality of life outcomes across diverse settings (12). Consistent with global evidence, the present study documented significant impacts on **identity and body image**, particularly related to physical changes post-surgery and during treatment. Participants' emphasis on altered self-perception echoes findings from research exploring body image disturbance among women with breast cancer, where surgery and treatment-related physical changes contributed to diminished self-esteem and femininity concerns. This aligns with broader psychosocial analyses that position body image as a central psychological domain affected by breast cancer and its interventions (13,14). The central role of **social support and relationships** as both a buffer against distress and, paradoxically, a context for perceived stigma and isolation, underscores the complex social ecology of breast cancer experiences. Women in this study described family and peer support as instrumental in sustaining resilience, a pattern well-documented in psychosocial oncology research that highlights emotional support from intimate networks as a protective factor against depression and anxiety (15). Social stigma and social withdrawal reported by some participants further resonate with studies demonstrating how cultural norms and fear of negative judgment can compound emotional distress and isolate women during treatment journeys (16).

Reported **coping strategies and adaptive behaviors** also aligned with existing research on coping in breast cancer populations. The frequent recourse to spiritual and faith-based coping, positive reframing, and efforts to maintain routine reflect coping orientations identified across diverse cultural and socioeconomic groups. Recent qualitative research among breast cancer patients has similarly highlighted the salience of spiritual growth, hope maintenance, and self-perceived support resources as key adaptive mechanisms that enhance psychological resilience and quality of life (17,18). These adaptive approaches appear to help women manage the psychological burden of illness and sustain a sense of agency in the face of uncertainty; a finding echoed in both qualitative and mixed-method studies examining coping and psychological adjustment (19). The **healthcare experience's** theme underscored gaps in psychosocial support embedded within clinical care. Although clinical treatment was generally regarded positively, many women identified a lack of systematic psychological counseling and communication that fully addressed their emotional needs. This observation aligns with current calls within oncology care for more integrated psychosocial interventions that complement medical treatment and support emotional adjustment. Mindfulness-based stress reduction (MBSR) and similar psychosocial interventions are increasingly recognized in systematic reviews for their potential to reduce anxiety and enhance quality of life in breast cancer patients, suggesting areas for clinical practice enhancement (20,21). The implications of these findings are multifold. First, they emphasize the need for **holistic cancer care models** that incorporate psychosocial assessment and intervention as core components of treatment planning. Integrating counseling services, support groups, and culturally sensitive communication strategies could help mitigate psychological distress and improve overall patient well-being. Second, the prominence of social support in shaping patient experiences highlights opportunities for **family-inclusive care programs** that leverage existing social networks to bolster support. Third, recognizing culturally specific expressions of stigma and coping suggests that **contextually tailored interventions** are essential for effectively addressing the unique needs of women in diverse sociocultural environments, particularly in low- and middle-income settings.

The study had notable strengths, including rich qualitative data obtained through in-depth interviews and systematic thematic analysis using established analytic frameworks, ensuring credible representation of participants' lived experiences. Conducting research within multiple clinical settings also enhanced the **contextual relevance and applicability** of findings across varied patient profiles within the Lahore region. However, limitations warrant careful consideration. The sample, while sufficient for thematic saturation, was confined to a specific geographic and cultural context, potentially limiting transferability to other populations. Additionally, the reliance on self-reported narratives may be influenced by social desirability or recall biases, common challenges in qualitative health research. Future research should consider **longitudinal qualitative designs** to explore how psychosocial experiences and coping strategies evolve over the full course of treatment and survivorship. Mixed-methods approaches may also enrich understanding by linking qualitative insights with quantitative measures of mental health, social support, and quality of life. Investigating the effectiveness of structured psychosocial interventions, such as mindfulness-based stress reduction or culturally adapted counseling programs, could further inform best practices in supportive oncology care (22). In summary, this study contributes to a growing body of evidence underscoring the profound psychosocial dimensions of living with breast cancer. Its findings reinforce the imperative for integrated, culturally compassionate care that acknowledges the emotional, social, and existential aspects of the cancer journey, thereby enhancing patient-centered oncology practices in Pakistan and beyond.

CONCLUSION

This study concluded that women's experiences of breast cancer in Lahore were defined by profound **emotional turmoil and uncertainty**, a disrupted **sense of identity and body image**, and complex **social support dynamics** shaped by both care and stigma. Through diverse **coping strategies and adaptation**—especially spiritual resilience and positive reframing—women sought meaning and strength amid hardship. Their **healthcare experiences and expectations** revealed critical gaps in psychological support. Together, these themes underscore the urgent need for culturally sensitive, patient-centered psychosocial interventions integrated within oncology care to enhance emotional well-being and holistic recovery.

AUTHOR CONTRIBUTIONS

Author	Contribution
Sadia Anayat	Substantial Contribution to study design, analysis, acquisition of Data Manuscript Writing Has given Final Approval of the version to be published
Sehrish Khan	Substantial Contribution to study design, acquisition and interpretation of Data Critical Review and Manuscript Writing Has given Final Approval of the version to be published
Eesha Sohail	Substantial Contribution to acquisition and interpretation of Data Has given Final Approval of the version to be published
Muhammad Saleem Malik	Contributed to Data Collection and Analysis Has given Final Approval of the version to be published
Muhammad Azhar Sherkheli*	Contributed to Data Collection and Analysis Has given Final Approval of the version to be published
Syed Gufran Sadiq Zaidi	Substantial Contribution to study design and Data Analysis Has given Final Approval of the version to be published

REFERENCES

1. Khajoei R, Azadeh P, ZohariAnboohi S, Ilkhani M, Nabavi FH. Breast cancer survivorship needs: a qualitative study. BMC Cancer. 2024;24(1):96.

2. Magasi S, Marshall HK, Winters C, Victorson D. Cancer Survivors' Disability Experiences and Identities: A Qualitative Exploration to Advance Cancer Equity. Int J Environ Res Public Health. 2022;19(5).

3. Ko E, Cardenas V, Zúñiga ML, Woodruff SI, Rodriguez V, Palomino H. Challenges for Latina Breast Cancer Patient Survivorship Care in a Rural US-Mexico Border Region. Int J Environ Res Public Health. 2021;18(13).

4. Hiltrop K, Heidkamp P, Breidenbach C, Kowalski C, Streibelt M, Ernstmann N. Conflicting demands, coping, and adjustment: A grounded theory to understand rehabilitation processes in long-term breast cancer survivors. Psychooncology. 2021;30(11):1957-64.

5. Duarte F. Encouraging Mammograms Using Behavioral Economics: A Randomized Controlled Trial in Chile. Value Health. 2021;24(10):1463-9.

6. Mohammad Hussin N, Nik Jaafar NR, Idris IB, Mohammed Nawi A. Evaluating the effects of e-health interventions on mental health outcomes in individuals with breast cancer: A systematic review. PLoS One. 2025;20(5):e0321495.

7. Belete NG, Bhakta M, Wilfong T, Shewangizaw M, Abera EA, Tenaw Y, et al. Exploring the impact of breast cancer support groups on survivorship and treatment decision-making in eastern Ethiopia: a qualitative study. Support Care Cancer. 2025;33(5):419.

8. Nguyen Bao N, Thu Tran N, Jenkins C, Van Minh H, Tran Bich P, Johansson H. Exploring the Mental Health Challenges of Women Diagnosed with Breast Cancer in Vietnam: A Qualitative Study. Soc Work Public Health. 2023;38(5-8):416-27.

9. Parker PD, McSweeney JC, McQueen A, Jin J, Bryant-Smith G, Henry-Tillman R. "I'm Not Fighting Anymore So What Do I Do Now?" Young Women's Challenges While Transitioning Out of Active Breast Cancer Treatment and into Survivorship. Inquiry. 2023;60:469580231164230.

10. Ke Y, Fok RWY, Soong YL, Loh KW, Farid M, Low LL, et al. Implementing a community-based shared care breast cancer survivorship model in Singapore: a qualitative study among primary care practitioners. BMC Prim Care. 2022;23(1):73.

11. Thompson T, Lero CM, Levitan J, Bradley CD, James AS, Heiden-Rootes K, et al. Insights About Dyadic Cancer Survivorship Interventions for Black Women and Their Caregivers: A Rapid Qualitative Analysis of Collaborator Perspectives. Cancer Control. 2024;31:10732748241305583.

12. Deery E, Johnston K, Butler T. 'It's like being pushed into sea on a boat with no oars': Breast cancer survivorship and rehabilitation support in Ireland and the UK. J Hum Nutr Diet. 2023;36(2):514-25.

13. Chidebe RCW, Orjiakor TC, Okwu GC, Orji MA, Nwosu-Zitta TO, Agha AA, et al. "Not even my husband knows that I have this [breast cancer]": survivors' experiences in accessing, navigating and coping with treatment. Support Care Cancer. 2024;32(2):112.

14. Ceballos RM, Hohl SD, Molina Y, Hempstead B, Thompson-Dodd J, Weatherby S, et al. Oncology provider and African-American breast cancer survivor perceptions of the emotional experience of transitioning to survivorship. J Psychosoc Oncol. 2021;39(1):35-53.

15. Howe L, Husband A, Robinson-Barella A. Prescribing pre- and post-operative physical activity interventions for people undergoing breast cancer surgery: A qualitative systematic review. Cancer Med. 2024;13(4):e7063.

16. Yap JQ, Riggan KA, Cobran EK, Halyard MY, James SE, Kelly MK, et al. Psychological Safety in the Medical Care of Black Breast and Ovarian Cancer Patients and Families. Psychooncology. 2025;34(3):e70127.

17. Bourboulis S, Kemp E, Beatty L. A qualitative exploration of factors that influence engagement with a digital mental health intervention for women with metastatic breast cancer: Finding My Way-Advanced. Support Care Cancer. 2025;33(4):333.

18. Binkley JM, Gabram S, Finley J, Fowler D, VanHoose L, McCullough LE. Racial disparity in breast cancer survivorship: themes from a series of four national healthcare provider live virtual forums. J Cancer Surviv. 2023;17(4):1008-16.

19. Ye M, Qiu L, Jin Y, Huang Y. Stakeholders' experiences and perceptions of male breast cancer:A qualitative evidence synthesis. Breast. 2024;74:103694.

20. von Hippel C, Dibble KE, Rosenberg SM, Bollman-Jenkins M, Weiss M, Partridge AH. Taking their wellbeing into their own hands: Self-educated and peer-recommended techniques used by women with breast cancer to improve sexual functioning during treatment and in survivorship. PLoS One. 2023;18(11):e0293298.

21. Austin JD, Allicock M, Fernandez ME, Balasubramanian BA, Lee SC. Understanding the Delivery of Patient-Centered Survivorship Care Planning: An Exploratory Interview Study With Complex Cancer Survivors. Cancer Control. 2021;28:10732748211011957.

22. Contri A, Costi S, Guberti M, Soncini S, Botti S, Frasoldati A, et al. Voices of Survivorship: The Unmet Needs of Italian Cancer Survivors. A Qualitative Study. Cancer Med. 2025;14(15):e71121.