Appendix Table 2. Abstraction Table

First Author, Year (Quality Appraisal Score)	Study Design and Data Collection Methods	Conceptual Framework	Participant Characteristics	QOL Dimensions	Key Findings

Aguado, 2013[1]
 	
(21/22)
	Study Design: Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Ecological Model for Health Promotion	**Sample Size:** 68
			Participant Characteristics:
			Average Age (SD): 55.4, (10.4)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 100%
			   Non-Hispanic White, 0%
			   Non-Hispanic Black, 0%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Mean): 33.6
			Stratified by Latino/a Subgroups: Y
				Psychological, Social	Almost half (45.6%) of Latina women reported depressive symptoms. In multivariate analyses, risk factors identified were mainly at the intrapersonal level to include psychosocial (sociodemographic and cognitive) and a cancer-related risk factor, but no sociocultural factors.

Armbruster, S. D. 2018 [2]
 	
(19/22)
	Study Design:
	Quantitative Longitudinal
	
	Data Collection:
	Survey
		Not reported	**Sample Size:** 95
			Participant Characteristics:
			Age Range: 25-76
			Gender:
			   Male, 0.0%
			   Female, 100.0%
			Race/ Ethnicity:
			   Latino/a, 13.0%
			   Non-Hispanic White, 75.0%
			   Non-Hispanic Black, 6.0%
			   Asian, 5.0%
			   American Indian: 1.0%
			Cancer Type(s): Endometrial
			Survivorship Timing : 26.4 months
			Stratified by Latino/a Subgroups: No
				Physical	Among a diverse sample of endometrial cancer survivors, there were no racial/ethnic differences in sleep quality (p-value=0.644) at baseline.

Arpawong, T. E., 2013[3]
 	
(18/22)
	Study Design: Quantitative Cross-Sectional
	
	Data collection:
	Survey
		Not reported	**Sample Size:** 94
			Participant Characteristics:
			Average Age (SD): 14.8, (2.74)
			Gender:
			   Male, 52%
			   Female, 48%
			Race/ Ethnicity:
			   Latino/a, 47%
			   Non-Hispanic White, 44%
			   Non-Hispanic Black, 0%
			   Asian, 0%
			   Other, 11%
			Cancer Type(s): Leukemia, lymphoma, CNS tumor, bone tumor, soft tissue tumor
			Survivorship Timing (Range): <6
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social	Both psychosocial function and post-traumatic stress symptoms were positively associated with PTG. However both physical functioning and depressive symptoms were negatively associated with PTG. Overall, PTG was significant lower among Hispanic survivors who primarily spoke English at home compared to Hispanics who primarily spoke Spanish at home and non-Hispanics.

Ashing, K, 2014[4]
 	
(21/22)
	Study design: Quantitative Longitudinal
	
	Data collection:
	 Survey
		Contextual Model of HRQOL, Cognitive Behavioral Framework	**Sample Size**: 199
			Participant Characteristics:
			Average Age (SD): 52.9, (10.5)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 100%
			   Non-Hispanic White, 0%
			   Non-Hispanic Black, 0%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Range): 12-72
			Stratified by Latino/a Subgroups: N
				Psychological	Hispanic breast cancer survivors enrolled into the intervention demonstrated a statistically significant decrease in depressive symptoms compared to Hispanic breast cancer survivors enrolled into the control group.

Ashing, K. T., 2018 [5]
 	
(21/22)
	Study Design:
	Quantitative Cross-sectional
	Data Collection:
	Survey
		Not reported	Sample Size: 116
			Participant Characteristics:
			Age Mean (SD): 43.0 (5.4)
			Gender:
			   Male, 0.0%
			   Female, 100.0%
			Race/ Ethnicity:
			   Latino/a, 79.3%
			   Non-Hispanic White, 0.0%
			   Non-Hispanic Black, 20.7%
			   Asian, 0.0%
			Cancer Type(s): Breast
			Survivorship Timing: 12-72 months
			Stratified by Latino/a Subgroups: No
				Physical, Psychological, Social, Overall	There was a statistically significant difference in emotional well-being across ethnic groups, with Spanish-language preferred Latinas reporting lower emotional well-being than African-Americans, and Spanish-language preferred Latinas reporting lower functional well-being compared to English language-preferred Latinas.

Ashing-Giwa K.T, 2013[6]
 	
(21/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Contextual Model of HRQOL	**Sample Size**: 232
			Participant Characteristics:
			Average Age (SD): 53, (10.6)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 100%
			   Non-Hispanic White, 0%
			   Non-Hispanic Black, 0%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Range): 12-60
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social, Spiritual	Over half of Hispanic breast cancer survivors reported elevated depressive symptoms. Education, physical functioning, social support, family stress, functional stress, social functioning, and Spanish language preference were significantly associated with depressive symptoms.

Ashing-Giwa, K. T., 2008[7]
 	
(21/22)
	Study Design:
	 Quantitative Longitudinal
	
	Data Collection:
	 Survey
		Not reported	**Sample Size:** 666
			Participant Characteristics:
			Average Age (SD): 50, (12)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 43.09%
			   Non-Hispanic European American, 40.99%
			   Non-Hispanic African American, 7.66%
			   Asian, 8.26%
			Cancer Type(s): Cervical
				Physical, Social, Psychological, Overall	The intervention led to increased physical well-being and overall QOL in the intervention group. There was a trend towards improvements in family/social well-being, emotional well-being, and functional well-being in the intervention group, but it was not statistically significant.

			Survivorship Timing (Range): 12-60 Stratified by Latino/a Subgroups: N		

Ashing-Giwa, K. T., 2004[8]
 	
(9/10)
	Study Design:
	Qualitative
	
	Data Collection:
	Focus groups; Key informant interviews
		Not reported	**Sample Size:** 51
			Participant Characteristics:
			Average Age (SD): Not Specified for Total. African Americans: 33 (no S.D.), Caucasians: 56, (no S.D.), Asian American: 48, (no S.D.), Latina: 47, (no S.D.)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 50.98%
			   Non-Hispanic White, 9.80%
			   Non-Hispanic Black, 19.61%
			   Asian, 19.61%
			Cancer Type(s): Cervical
			Survivorship Timing (Range): 0-120
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social, and Spiritual	Latina cervical cancer survivors reported depending on spouses for providing emotional and financial stability. They also found support and relief through church and religious faith (peace, prayers). Compared to Whites, African Americans and Asians, Latina CCS more likely to take blame for their diagnosis and viewed it as form of punishment and death sentence. Latina and Asian CCS extremely concerned with cancer effects on fertility and appearance (hair loss). Compared to other groups, Latinas expressed more negative feelings about adverse effect on their bodies (self-image) and impact on their relationships. Latina CCS also reported depression and anxiety; many feared shame and social isolation.

Ashing-Giwa K. T., 2010[9]
 	
(19/22)
	Study Design:
	Quantitative Cross-Sectional
	
	Data Collection:
	 Survey
		Impact of functional strain on emotional wellbeing	**Sample Size:** 626
			Participant Characteristics:
			Average Age (SD): 52, (no S.D.)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   European-American, 24.60%
			   African-American, 19.33%
			   Latina-American, 26.52%
			   Asian-American, 29.55%
			Cancer Type(s): Breast
			Survivorship Timing (Mean): 34.8
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social	Compared to Whites, African Americans, and Asian Americans, Latina breast cancer survivors showed the worst scores in functional strain variables (family, functional and geographic stress). Latinas more likely to report a change in their marital status after their breast cancer diagnosis (OR 4.09; 95% CI, 1.70–9.78). Latinas reported lowest work capability level of all ethnic groups (p=0.003). With regards to family burden component of functional strain, Whites and African Americans were more likely to live alone relative to Latinas and Asians.

Ashing-Giwa K.T, 2010[10]
 	
(20/22)
	Study Design:
	 Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Contextual Model of HRQOL	**Sample Size:** 703
			Participant Characteristics:
			Average Age (SD): 55.0, (11.3)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 26.0%
			   Non-Hispanic European, 25.5%
			   Non-Hispanic African, 19.2%
			   Asian, 29.3%
			Cancer Type(s): Breast
			Survivorship Timing (Mean): 36
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social	Direct impact of psychological well-being on physical QOL was consistent across racial/ethnic groups. Life burden indirectly influenced physical QOL through psychological well-being for all ethnic groups. In a structural equation model, Latinas demonstrated a significant relationship between patient-doctor relationship and social support.

Ashing-Giwa K. T., 2011[11]
 	
(19/22)
	Study Design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 703
			Participant Characteristics:
			Average Age (SD): 55, (11.3)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
				Psychological	Latina cancer survivors had less favorable emotional outcomes than Whites, African Americans and Asian Americans. Survivors who self-identified as Latina and who were monolingual (speaking Spanish) were more likely to report that "I feel sad," "I am satisfied with how I am coping with my

			Latino/a, 26.03% European, 25.46% African, 19.20% Asian, 29.30% Cancer Type(s): Breast Survivorship Timing (Mean): 36 Stratified by Latino/a Subgroups: N		illness," and "I worry that my condition will get worse," compared to other groups.

Ashing-Giwa K.T, 2011[12]
 	
(20/22)
	Study Design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Contextual Model of HRQOL	**Sample Size**: 560
			Participant Characteristics:
			Average Age (SD): 49.46, (12.1)
			Gender:
			  Male, 0%
			  Female, 100%
			Race/ Ethnicity:
			  Latina, 51.25%
			  European, 48.75%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s): Cervical
			Survivorship Timing (Mean): 39.48
			Stratified by Latino/a Subgroups: N
				Psychological, Physical, Overall, Social	This study demonstrated some ethnic differences for predictors of QOL. European Americans showed significant associations between radiation therapy and HRQOL. Among Latina Americans, life burden (i.e., financial strains, employment, family stress, and neighborhood stress) was associated with sexual impact; and the patient-doctor relationship was associated with psychological well-being.

Ashing-Giwa, K. T., 2010[13]
 	
(19/22)
	Study Design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 922
			Participant Characteristics:
			Average Age (SD): Not Specified
			Gender:
			  Male, 0
			  Female, 100%
			Race/ Ethnicity:
			  Latina, 50.98%
			  European, 49.02%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s): Breast, cervical
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social, Spiritual	Survivors reporting low total physical well-being levels (> 40%) tended to be Spanish-speaking. Compared to Latinas, European American were less likely to express low physical well-being symptoms.

Ashing-Giwa, K. T., 2006[14]
 	
(9/10)
	Study Design:
	Qualitative
	
	Data Collection:
	Focus Groups
		Not reported	**Sample Size:** 26
			Participant Characteristics:
			Average Age (SD): 56, (no S.D.)
			Gender:
			  Male, 0%
			  Female, 100%
			Race/ Ethnicity:
			  Latino/a, 100%
			  Non-Hispanic White, 0%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Mean): 48
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social, Spiritual	Latina breast cancer survivors reported relying heavily on Spirituality to cope with their breast cancer diagnosis. Latinas also discussed emotional distress and psychosocial concerns related to worrying about their children or burdening the family, as well as body image and sexual health concerns.

Ashing-Giwa, K. T., 2006[15] (9/10)	**Study Design:** Qualitative **Data Collection:** Focus Groups	Not reported	**Sample Size**: 20 **Participant Characteristics:** Average Age (SD): 56, (no S.D.) Gender: Male, 0%	Physical, Psychological, Social, Spiritual	Latina cervical cancer survivors reported that cultural and family factors are important for coping with a cancer diagnosis, and Latinas reported strong reliance on spirituality and faith. Fear of

			Female, 100%
			Race/ Ethnicity:
			    Latino/a, 100%
			    Non-Hispanic White, 0%
			    Non-Hispanic Black, 0%
			    Asian, 0%
			Cancer Type(s): Cervical
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: N
					recurrence and persistent pain were reported, in addition to worry about job loss and the financial and emotional welfare of their family. Finally, Latina women discussed the negative effect on body image and sexual health that they face.

Ashing-Giwa, K. T., 2004[16]
 	
(9/10)
	Study Design:
	Qualitative
	
	Data Collection:
	Focus Groups
		Not reported	**Sample Size**: 102
			Participant Characteristics:
			Age Range: 28-75
			Gender:
			    Male, 0%
			    Female, 100%
			Race/ Ethnicity:
			    African American, 23.53%
			    Korean Monolingual, 10.78%
			    Chinese Monolingual, 9.80%
			    Asian Bilingual, 12.75%
			    Caucasians, 11.76%
			    American Monolingual, 4.90%
			    Latina, 25.49%
			Cancer Type(s): Breast
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social, Spiritual	Latina breast cancer survivors reported actively participating in culturally and linguistically appropriate support groups; Latina women reported that spirituality is significant to their quality of life. In addition, Latina women in particular noted they experienced serious job disruptions and financial hardships due to cancer and its treatments.

Ashing-Giwa, K. T., 2007[17]
 	
(20/22)
	Study Design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Contextual Model of HRQOL	**Sample Size**: 703
			Participant Characteristics:
			Average Age (SD): 55, (no S.D.)
			Gender:
			    Male, 0%
			    Female, 100%
			Race/ Ethnicity:
			    Latino/a, 26.0%
			    Non-Hispanic European American, 25.5%
			    Non-Hispanic African American, 19.2%
			    Asian, 29.3%
			Cancer Type(s): Breast
			Survivorship Timing (Mean): 36
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social	In a cohort of multiethnic breast cancer survivors, Hispanic women reported the lowest outcomes for physical well-being, emotional well-being, and social/family well-being compared to non-Hispanic Whites.

Ashing-Giwa, K. T., 2009[18]
 	
(19/22)
	Study Design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Contextual Model of HRQOL	**Sample Size:** 560
			Participant Characteristics:
			Average Age (SD): 49, (12.17)
			Gender:
			    Male, 0%
			    Female, 100%
			Race/ Ethnicity:
			    Latino/a, 51.25%
			    Non-Hispanic European-American, 48.75%
			    Non-Hispanic Black, 0%
			    Asian, 0%
			Cancer Type(s): Cervical
			Survivorship Timing (Mean): 39.6
			Stratified by Latino/a Subgroups: N
				Psychological, Social, Psychological, Spiritual, Overall	In a cohort of cervical cancer survivors, Spanish speaking Latina-Americans reported poorer overall HRQOL, functional, emotional, and social/family wellbeing compared to European-Americans, even after adjusting for covariates. This may indicate a greater level of disease burden who may be newer immigrants and/or are of lower SES.

	Study Design / Data Collection	Model	Sample & Participants	Domains	Findings

Ayala-Feliciano, M., 2011[19]
 	
(17/22)
	Study Design: Quantitative Cross-Sectional
	
	Data Collection:
	In-person
	Observation
		Not reported	**Sample Size:** 38
			Participant Characteristics:
			Age Range: 30-64
			Gender:
			  Male, 0%
			  Female, 100%
			Race/ Ethnicity:
			  Latino/a, 100%
			  Non-Hispanic White, 0%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: N
				Psychological, Social, Spiritual	Compared to their non-cancer counterparts (or women who did not get chemotherapy), Latina cancer survivors had reduced neurocognitive performance in visuospatial memory. Latina breast cancer survivors had higher denial-based coping strategies than non-breast cancer participants (p=0.05). Among survivors, problem focused coping was associated with reduced performance in the GPT (psychomotor speed).

Aziz, N. M., 2002[20] (N/A)	**Study Design**: Review **Data collection:** N/A	Not reported	N/A	Physical, Psychological, Social, Spiritual	According to one study, only 26% of Hispanic prostate cancer survivors reported firm erections (sexual function) compared to 38% among Black men and 21% among White men (p=0.001). Another study reported that Hispanic breast cancer survivors had stronger concerns related to recurrence, pain, death, harm from adjuvant treatment, and bills compared to their White and African American counterparts. A review suggested that Hispanic and African American cancer patients are more religious and benefit more from religious coping strategies than Whites. Informal social support was reported as being more important for Hispanics and African Americans than Whites.

Badger, TA., 2013[21]
 	
(18/22)
	Study Design: Quantitative Longitudinal
	
	Data collection:
	Survey
		Stress Process Model	**Sample Size:** 160 (80 survivors, 80 partners)
			Participant Characteristics:
			Average Age (SD): Survivor: 47.34, (10.5); Partner: 42.74, (12.7)
			Gender:
			  Male, Survivor: 0%, Partner: 46.3%
			  Female, Survivor: 100%, Partner: 53.8%
			Race/ Ethnicity:
			  Latino/a, Survivor: 100%, Partner: 93.8%
			  Non-Hispanic White, Survivor: 0%, Partner: 6.3%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Mean, in weeks): 27.74
			Stratified by Latino/a Subgroups: N
				Social, Physical, Psychological, Spiritual	Among a cohort of Latina breast cancer survivors and their supportive partners, two telephone-delivered interventions (one health education, one interpersonal counseling) were found to improve psychological, physical, social, and spiritual QOL among both LCS and their supportive partners.

Badger, 2020 [22]
 	
(20/22)
	Study Design: Quantitative Longitudinal
	
	Data collection:
	Survey
		Not reported	**Sample Size:** 230
			Participant Characteristics:
			Age Range: Not Specified for all survivors
			Gender:
			  Male, 0%
			  Female, 100%
			Race/ Ethnicity:
			  Latino/a, 100%
			  Non-Hispanic White, 0.0%
				Psychological, Social	This study was designed to compare the effectiveness of two psychosocial interventions for improving QOL in Latinas with breast cancer and their family caregivers. Among survivors, the Telephone Interpersonal Counseling intervention produced lower adjusted mean depression scores compared to the Symptom Health Education intervention at 2 months. Social

			Non-Hispanic Black, 0.0% Cancer Type(s): Breast Survivorship Timing: ≤12 months Stratified by Latino/a Subgroups: No		isolation among survivors improved over baseline at months 2, 4 and 6 in both groups.

Banas, J. R., 2017[23]
 	
(9/10)
	Study Design:
	Qualitative
	
	Data Collection:
	Focus Groups
		Not reported	**Sample Size:** 31 (30 survivors, 1 caregiver)
			Participant Characteristics:
			Average Age (SD): 54.6, (11.0)
			Gender:
			  Male, 100% Caregiver, 6.67% Survivors
			  Female, 0% Caregiver, 93.33% Survivors
			Race/ Ethnicity:
			  Latino/a, 100%
			  Non-Hispanic White, 0%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s): Breast, Hodgkin's lymphoma, Leukemia, Multiple myeloma
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: Y
				Physical, Psychological, Social, Spiritual	Hispanic cancer patients expressed a greater number of psychosocial needs (e.g., in areas such as distress, burden, depression, hopelessness, and lack of social/emotional support) compared to other treatment-related side-effects like hair loss, hot flashes, pain and nausea.

Barden, S. M., 2016[24]
 	
(9/10)
	Study Design:
	Qualitative
	
	Data collection:
	Semi-structured interviews
		Not reported	**Sample Size**: 7
			Participant Characteristics:
			Age Range: 45-69
			Gender:
			  Male, 0%
			  Female, 100%
			Race/ Ethnicity:
			  Latino/a, 100%
			  Non-Hispanic White, 0%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Range): 36+
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social, Spiritual	Cultural values of Hispanics have both benefitted and hindered patients. For example, perspective of accepting the diagnoses contributed to positive emotions such as hopefulness; however cultural values such as fatalismo (belief that cancer is out of control) contributed to feelings of powerlessness, heightened anxiety and fear.

Bellizzi, K. M., 2012[25]
 	
(20/22)
	Study Design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 1071
			Participant Characteristics:
			Average Age (SD): 75.5, (6.1)
			Gender:
			  Male, 38.4%
			  Female, 61.6%
			Race/ Ethnicity:
			  Latino/a, 19.6%
			  Non-Hispanic White, 33.6%
			  Non-Hispanic Black, 24.3%
			  Asian, 22.4%
			Cancer Type(s): Breast, prostate, colorectal, gynecologic
			Survivorship Timing (Mean): 108
			Stratified by Latino/a Subgroups: N
				Physical, Psychological	Race/ethnicity may be related to physical functioning beyond socioeconomic status alone. Hispanic cancer survivors had higher physical functioning compared to African American or Asian cancer survivors.

Bevilacqua, L. A. 2018 [26]	**Study Design:** Quantitative Cross-sectional **Data Collection:** Survey	Not reported	**Sample Size**: 1012 **Participant Characteristics:** Age Mean (SD): 62.96 (14.5) Gender: Male, 33.0% Female, 77.0% Race/ Ethnicity: Hispanic/Latino/a, 10.0% Non-Hispanic/Latino, 66.0% Unknown:,24.0% Cancer Type(s): Breast, Colorectal, Thoracic, Urologic Survivorship Timing: Not Specified Stratified by Latino/a Subgroups: No	Physical, Psychological	In unadjusted analyses, patients who identified as ethnically Hispanic/Latino reported significantly higher rates of depression than non-Hispanic/Latino patients (16.3% vs 8.4%; p-value= .012), Average depression scores were also significantly greater for Hispanic/Latino compared to non-Hispanic/Latino patient s(M = 4.84 vs. M = 3.03, p-value P < .001). There were no differences in pain or fatigue scores by ethnicity. In adjusted models, After adjustment, Hispanic/Latino patients had mean PHQ score 1.70 points higher than non-Hispanic/Latino patients.
Black, D. S. 2018 [27]	**Study Design:** Quantitative Cross-sectional **Data Collection:** Survey	Not reported	**Sample Size**: 89 **Participant Characteristics:** Age Mean (SD): 60.5 (10.3) Gender: Male, 62.0% Female, 38.0% Race/ Ethnicity: Latino/a, 100.0% Non-Hispanic White, 0.0% Non-Hispanic Black, 0.0% Cancer Type(s): Colorectal Survivorship Timing: 34.8 months Stratified by Latino/a Subgroups: No	Physical	The sample of Hispanic colorectal cancer survivors, average fatigue levels were similar to previous levels found among survivor samples (range, 5-12) 24 and for population-based norms (mean, 8.4; SD, 3.6),25 Approximately 18% of the study sample demonstrated fatigue global scores equivalent to the national norm for chronically unhealthy individuals.
Blinder,V., 2013[28] (N/A)	**Study Design:** Review **Data Collection:** N/A	Not reported	N/A	Physical, Social, Psychological	Hispanics may experience higher levels of distress and poorer Social quality of life compared to non-Hispanic patients. Hispanic ethnicity has been found to be associated with greater worry about cancer recurrence compared to non-Hispanic Whites and some evidence that Hispanics have greater issues with sexual functioning long after diagnosis.
Blinder, V., 2012[29] (8/10)	**Study Design:** Qualitative **Data Collection:** Focus Groups	Not reported	**Sample Size**: 23 **Participant Characteristics:** Average Age (Median): 57 Gender: Male, 0% Female, 100% Race/ Ethnicity: Latino/a, 13.04% Non-Hispanic White, 13.04% African-American, 13.04% African-Caribbean, 21.74% Chinese, 21.74% Filipina, 17.39% Cancer Type(s): Breast Survivorship Timing (Mean): 60 Stratified by Latino/a Subgroups: Y	Psychological	A Hispanic women focus group described fear of cancer as a concern, and this theme did not come up in other race/ethnic-specific focus groups.

Blinder, V. S., 2012[30]
 	
(19/22)
	Study Design:
	Quantitative Longitudinal
	
	Data Collection:
	Survey
		Not reported	Sample Size: 290
			Participant Characteristics:
			Average Age (SD): Not Specified for total (White median: 53; Latina median: 49)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 62%
			   Non-Hispanic White, 38%
			   Non-Hispanic Black, 0%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Longitudinal assessment timing): 6, 18, 36
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social	At 6 and 18 months post-diagnosis, Latinas were less likely than non-Latina whites to be working. Moreover, Latinas were more likely to be manual laborers than were non-Latina whites. The return to work rate of low-income Latinas and non-Latinas was less than 60% at 36 months.

Blinder, V., 2017[31]
 	
(19/22)
	Study Design:
	Quantitative Longitudinal
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 267
			Participant Characteristics:
			Average Age (SD): Not Specified
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 31%
			   Non-Hispanic White, 20%
			   Non-Hispanic Black, 21%
			   Chinese, 19%
			   Korean, 10%
			Cancer Type(s): Breast
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: N
				Social	There were no significant differences between Hispanic breast cancer survivors and non-Hispanic whites in terms of job retention or likelihood of having an accommodating employer. However, when controlling for race/ethnicity in multivariate analysis, job retention was associated with being more acculturated, which may have implications for diverse populations.

Blinder, V., 2013[32]
 	
(19/22)
	Study Design:
	Quantitative Longitudinal
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 274
			Participant Characteristics:
			Average Age (Median): 49
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 53%
			   Non-Hispanic White, 33%
			   Non-Hispanic Black, 0%
			   Asian, 0%
			   Other, 14%
			Cancer Type(s): Breast
			Survivorship Timing (Longitudinal assessment timing): 6, 18, 36, 60
			Stratified by Latino/a Subgroups: N
				Social	Hispanic ethnicity was associated with never returning to work following a cancer diagnosis, with Hispanic women having more than 3 times the odds as non-Hispanic whites of never reporting return to work compared to working at 6-months.

Bloom, J. R., 2013[33]
 	
(18/22)
	Study Design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Contextual Model of HRQOL	**Sample Size**: 745
			Participant Characteristics:
			Average Age (SD): Not Specified for total sample (Euro-American: 57.1, (10.0); Latina English: 56.7, (10.3); Latina Spanish: 54.9 (10.2))
			Gender:
			   Male, 0%
			   Female, 100%
				Physical, Psychological, Social, Spiritual	In unadjusted analyses, Euro-American women reported higher physical, social, and psychological domains compared to English and Spanish speaking Latina women. There were no statistically significant differences for spiritual QOL. In adjusted analyses, ethnicity/language was not associated with physical or psychological well-being,

			Race/ Ethnicity:
			  Latino/a, 46.85%
			  Non-Hispanic Euro-American, 53.15%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Median): 24
			Stratified by Latino/a Subgroups: N
					although both English and Spanish-speaking Latinas reported higher spiritual well-being and Spanish-speaking Latinas reported poorer social well-being compared with Euro-Americans.

Borrayo, 2020 [34]
 	
(9/10)
	Study Design:
	Qualitative
	
	Data Collection:
	Semi-structured interviews
		Not Specified	**Sample Size:** 9 (survivors)
			Participant Characteristics:
			Age Range: Mean: 61.8
			Gender:
			  Male, 55.6%
			  Female, 44.4%
			Race/ Ethnicity:
			  Latino/a, 100%
			  Non-Hispanic White, 0%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s): Lung, head and neck
			Survivorship Timing: Not specified
			Stratified by Latino/a Subgroups: N
				Psychological, Social, Spiritual	These Latino survivors of lung and head and neck cancer primarily identified sociocultural factors as an asset or challenge (e.g., the presence or lack of social support from family, inclination to protect family members from emotional pain); patients also mentioned the importance of spirituality in dealing with their diagnosis. The most prevalent mental health challenges among these patients included: depression, anxiety and fear.

Bowen, D. J., 2007[35]
 	
(19/22)
	Study Design:
	Quantitative Longitudinal
	
	Data Collection:
	Survey
		Not reported	**Sample Size:** 804
			Participant Characteristics:
			Average Age (SD): 55.5, (10.4)
			Gender:
			  Male, 0%
			  Female, 100%
			Race/ Ethnicity:
			  Latino/a, 11.8%
			  Non-Hispanic White, 60.4%
			  Non-Hispanic Black, 24.8%
			  Asian, 0%
			  Other, 3.0%
			Cancer Type(s): Breast
			Survivorship Timing (Mean): 40.5 months
			Stratified by Latino/a Subgroups: N
				Physical, Social, Psychological	Hispanic women reported higher physical functional scores compared to Black women, but reported lower mental health scores compared to Black women. Moreover, low-income Latinas may have less employment flexibility compared to Non-Latina whites.

Brisbois, M.D., 2014[36]
 	
(9/10)
	Study Design:
	 Mixed-Methods
	
	Data Collection:
	Interviews
		Not reported	**Sample Size:** 20
			Participant Characteristics:
			Average Age (SD): Not reported
			Gender:
			  Male, 0%
			  Female, 100%
			Race/ Ethnicity:
			  Latino/a, 100%
			  Non-Hispanic White, 0%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Mean): 55.2
			Stratified by Latino/a Subgroups: N
				Physical, Psychological	Hispanic women with low acculturation scores expressed the impact of barriers on their ability to integrate their breast cancer experience with the chemotherapy-induced premature menopause. Screening for social isolation, anxiety, depression, and measuring acculturation levels may further provide social supports for this population.

Buki, L. P., 2008[37] (9/10)	**Study Design:** _Qualitative **Data collection:** Focus Groups	Not reported	**Sample Size:** 18 **Participant Characteristics:** Average Age (SD): 51.22, (9.58) Gender: Male, 0% Female, 100% Race/ Ethnicity: Latino/a, 100% Non-Hispanic White, 0% Non-Hispanic Black, 0% Asian, 0% Cancer Type(s): Breast Survivorship Timing (Not Specified): Not Specified Stratified by Latino/a Subgroups: Y	Psychological, Social, Spiritual, Physical	Hispanic breast cancer survivors in the re-entry stage of survivorship reported psychological and physical impacts including financial stress, side effects of chemotherapy (e.g., nausea). Limited access to health care, belief in the irreplaceability of a mothers' role and fatalistic beliefs added to the burden Hispanic women experience following a breast cancer diagnosis. Hispanic women who reported lacking social support were less confident in their treatment choices and less optimistic about the future.
Buki, L. P., 2016[38] (10/10)	**Study Design:** Qualitative **Data Collection:** Focus Groups	Not reported	**Sample Size**: 27 **Participant Characteristics:** Average Age (SD): 51.56, (9.12) Gender: Male, 0% Female, 100% Race/ Ethnicity: Latino/a, 100% Non-Hispanic White, 0% Non-Hispanic Black, 0% Asian, 0% Cancer Type(s): Breast Survivorship Timing (Range): 0-96 Stratified by Latino/a Subgroups: Y	Psychological, Social, Spiritual	Two themes of lived body image experiences: loss/ reconstructions and process of getting body image acceptance.
Burg, M. A., 2015[39] (10/10; 22/22)	**Study design:** Mixed-Methods **Data Collection**: Survey	Not reported	**Sample Size**: 1514 **Participant Characteristics:** Age Range: 24-97 Gender: Male, 34.6% Female, 65.4% Race/ Ethnicity: Latino/a, 12.1% Non-Hispanic White, 70.1% Non-Hispanic Black, 12.7% Asian, 0% Other, 5.1% Cancer Type(s): Breast, prostate, colorectal, bladder, uterine, skin melanoma Survivorship Timing (Approximate Groups): 24, 60, or 120 Stratified by Latino/a Subgroups: N	Physical, Psychological, Social	Black and Hispanic respondents had more cancer-related financial problems than other groups (Whites and "other" group). Found 15 themes of current unmet needs for long-term cancer survivors, with the top including: physical, financial, personal control, and psychological needs.
Buscemi, 2019 [40] (19/22)	Study Design: Quantitative Longitudinal Data Collection: Survey	Supportive Accountability	**Sample Size:** 22 **Participant Characteristics:** Age Mean: 54.6 (Spanish language preference) 48.7 (English language preference) Gender: Male, 0.0% Female, 100% Race/ Ethnicity: Latino/a, 100% Non-Hispanic White, 0.0%	Overall	In this pilot intervention study that assessed the effectiveness of a Smartphone application aimed at improving HRQoL among Hispanic breast cancer survivors, Latina breast cancer survivors' scores on overall HRQoL improved from Week 1 (average score-15.6, SD=4.5) to Week 4 (M=19.4, SD=4.55). However, changes in HRQoL were not statistically significant.

			Non-Hispanic Black, 0.0% Cancer Type(s): Breast Survivorship Timing: Not Specified Stratified by Latino/a Subgroups: No		

Campesino, M., 2009[41]
 	
(9/10)
	Study design:
	Qualitative
	
	Data Collection:
	Interviews
		Not reported	**Sample Size**: 5
			Participant Characteristics:
			Average Age (SD): 76.4
			Gender:
			  Male, 40%
			  Female, 60%
			Race/ Ethnicity:
			  Latino/a (Mexican-American), 100%
			  Non-Hispanic White, 0%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s): Breast, prostate, kidney, ovary, and mouth
			Survivorship Timing (Range): 24-132
			Stratified by Latino/a Subgroups: N
				Psychological, Social, Spiritual	Survivors' emotional reaction to their cancer ranged from denial to acceptance to equanimity. Most participants used prayer to allay fear and petition for good outcomes. Patients had at least one family member that was involved in their care.

Canada, A. L., 2013[42]
 	
(22/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
		Not reported	**Sample Size:** 8405
			Participant Characteristics:
			Average Age (SD): Not Reported
			Gender:
			  Male, 44.9%
			  Female, 55.1%
			Race/ Ethnicity:
			  Latino/a, 7.9%
			  Non-Hispanic White, 81.2%
			  Non-Hispanic Black, 10.9%
			  Asian, 0%
			Cancer Type(s): Breast, prostate, colorectal, bladder, uterine, melanoma
			Survivorship Timing (Range): 24-120
			Stratified by Latino/a Subgroups: N
				Spiritual, Physical	Hispanic cancer survivors had higher scores on Peace compared to Whites, and lower scores compared to Blacks. Hispanics had lower scores for Meaning than Blacks but there no significant differences in Meaning scores between Hispanics and Whites. On Faith, Hispanics had higher scores than Whites but lower scores than Blacks.

Carrion, I. V., 2017[43]
 	
(10/10)
	Study Design:
	 Qualitative
	
	Data Collection:
	Semi-Structured Interviews
		Explanatory Model of Illness	**Sample Size:** 60
			Participant Characteristics:
			Average Age (Median): 55
			Gender:
			  Male, 25%
			  Female, 75%
			Race/ Ethnicity:
			  Latino/a, 100%
			  Non-Hispanic White, 0%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s): Breast, ovarian, prostate, other (throat, thyroid, stomach, skin, brain, colorectal, and lung)
			Survivorship Timing (Range): <60
			Stratified by Latino/a Subgroups: Y
				Psychological, Social, Spiritual	Themes of coping included: positive reframing, family support, religion/ spirituality, and health-care provider support specific to Latinos. Family support facilitated coping among Latino/as. Religion and spirituality allowed Latino/as to cope with a cancer diagnosis, which is a distinct difference from the concept of fatalism.

Carver, C.S., 2006[44] (19/22)	**Study Design:** Quantitative Cross-Sectional **Data Collection:**	Not reported	**Sample Size:** 163 **Participant Characteristics:** Average Age 54.18, (10.61) Gender:	Social, Physical, Psychological	Hispanic breast cancer survivor women reported more frequent negative feelings, more social avoidance, greater distress about family's future, and greater fear of

	Surveys		Male, 0%
			Female, 100%
			Race/ Ethnicity:
			  Latino/a, 20%
			  Non-Hispanic White, 70%
			  Non-Hispanic Black, 10%
			  Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: N
					recurrence compared to non-Hispanic women at a 13-year follow-up.

Casillas, J. N., 2006[45]
 	
(8/10; 20/22)
	Study design:
	Mixed-Methods
	
	Data Collection:
	Semi-structured Interviews, Focus Groups, Survey
		Not reported	**Sample Size:** 57
			Participant Characteristics:
			Average Age (SD): Latino/a: 22 (no S.D.), Non-Latino/a: 25 (no S.D.)
			Gender:
			  Male, Latino: 59.26%; Non-Latino: 60.00%
			  Female, Latina: 40.74%, Non-Latino: 40.00%
			Race/ Ethnicity:
			  Latino/a, 47.37%
			  Non-Latino, 52.63%
			Cancer Type(s): Leukemia (Acute Lymphocytic Leukemia, Acute Myeloid Leukemia), Wilms tumor, Non-Hodgkin Lymphoma, Hodgkin Lymphoma, Other (Primitive neuroectodermal tumor, rhabdomyosarcoma, embryonal carcinoma)
			Survivorship Timing (Range): 60+
			Stratified by Latino/a Subgroups: N
				Psychological, Social, Spiritual, Physical	Childhood cancer survivors experience good HRQOL in adulthood, with no statistically significant difference between Latinos and Non-Latino Whites in the physical, psychological, social and spiritual domains. Three distinct subthemes arose for Latinos in the social health domain: closer family relationships, medically vulnerable adults (treatment by family members as being Physically vulnerable), altruism (compassion towards others). Same themes were identified among non-Latinos but an additional theme of impaired sibling relationships" was identified in non-Latinos not present among Latinos.

Casillas, J., 2010[46]
 	
(10/10)
	Study design:
	Qualitative
	
	Data Collection:
	Semi-structured Interviews
		Not reported	**Sample Size:** 27
			Participant Characteristics:
			Average Age (SD): 20
			Gender:
			  Male, 44%
			  Female, 56%
			Race/ Ethnicity:
			  Latino/a, 100%
			  Non-Hispanic White, 0%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s): Leukemia, brain/ central nervous system, lymphomas, soft-tissue sarcoma, other
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: Y
				Psychological, Social	Family participation in the care of AYA (including presence at survivorship visits, assisting with appointment scheduling and providing emotional support) played an important role in their survivorship care as they transitioned to adults. Cancer stigma (e.g., peers viewing cancer as fatal) and parental trauma around discussions related to cancer made Latino AYA cancer survivors avoid survivorship discussions (outside of discussion about follow up clinic visits).

Castellino, S. M., 2005[47]
 	
(22/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size:** 8,767
			Participant Characteristics:
			Average Age (SD): 26.9, (no SD)
			Gender (Not Specified for the Total):
			  Male, Black: 50.3%; Hispanic: 50.1%; Non-Hispanic White: 53.3%
			  Female, Black: 49.7%; Hispanic: 49.9%; Non-Hispanic White: 46.7%
			Race/ Ethnicity:
			  Latino/a, 5.74%
			  Non-Hispanic White, 89.21%
			  Non-Hispanic Black, 5.05%
			  Asian, 0%
				Psychological, Overall, Physical	In a cohort of childhood cancer survivors, Hispanic men were more likely to report adverse general health, functional impairment, and any adverse health status in models that did not adjust for SES. The rate of adverse mental health was similar in Hispanics compared to Whites.

			Cancer Type(s): "Childhood": Leukemia, CNS, Hodgkin's, NHL, Wilms, Neuroblastoma, Sarcoma, Bone Survivorship Timing (Mean for Latino/as (Not Specified for Total)): 206.4 Stratified by Latino/a Subgroups: N		
Castillo, A. 2019 [48] (9/10)	**Study Design:** Qualitative **Data Collection:** Focus groups	N/A	**Sample Size:** 23 **Participant Characteristics:** Age Mean: 52.5 Gender: 　Male, 0.0% 　Female, 100% Race/ Ethnicity: 　Latino/a, 100.0% 　Non-Hispanic White, 0.0% 　Non-Hispanic Black, 0.0% Cancer Type(s): Breast Survivorship Timing <=24 months Stratified by Latino/a Subgroups: No	Psychological, Social, Spiritual	In a cohort of Latina breast cancer survivors, Latinas discussed expressing anger and fear as to how breast cancer affected their family. In order to cope with breast cancer and its treatment, Latina women commonly cited that they suppressed negative emotions, relied on their family as a source of support and on religiosity.
Ceballos, R. M., 2015[49] (22/22)	**Study design:** Mixed-Methods **Data Collection:** Focus Groups, Survey	Not reported	**Sample Size:** 29 **Participant Characteristics:** Average Age (SD): 54.31, (10.72) Gender: 　Male, 41.38% 　Female, 58.62% Race/ Ethnicity: 　Latino/a, 100% 　Non-Hispanic White, 0% 　Non-Hispanic Black, 0% 　Asian, 0% Cancer Type(s): Breast, colorectal, endometrial/ cervical, leukemia, lung, multiple myeloma, non-Hodgkin's lymphoma, osteosarcoma, ovarian/ uterine, prostate, stomach, testicular Survivorship Timing (Range): ≤ 120 Stratified by Latino/a Subgroups: N	Psychological, Spiritual, Social, Physical	Emerging theme for both male and female Hispanic survivors included, fear of recurrence, difficulty with memory and fatigue. Survivors also reported concerns about the impact of cancer on family, depression and isolation, using Spirituality as coping mechanism. In the feasibility study, implementation of the support group led to improvements in quality of life [functional (p= 0.05), Social (p=0.02), and meaning/purpose (p=0.05)] among women but not men.
Chebli, P. 2019 [50] (9/10)	**Study Design:** Qualitative **Data Collection:** Focus Groups	Not Specified	**Sample Size: 19 (cancer survivors)** **Participant Characteristics:** Age Range: ≥18 Gender: 　Male, 0% 　Female,100 % Race/ Ethnicity: 　Latino/a, 100% 　Non-Hispanic White 0% 　Non-Hispanic Black 0% Cancer Type(s): Breast Survivorship Timing: ≥132 months Stratified by Latino/a Subgroups: N	Social	Determinants of financial toxicity among Latina breast cancer survivors include: lack of knowledge about treatment-related costs, delayed financial planning and insurance coverage. Cultural norms (to seeking financial assistance), language barriers and barriers associated with non-citizenship status all contributed to financial toxicity. Financial assistance programs were helpful but usually had restrictive eligibility criteria. Access to individuals with relevant cancer experiences within patients' network was a protective determinant of financial toxicity.

Christie, K. M., 2010[51]
 	
(21/22)
	Study design:
	Quantitative Longitudinal
	
	Data Collection:
	Survey
		Not reported	**Sample Size:** 677
			Participant Characteristics:
			Average Age (SD): 50.88, (9.46)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 62.78%
			   Non-Hispanic White, 37.22%
			   Non-Hispanic Black, 0%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Longitudinal assessment timing): 6, 18
			Stratified by Latino/a Subgroups: N
				Social, Psychological, Physical	Hispanic women reported greater sexual dysfunction compared to non-Hispanic White women, including significantly less interest in sex, greater difficulty enjoying sex, greater difficulty becoming sexually aroused, and greater difficulty becoming lubricated compared to non-Hispanic White women. There was a modest but significant association between acculturation and sexual dysfunction, such that women who used English more than Spanish were more likely to report better sexual function. Comparisons of depression and body image concerns between Hispanic and non-Hispanic white women were not statistically significant.

Clarke, T. C., 2015[52]
 	
(20/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 24,810 survivors (and 382,837 persons without cancer; 407,647 total)
			Participant Characteristics (of 24,810 survivors):
			Average Age (SD): Not Specified
			Gender:
			   Male, 35.94%
			   Female, 64.06%
			Race/ Ethnicity:
			   Latino/a, 7.90%
			   Non-Hispanic White, 79.91%
			   Non-Hispanic Black,9.79%
			   Asian, 2.40%
			Cancer Type(s): Bladder, breast, colorectal, lung, prostate, and other
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: N
				Social, Psychological, Physical	Hispanic cancer survivors were somewhat more likely to be employed following a cancer diagnosis compared to White cancer survivors (OR=1.2; 95% CI: 1.11-1.25). Hispanic and Black cancer survivors were less likely to report good-to-excellent health compared to Whites.

Clauser, S. B., 2008[53]
 	
(19/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey, Administrative
		Not reported	**Sample Size:** 21,504 participants with cancer diagnosis
			Participant Characteristics (for Cancer Diagnosis participants):
			Age Range: 65+
			Gender:
			   Male, 50.56%
			   Female, 49.44%
			Race/ Ethnicity:
			   Latino/a, 5.48%
			   Non-Hispanic White, 81.79%
			   Non-Hispanic Black, 5.76%
			   Asian, 4.62%
			   Other, 2.35%
			Cancer Type(s): Breast, prostate, colorectal, lung
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: N
				Physical, Psychological	In adjusted analyses, Hispanic Medicare beneficiaries reported lower physical and mental HRQOL compared to White beneficiaries.

	Study design / Data Collection	Theory	Sample / Participant Characteristics	Outcomes	Findings

Connor, A. E., 2016[54]
 	
(22/22)
	Study design:
	Quantitative Longitudinal
	
	Data Collection:
	Survey
		Not reported	**Sample Size:** 451
			Participant Characteristics:
			Average Age (SD): Survivors: 64.3, (9.1); Controls: 64.0, (10.0)
			Gender:
			   Male, 0
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, Survivors: 34.50; Controls: 31.47%
			   Non-Hispanic White, Survivors: 65.50%;
			Controls: 68.53%
			   Non-Hispanic Black, 0%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Longitudinal baseline median): 193 days
			Stratified by Latino/a Subgroups: N
				Physical, Psychological	Compared to Non-Hispanic Whites, Hispanic survivors were more likely to report lower mental and physical health. High BMI was associated with decreased mental health, but was not significantly different between Hispanics and non-Hispanic whites.

Costas-Muñiz, R., 2017[55]
 	
(22/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size:** 265
			Participant Characteristics:
			Average Age (SD): 61.16, (11.20)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 36.60%
			   Non-Hispanic White, 63.40%
			   Non-Hispanic Black, 0%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: Y
				Psychological, Social	About 49% of Latinas and 40% of White breast cancer survivors indicated that they needed psychosocial services after their diagnosis and were not significantly different. However, Latinas were significantly more likely to receive spiritual counseling compared to Whites (11% versus 3%).

Crane, T. E. 2019 [56]	Study Design:
	Quantitative Longitudinal
	
	Data Collection:
	Survey
		N/A	**Sample Size:** 293
			Participant Characteristics:
			Age Mean: 48.96
			Gender:
			   Male, 0.0%
			   Female, 100.0%
			Race/ Ethnicity:
			   Latino/a, 100.0%
			   Non-Hispanic White, 0.0%
			   Non-Hispanic Black, 0.0%
			Cancer Type(s): Breast
			Survivorship Timing: Not specified
			Stratified by Latino/a Subgroups: No
				Physical, Psychological, Social	In this study examining the unique trajectories of depression and anxiety among subgroups of Latinas breast cancer survivors, three patterns emerged for both outcomes. Depression patterns included: low/moderate-stable (78%), high-improving (7%), and high-stable (15%). The patterns for anxiety included: low-stable (73%), high-improving (18%), and high-worsening (9%). Chemotherapy use, age, and social support were important predictors of subgroup membership.

Crookes, D. M., 2016[57]
 	
(22/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Social Network Theory	**Sample Size:** 34
			Participant Characteristics:
			Average Age (SD): 56.9, (9.5)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 100%
			   Latina Black, 29.4%
			   Latina White, 22.1%
			   Latina Native American, 2.9%
				Social	Survivors (predominantly Dominican) reported an average of 12.6 members in their social networks, mostly constituting family members (children and other relatives). Other social network members included friends and neighbors and religious group networks. Women with high network diversity had higher acculturation scores.

			Latina Mixed Race, 5.9% Cancer Type(s): Breast Survivorship Timing at Longitudinal Baseline (Mean): 38.4 Stratified by Latino/a Subgroups: Y		

Das, N., 2015[58]
 	
(21/22)
	Study design:
	Quantitative Longitudinal
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 199
			Participant Characteristics:
			Average Age (SD): Not Specified
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 34.88%
			   Non-Hispanic White, 65.12%
			   Non-Hispanic Black, 0%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: N
				Physical	There were no statistically significant differences between Hispanic and Non-Hispanic White women with breast cancer diagnosis reporting lymphedema. However, the authors note that they may not have had adequate power to detect a statistical difference.

Dirksen, S. R., 2002[59]
 	
(22/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Well-Being Among Survivors of Breast Cancer	**Sample Size**: 100
			Participant Characteristics:
			Average Age (SD): 55.0, (11.5) (Hispanic), 57.7 (Non-Hispanic White), (10.7)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 50%
			   Non-Hispanic White, 50%
			   Non-Hispanic Black, 0%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Median): 47.0 (Hispanic), 42.0 (Non-Hispanic White)
			Stratified by Latino/a Subgroups: N
				Psychological, Social	Social support, uncertainty, and resourcefulness predicted self-esteem for Hispanic and non-Hispanic White women. In addition, self-esteem and healthcare orientation were significant predictors of well-being for both groups. This study did not find any statistically significant differences between Hispanic and non-Hispanic White women for these outcomes.

Dyer, K. E., 2015[60]
 	
(9/10)
	Study design:
	Qualitative
	
	Data Collection:
	Unstructured and Semi-Structured Interviews
		Not reported	**Sample Size**: 23
			Participant Characteristics:
			Average Age (SD): 43.43, (no S.D.)
			Gender:
			   Male, 13%
			   Female, 87%
			Race/ Ethnicity:
			   Latino/a, 100%
			   Non-Hispanic White, 0%
			   Non-Hispanic Black, 0%
			   Asian, 0%
			Cancer Type(s): Breast, lymphoma, uterine, thyroid, colorectal, angiosarcoma, melanoma, oral
			Survivorship Timing (Mean): 115.2
			Stratified by Latino/a Subgroups: N
				Psychological, Social, Spiritual	Participants overwhelmingly spoke positively of the impact of cancer on their lives, with most participants crediting their diagnosis with changing the outlook on life, teaching them to appreciate life more. Participants also reported that cancer strengthened and clarified their relationships (friend and families) and deepened their relationship with God. A desire to help others was also a prominent theme among these survivors.

Elimimian, E. 2020 [61]
 	
(20/22)
	Study Design:
	Quantitative
	
	Data Collection:
	Survey
		Not Specified	Sample Size: 33 (who completed 24-month follow-up)
			Participant Characteristics:
			Age Range: Mean: 54.6
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 97%
			   Non-Hispanic White, %
			   Non-Hispanic Black, %
			   Asian, %
			Cancer Type(s): Breast
			Survivorship Timing: ≥60 months
			Stratified by Latino/a Subgroups: N
				Physical, Psychological	An 8-week mindfulness-based stress reduction program led to reduction in anxiety (mean score change: -2.39, p=0.04) and depression (mean score change: -2.27, p=0.04) at 24-month follow-up (compared to baseline) among Hispanic breast cancer survivors. The intervention also led to statistically significant increases in mental health component scores (mean score change: 4.07, p=0.03) but not the physical component scores.

Escalera, C. 2019 [62]
 	
(20/22)
	Study Design:
	Quantitative
	
	Data Collection:
	Survey
		Cohen's Model of Stress Buffering	**Sample Size**: 151
			Participant Characteristics:
			Age Range: 28-81
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 100%
			   Non-Hispanic White, 0%
			   Non-Hispanic Black, 0%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing: ≥12 months
			Stratified by Latino/a Subgroups: N
				Psychological, Social	Intrusive thoughts were positively associated with depressive symptoms regardless of level of social support, but social support did not act as a buffer (moderator). Intrusive thoughts were also associated with anxiety; and both tangible and affectionate support moderated the relationship between intrusive thoughts and anxiety i.e., intrusive thoughts were more strongly associated with patients who reported lower levels of tangible and affectionate support.

Eversley, R., 2005[63]
 	
(20/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 116
			Participant Characteristics:
			Average Age (SD): 47, (no S.D.)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 25%
			   Non-Hispanic White, 30%
			   Non-Hispanic Black, 30%
			   Other (Including Asian), 15%
			Cancer Type(s): Breast
			Survivorship Timing (Range): Less than 24
			Stratified by Latino/a Subgroups: N
				Psychological, Physical	Latina breast cancer survivors reported significantly higher rates of fatigue and depression compared to Black and White patients. Compared to Whites, Latinas and Blacks were more likely to report pain and lymphedema.

Fatone, A. M., 2007[64]
 	
(8/10)
	Study design:
	Qualitative
	
	Data Collection:
	Semi-structured Interviews
		Not reported	**Sample Size**: 20
			Participant Characteristics:
			Average Age (SD): 54.10, (10.54)
			Gender:
			  Male, 0%
			  Female, 100%
			Race/ Ethnicity:
			  Latino/a, 60%
			  Non-Hispanic White, 0%
			  Non-Hispanic Black, 40%
			  Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social, Spiritual	Psychological concerns were experienced among all Hispanic women, with main themes within this domain including sadness, crying, and anxiety. This was followed by the Physical domain (92% of women), with major symptoms including pain, fatigue, hair loss and nausea. Social/functional issues also identified as important (92%) with a central theme of financial distress; other themes included family and changes in Socializing and inability to work. Hispanics also reported sexual issues (75%) with women experiencing body image issues and decreased sexual activity. Spirituality (faith as source of strength) was a high priority for 50% of Hispanic women.

Foley, K. L., 2006[65]
 	
(9/10)
	Study design:
	Qualitative
	
	Data Collection:
	Semi-structured Interviews
		Not reported	**Sample Size**: 58
			Participant Characteristics:
			Age Range: 25-86
			Gender:
			  Male, 44.8%
			  Female, 55.2%
			Race/ Ethnicity:
			  Latino/a, 13.9%
			  Non-Hispanic White, 70.7%
			  Non-Hispanic Black, 15.5%
			  Asian, 0%
			Cancer Type(s): Bladder, breast, colorectal, gynecological, head and neck, and prostate
			Survivorship Timing (Mean): 92.4
			Stratified by Latino/a Subgroups: N
				Spiritual, Psychological	The themes identified in this multiethnic sample of long-term cancer survivors, including, That's Life (no change in QOL), Personal Growth (positive growth experience), Relinquishing Control (learning to let go) and Resentment (depression or anger) were not different by race/ethnicity.

Fu O. S. , 2009[66]
 	
(22/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 139
			Participant Characteristics:
			Average Age (SD): 52.5 (Median)
			Gender:
			  Male, 0%
			  Female, 100%
			Race/ Ethnicity:
			  Latino/a, 45%
			  Non-Hispanic White, 42%
			  Non-Hispanic Black, 13%
			  Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Range): ≥ 3
			Stratified by Latino/a Subgroups: N
				Physical, Psychological	Hispanic breast cancer survivors were more likely than Black or White women to report >10 symptoms as a result of their cancer. Specifically, Hispanic women were more likely to experience pain-related and chemotherapy-related symptoms relative to Whites.

Galvan, N., 2009[67]
 	
(10/10)
	Study design:
	Qualitative
	
	Data Collection:
	Focus Groups, Interviews
		Not reported	**Sample Size**: 22
			Participant Characteristics:
			Average Age (SD): 51, (9)
			Gender:
			  Male, 0%
			  Female, 100%
			Race/ Ethnicity:
			  Latino/a, 100%
			  Non-Hispanic White, 0%
				Psychological, Social, Spiritual	Latina immigrant BC survivors who perceived to receive social support reported less psychological distress, consistent with literature on non-Latina women. Family emerged as a valuable source of support. Additionally, Latina women reported lacking information regarding their treatment as a result of not questioning their doctor and survivors unsure about their treatment

			Non-Hispanic Black, 0% Asian, 0% Cancer Type(s): Breast Survivorship Timing (Not Specified): Not Specified Stratified by Latino/a Subgroups: N		choices. Latina BC survivors not questioning treatment may be due to the cultural value of respet.

Garcia-Jimenez M., 2014[68]
 	
(22/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Psychosocial Models of Coping	**Sample Size**: 330
			Participant Characteristics:
			Average Age (SD): 58.25, (11.89)
			Gender:
			  Male, 0%
			  Female, 100%
			Race/ Ethnicity:
			  Latino/a, 100%
			  Non-Hispanic White, 0%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: N
				Psychological, Social Spiritual, Overall	Acculturation was associated with self-rated health, where English proficient Latina breast cancer survivors were more likely than their low English proficient counterparts to report better self-rated health. Having a sense of inner peace/ meaning in life and cancer self-efficacy (e.g., positive attitude, seeking social support) were both associated with self-rated health, and attenuated the relationship between acculturation and self-rated health.

Giedzinska, A. S. , 2004[69]
 	
(21/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 621
			Participant Characteristics:
			Average Age (SD): 55.23, (11.46)
			Gender:
			  Male, 0%
			  Female, 100%
			Race/ Ethnicity:
			  Latino/a, 12.56%
			  Non-Hispanic White, 37.52%
			  Non-Hispanic Black, 37.52%
			  Asian, 12.40%
			Cancer Type(s): Breast
			Survivorship Timing (Mean): 35.16
			Stratified by Latino/a Subgroups: N
				Psychological, Social, Physical	Latinas reported worse mental health and emotional well-being compared to African Americans and more physical symptoms compared to Whites, African Americans, and Asian Americans. Exploratory analyses revealed age correlated significantly with mental and physical QOL measures.

Goldfarb, M., 2016[70]
 	
(20/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 1028
			Participant Characteristics:
			Average Age (SD): Not Specified
			Gender:
			  Male, YA: 6.5%; >40: 10.9%
			  Female, TA: 93.5%; >40: 89.1%
			Race/ Ethnicity:
			  Hispanic, YA: 8.3%; >40: 4.9%
			  Non-Hispanic, YA: 91.7%%; >40: 95.1%
			  White, YA: 86.6%; >40: 94.8%
			  Black, YA: 1.1%; >40: 1.1%
			  Asian, YA: 5.1%; >40: 1.5%
			  American Island or Pacific Islander, YA: 1.4%; >40: 0.9%
			  Other, YA: 5.8%; >40: 1.7%
			Cancer Type(s): Thyroid (papillary/ follicular and medullary)
			Survivorship Timing (Mean): 46.3 for current YAs and 58.38 for older age group
			Stratified by Latino/a Subgroups: N
				Physical, Psychological	There were no significant differences between Hispanic thyroid cancer survivors and non-Hispanic survivors on measures of physical well-being and psychological well-being.

Gonzales, F. A., 2016[71]
 	
(22/22)
	Study design:
	Quantitative Longitudinal
	
	Data Collection:
	Survey
		Response Shift Framework	**Sample Size:** 150
			Participant Characteristics:
			Average Age (SD): 50.13, (10.91)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 100%
			   Non-Hispanic White, 0%
			   Non-Hispanic Black, 0%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing at Longitudinal Baseline
			(Range): Less than 12
			Stratified by Latino/a Subgroups: Y
				Psychological, Social, Spiritual	Among this group of Latina immigrants with breast cancer, emotional support was positively associated with emotional well-being. Emotional support was also positively associated with acceptance but negatively associated with fatalism. The relationship between emotional support and well-being was mediated by both fatalism and acceptance (only marginally significant).

Gonzales, P., 2016[72]
 	
(10/10)
	Study design:
	Qualitative
	
	Data Collection:
	Focus Groups
		Not reported	**Sample Size:** 41
			Participant Characteristics:
			Average Age (SD): 53.39, (9.23)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Chinese, 50.00%
			   Korean, 26.19%
			   Mexican-American, 21.43%
			Cancer Type(s): Breast
			Survivorship Timing (Mean): 30
			Stratified by Latino/a Subgroups: N
				Psychological, Spiritual	Mexican and Korean Americans emphasized the importance of religion/spiritual coping in dealing with breast cancer, while Chinese Americans emphasized benefit finding (beneficial meaning from cancer diagnosis). Related to benefit finding, the most referenced sub-theme among Mexican Americans was prioritization (changes in life priorities as a result of cancer). Mexican Americans also expressed religious oriented fatalistic coping (leaving breast cancer prognosis up to God). There was also greater use of "fighting spirit" among Mexican and Chinese American (compared to Korean).

Graves, K. D., 2012[73]
 	
(21/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Contextual Model of HRQOL; Ecological Model	**Sample Size:** 264
			Participant Characteristics:
			Average Age (SD): 50.6, (9.9)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 100%
			   Non-Hispanic White, 0%
			   Non-Hispanic Black, 0%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Mean): 32.4
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social, Spiritual, Overall	In a cohort of Latina breast cancer survivors, shame and stigma related to breast cancer were negatively associated with overall and domain-specific QOL. Acculturation was not independently related to QOL outcomes. Social factors were associated with overall QOL and Social and functional well-being, and medical contextual factors (e.g., medical mistrust) were independently related to overall QOL as well as Physical and emotional well-being.

Haddy, T. B. , 2009[74]
 	
(16/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size:** 324
			Participant Characteristics:
			Average Age (SD): Not Specified
			Gender:
			   Male, 51.9%
			   Female, 48.1%
			Race/ Ethnicity:
			   Latino/a, 6.2%
			   Non-Hispanic White, 70.4%
			   Non-Hispanic Black, 14.8%
			   Asian, 0%
			   Other, 3.7%
				Physical, Psychological	Hispanic childhood cancer survivors had greater prevalence of acute myeloid leukemia relapses, and cardiac problems compared with Whites.

			Cancer Type(s): Leukemia (including: ALL, acute myeloid leukemia, and MDS) Survivorship Timing (Not Specified): Not Specified Stratified by Latino/a Subgroups: N		

Holden, A. E., 2014[75]
 	
(21/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size:** 117
			Participant Characteristics:
			Average Age (SD): 56.1, (no S.D.)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 100%
			   Non-Hispanic White, 0%
			   Non-Hispanic Black, 0%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Mean): No Ovarian cancer screening: 56.4, Yes Ovarian cancer screening: 63.6, No Colorectal cancer screening: 60.0, Yes Colorectal cancer screening: 49.2
			Stratified by Latino/a Subgroups: Y
				Psychological	31.6% of sample reported high levels of depressive symptoms. Women with high depressive symptoms had 0.44 and 0.35 times the odds of getting ovarian or any cancer screening respectively compared to women with low depressive symptoms.

Hughes, D. C., 2008[76]
 	
(21/22)
	Study design:
	Quantitative Longitudinal
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 25
			Participant Characteristics:
			Average Age (SD): 50.0, (8.44)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 100%
			   Non-Hispanic White, 0%
			   Non-Hispanic Black, 0%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Mean): 61.3
			Stratified by Latino/a Subgroups: N
				Psychological, Social, Physical	Participation in this physical activity intervention among Hispanic breast cancer survivors resulted in improved self-reported stress levels (p-value=0.02). There was a trend towards improvement in mental and physical health function but these results were not statistically significant.

Jagsi, R., 2014[77]
 	
(21/22)
	Study design:
	Quantitative Longitudinal
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 1502
			Participant Characteristics:
			Average Age (SD):
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   English-speaking Latina, 19.5%
			   Spanish-speaking Latina, 20.4%
			   Non-Hispanic White, 42.7%
			   Non-Hispanic Black,17.4%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: N
				Social	Among all breast cancer survivors, 9% of whites, 15% of blacks, 17% of English-speaking Latinas, and 10% of Spanish-speaking Latinas reported medical debt (P =.03). Compared to Whites, Spanish-speaking Latinas had increased odds of financial decline (OR: 2.76; P = 0.006). Hispanics and Blacks had greater odds of experiencing privation (economically motivated treatment non-adherence and broader hardships related to medical expenses) compared to Whites.

Janz, N. K. , 2011[78]
 	
(22/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Modified Stress Appraisal	**Sample Size**: 1837
			Participant Characteristics:
			Average Age (SD): 56.8 (11.4)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 17%
			   Non-Hispanic White, 68.7%
			   Non-Hispanic Black, 14.3%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Mean): 9.2
			Stratified by Latino/a Subgroups: N
				Psychological	In unadjusted analyses, Latina women reported higher levels of worry compared to African American or White women. In unadjusted and adjusted analyses, Latinas with lower-levels of acculturation reported the highest level of worry compared to Latinas with high levels of acculturation, African American, and White women.

Janz, N. K., 2016[79]
 	
(21/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Modified Stress Appraisal	**Sample Size**: 1536
			Participant Characteristics (of survivors):
			Average Age (SD): Not Specified
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 26.1%
			   Non-Hispanic White, 59.8%
			   Non-Hispanic Black, 12.9%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Approximately, the target was 4 years): 48
			Stratified by Latino/a Subgroups: N
				Psychological, Social	In unadjusted analyses, Latino/as with low acculturation were most likely to report worry compared with Latinas with high acculturation, Whites, or Blacks. Moreover, Latino/a partners with low acculturation reported the highest percentage of worry across all racial/ethnic groups. In adjusted analyses, Latinos with low acculturation were significantly more likely to report worry compared to Whites.

Janz, N. K., 2009[80]
 	
(22/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 1492
			Participant Characteristics:
			Average Age (SD): 57.5, (11.3)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 23.06%
			   Non-Hispanic White, 48.66%
			   Non-Hispanic Black, 25.87%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Mean): 9.2
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social	Hispanic breast cancer survivors reported more breast concerns compared to non-Hispanic Whites, and Hispanic women had significantly lower physical well-being, functional well-being, emotional well-being, social well-being compared to Non-Hispanic White women.

Janz, N. K., 2008[81]
 	
(22/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 1137
			Participant Characteristics:
			Average Age (SD): 56.9, (no S.D.)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 50.22%
			   Non-Hispanic White, 30.34%
			   Non-Hispanic Black, 27.09%
			   Asian, 0%
			Cancer Type(s): Breast
				Physical, Psychological, Social	Latinas with low acculturation have the most unmet need for information support, possibly because of access, or awareness of the availability of information. There is a need for better explanation and more Spanish-speaking health professionals to help them understand their BC diagnosis and resources.

			Survivorship Timing (Mean): 9.2 Stratified by Latino/a Subgroups: N		

Jones, B. L., 2010[82]
 	
(10/10)
	Study design:
	Qualitative
	
	Data Collection:
	Interviews
		Not reported	**Sample Size**: 9
			Participant Characteristics:
			Age Range: 14-21
			Gender:
			  Male, 22.22%
			  Female, 77.78%
			Race/ Ethnicity:
			  Latino/a, 100%
			  Non-Hispanic White, 0%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s): Childhood, not specified
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: N
				Social, Spiritual	The study identified 7 themes among Latino AYAs. They 1) expressed a sense of gratitude for others, 2) shared that humor and a positive attitude were important for recovery, 3) felt respect and sympathy for younger patients, 4) indicated that faith and God played an important role in coping with cancer, 5) expressed in shift in attitude or actions for the better as a result of their cancer, 6) relied on family support, and 7) credited medical staff for creating a positive and nurturing environment.

Juarez, G., 2013[83]
 	
(21/22)
	Study design:
	Quantitative Longitudinal
	
	Data Collection:
	Survey
		Quality of Life in Cancer Survivorship	**Sample Size:** 52
			Participant Characteristics:
			Average Age (SD): 25.5, (10.9)
			Gender:
			  Male, 0%
			  Female, 100%
			Race/ Ethnicity:
			  Latino/a, 100%
			  Non-Hispanic White, 0%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing **After Intervention**
			(Longitudinal Baseline): 3
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social, Spiritual, Overall	Latina BCS reported many QOL concerns: 96% of sample reported problems with fatigue. Primary domains of concern were psychological (severe distress related to treatment, including changes in appearance, fear of recurrence or new cancer spreading) and social (family distress - particularly daughters and other close female relatives getting cancer). Reported levels of spirituality and religion were also high.
					
					The intervention (tailored, bilingual education) led to small improvement in overall HRQOL, uncertainty and distress.

Kent, E. E., 2013[84]
 	
(21/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size:** 604
			Participant Characteristics:
			Age Range: 40-64
			Gender:
			  Male, 0%
			  Female, 100%
			Race/ Ethnicity:
			  Latino/a, 9.6%
			  Non-Hispanic White, 56.8%
			  Non-Hispanic Black, 29.8%
			  Asian, 0%
			  Other, 3.8%
			Cancer Type(s): Breast
			Longitudinal baseline (range after diagnosis): 2-12
			Stratified by Latino/a Subgroups: N
				Psychological, Social	Compared to Whites, Hispanic breast cancer survivors were less likely to participate in support programs and confide in physicians (p<0.01). Among Hispanics, there was a trend towards an inverse relationship between support program participation and post-traumatic growth (although this was not statistically significant).

Kent, E. E., 2014[85] **(**21/22)	**Study design:** Quantitative Cross-Sectional **Data Collection:**	Not reported	**Sample Size:** 606 **Participant Characteristics:** Average Age (SD): Not Specified Gender:	Physical, Psychological	Hispanic survivors were the most likely to report symptom bother.

			Male, 56.3%
			Female, 43.7%
			Race/ Ethnicity:
			  Latino/a, 8.3%
			  Non-Hispanic White, 74.1%
			  Non-Hispanic Asian, 10.7%
			  Other, 6.9%
			Cancer Type(s): Leukemia, bladder, colorectal
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: N		

Knobf, M. T., 2012[86]
 	
(21/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 1,516
			Participant Characteristics:
			Average Age (SD): 61, (no S.D.)
			Gender:
			  Male, 23.6%
			  Female, 76.4%
			Race/ Ethnicity:
			  Latino/a, 4.3%
			  Non-Hispanic White, 87.7%
			  Non-Hispanic Black, 5.3%
			  Asian, 0%
			  Other, 2.7%
			Cancer Type(s): Breast, prostate, colorectal, lung, melanoma
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social	Hispanic cancer survivors reported the highest level of need across the individual domains of SCNF-SF34 (supportive care needs), including in psychological, health system and information, physical and daily living, patient care and support and sexuality.

Koch, L., 2013[87] (N/A)	**Study design:** Review **Data Collection:** N/A	Not reported	**Sample Size**: 17 articles **Cancer Type(s):** Multiple	Psychological	This systematic review noted Hispanics were reported to have higher levels of fear of recurrence than other ethnicities.

Lee, E., 2016[88]
 	
(22/22)
	Study design:
	Quantitative Longitudinal
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 375
			Participant Characteristics:
			Average Age (SD): 56.0, (9.0)
			Gender:
			  Male, 0%
			  Female, 100%
			Race/ Ethnicity:
			  Latino/a, 64%
			  Non-Hispanic White, 15%
			  Non-Hispanic Black, 21%
			  Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Not Specified): Not Specified, but "newly diagnosed"
			Stratified by Latino/a Subgroups: N
				Physical	In unadjusted and adjusted analysis, Hispanics Whites had significant higher pre- and post-treatment associated pain compared to Non-Hispanic Whites.

Krok-Schoen, J. L. 2019 [89]	**Study Design**:
	Qualitative
	
	Data Collection:
	Focus Groups
		N/A	**Sample Size**: 16
			Participant Characteristics:
			Age Mean (SD): 57.4 (10.2)
			Gender:
			  Male, 0.0%
			  Female, 100.0%
			Race/ Ethnicity:
			  Latino/a, 100.0%
				Physical, Psychological	Hispanic breast cancer survivors in both English-speaking and Spanish-speaking focus groups reported high levels of fatigue and nausea associated with chemotherapy, and English-speaking Hispanic breast cancer survivors spoke to their clinicians about their depressive symptoms more often compared to those who were Spanish-speaking.

			Non-Hispanic White, 0.0% Non-Hispanic Black, 0.0% Cancer Type(s): Breast Survivorship Timing: <=36 months Stratified by Latino/a Subgroups: No		
Levine, E. G., 2007[90] (9/10)	**Study design:** Qualitative **Data Collection:** Semi-structured Interviews	Not reported	**Sample Size:** 161 **Participant Characteristics:** Average Age (SD): 57, (no S.D.) Gender: Male, 0% Female, 100% Race/ Ethnicity: Latino/a, 13% Non-Hispanic White, 32% Non-Hispanic Black, 22% Asian, 32% Cancer Type(s): Survivorship Timing (Mean): 24 Stratified by Latino/a Subgroups: N	Spiritual	A higher proportion of Hispanics and African American felt comforted by God compared to Whites and Asian/Pacific Islander. However, of those who said they were spiritual, Hispanics had the lowest proportion.
Lim, J., 2009[91] (21/22)	**Study design:** Quantitative Cross-Sectional **Data Collection:** Survey	Cultural Health Belief Model	**Sample Size:** 389 **Participant Characteristics:** Average Age (SD): Latina: 53.45, (11.5) Gender: Male, 0% Female, 100% Race/ Ethnicity: Latino/a, 47.04% Non-Hispanic White, 0% Non-Hispanic Black, 0% Asian, 52.96% Cancer Type(s): Breast Survivorship Timing (Mean): Latina: 35.16; Stratified by Latino/a Subgroups: N	Psychological, Social, Physical, Spiritual	Asian-Americans showed higher emotional and physical well-being scores than LCS. Each group had different cultural beliefs about their treatments that shaped their key factors of care, with LCS putting more emphasis on God, Luck, and health providers and Asian-Americans taking more personal control.
Livaudais, J. C., 2010[92] (9/10)	**Study design:** Qualitative **Data Collection:** Focus Groups	Not reported	**Sample Size:** 41 **Participant Characteristics:** Average Age (SD): Not Specified Gender: Male, 24.39% Female, 75.61% Race/ Ethnicity: Latino/a, 100% Non-Hispanic White, 0% Non-Hispanic Black, 0% Asian, 0% Cancer Type(s): Brain, breast, cervical, colorectal, liver, lung, lymphoma, pancreatic, prostate, and uterine Survivorship Timing (Not Specified): Not Specified Stratified by Latino/a Subgroups: N	Social, Spiritual, Psychological	Women, especially Latina cancer survivors with breast or reproductive cancers, reported a lack of support from their spouse. Several women expressed the belief that their cancer was given to them through "God's Will" (fatalism).

Lockhart, 2018 [93]	Scoping Review	N/A	Sample Size: 18 articles Cancer Type(s): Multiple		
Lopez-Class, M., 2012[94] (N/A)	**Study design:** Review **Data Collection:** N/A	Contextual and Ecological Model of HRQOL	Sample Size: 37 studies Cancer Type(s): Breast	Psychological, Social, Spiritual	In the physical domain, Latina cancer survivors reported arm and breast pain, fatigue, hair loss, nausea, with low acculturated Latinas reporting poorer physical function than other groups. Acculturation was correlated with several poor health outcomes. In several studies with multiethnic samples, Latinas reported poorer psychological and emotional well-being than other ethnic groups. Functional wellbeing largely was assessed through work capability with studies reporting financial distress among Latinas. High levels of religiosity/Spirituality linked to functional wellbeing. Social networks and support was important among Latinas, with immigrant survivors reporting a significant lack of support.

Lopez-Class, M., 2011[95]
 	
(9/10)
	Study design:
	Qualitative
	
	Data Collection:
	Interviews, Focus Groups
		Not reported	**Sample Size:** 28
			Participant Characteristics:
			Average Age (SD): 47, (9.0)
			Gender:
			  Male, 0%
			  Female, 100%
			Race/ Ethnicity:
			  Latino/a, 100%
			  Non-Hispanic White, 0%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Mean): 37.2
			Stratified by Latino/a Subgroups: Y
				Psychological, Social, Spiritual	Among this group of Latina breast cancer survivors, HRQOL was determined by several factors including: reliance on spiritualty or relationship with God, fatalism, secrecy/shame around breast cancer diagnosis, feelings of isolation (being lonely), importance of family support (familism), self-reliance (Physical and mental toughness), and, for some, partner's difficulty with showing emotional support (machismo).

Luckett, T., 2011[96] (N/A)	**Study design:** Review **Data Collection:** N/A	Not reported	**Sample Size:** 21 articles Cancer Type(s): Multiple	Psychological, Social, Spiritual, Physical Overall	In the US, compared to the majority group (Whites), Hispanics were more likely to report distress (p<0·0001), depression (p=0·041), Social HRQoL (p=0·035) and overall HRQOL (p=0·0008). Poorer outcomes consistent with potentially clinically important differences for the three measures.

Maly, R. C., 2014[97]
 	
(22/22)
	Study design:
	Quantitative Longitudinal
	
	Data Collection:
	Survey
		Not reported	**Sample Size:** 921
			Participant Characteristics:
			Average Age (SD): 50.8, (9.5)
			Gender:
			  Male, 0%
			  Female, 100%
			Race/ Ethnicity:
			  Latino/a, 53.5%
			  Non-Hispanic White, 31.7%
			  Non-Hispanic Black, 5.9%
			  Asian/ Pacific Islander, 7.4%
				Psychological, Social, Physical	Less acculturated Latinas had higher mental and physical well-being than White women.

			Other, 1.6% Cancer Type(s): Breast Survivorship Timing (Longitudinal assessment timing): 6, 18, 36, 60 Stratified by Latino/a Subgroups: N		

Martinez Tyson, D., 2016[98]
 	
(9/10)
	Study design:
	Qualitative
	
	Data Collection:
	Interviews, Focus Groups
		Not reported	**Sample Size**: 33
			Participant Characteristics:
			Average Age (SD): 50
			Gender:
			    Male, 0%
			    Female, 100%
			Race/ Ethnicity:
			    Latino/a, 100%
			    Non-Hispanic White, 0%
			    Non-Hispanic Black, 0%
			    Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: Y
				Psychological, Social, Spiritual, Physical	Compared to their providers, Latina patients emphasized more interpersonal aspects of stressors, such as family, communication, and relationships and intrapersonal stressors such as fear, changes in physical appearance, and side effects of chemotherapy. QOL-related stress management techniques utilized by LCS undergoing therapy include spirituality.

Martinez Tyson, D. 2018 [99]
 	
(19/22)
	Study Design:
	Quantitative Cross-sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size:**
			Participant Characteristics:
			Age Mean 59.6
			Gender:
			    Male, 100.0%
			    Female, 0.0%
			Race/ Ethnicity:
			    Latino/a, 100.0%
			    Non-Hispanic White, 0.0%
			    Non-Hispanic Black, 0.0%
			Cancer Type(s): Prostate, Lymphohid/hematopoietic, Colorectal, Digestive, Head and neck, Kidney, Other
			Survivorship Timing: <=60 months
			Stratified by Latino/a Subgroups: No
				Physical, Psychological, Overall	Approximately one quarter of Hispanic male cancer survivors demonstrated symptoms of probable or certain depression (20.2%) or anxiety (22.8%). Overall HRQOL for the sample was 60.9 (out of a possible 104), with the mean scores for the FACT-G subscales being 11.3 for family well-being, 12.7 for emotional well-being, and 15.2 for functional well-being.

McNulty, J., 2016[100] (N/A)	**Study design:** Review **Data Collection:** N/A	Not reported	**Sample Size**: 15 studies Cancer Type(s): Multiple	Psychological, Social, Spiritual, Physical	Reviewed interventions to improve HRQOL among Hispanic cancer survivors focused on psychosocial support, education, exercise and patient navigation. Though at early stages, most of the interventions were feasible and effective in improving HRQOL among Latinos.

Medeiros, E. A., 2015[101]
 	
(19/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 102
			Participant Characteristics:
			Average Age (SD): 58.8, (10.06)
			Gender:
			    Male, 8.5%
			    Female, 91.5%
			Race/ Ethnicity:
			    Latino/a, 48.3%
			    Non-Hispanic White, 51.7%
			    Non-Hispanic Black, 0%
			    Asian, 0%
			Cancer Type(s): Breast (76.5%), Other (Not Specified)
				Overall	There were no statistically significant differences between Hispanic/Latinos and Non-Hispanics White in overall health-related quality of life. In unadjusted analyses, acculturation appeared to be associated with overall HRQOL, but was not significant in a fully adjusted model.

			Survivorship Timing (Not Specified): 48 survivors <60, 19 survivors 60-120, 8 survivors >120 Stratified by Latino/a Subgroups: N		

Meneses, K. 2018 [102]	**Study Design:**
	Quantitative Longitudinal
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 40
			Participant Characteristics:
			Age Range: 37-87
			Gender:
			    Male, 0.0%
			    Female, 100.0%
			Race/ Ethnicity:
			    Latino/a, 100.0%
			    Non-Hispanic White, 0.0%
			    Non-Hispanic Black, 0.0%
			Cancer Type(s): Breast
			Survivorship Timing: 26.76 months
			Stratified by Latino/a Subgroups: No
				Social, Psychological, Physical	In this intervention study testing the efficacy of a telephone-delivered LBCSCI support and education, Latinas reported improvement in pain and fatigue at 3- and 6-months post baseline.

Meeske, K. A., 2007[103]
 	
(22/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
		Not reported	**Sample Size**: 86
			Participant Characteristics:
			Average Age (SD): 13.3, (2.9)
			Gender:
			    Male, 59%
			    Female, 41%
			Race/ Ethnicity:
			    Latino/a, 48%
			    Non-Hispanic White, 34%
			    Non-Hispanic Black, 0%
			    Asian, 0%
			    Other, 19%
			Cancer Type(s): Leukemia, lymphoma, Wilms tumor, brain tumor, other
			Survivorship Timing (Range): 60+
			Stratified by Latino/a Subgroups: N
				Physical, Psychological	PedsQL scores (especially emotional functioning) were lower for Hispanic survivors and were the lowest for social functioning, although the social functioning was not significant.

Miller, A. M., 2015[104]
 	
(21/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Contextual Model of HRQOL	**Sample Size**: 320
			Participant Characteristics:
			Average Age (SD): 54.3, (11.85)
			Gender:
			    Male, 0%
			    Female, 100%
			Race/ Ethnicity:
			    Latino/a, 72.5%
			    Non-Hispanic White, 0%
			    Non-Hispanic Black, 27.5%
			    Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Range): 12- 60
			Stratified by Latino/a Subgroups: N
				Overall	In a multi-ethnic cohort of women breast cancer survivors, Hispanic ethnicity was associated with worse overall HRQOL compared to African Americans.

Molina, Y., 2013[105] (N/A)	**Study design:** Review **Data Collection:** N/A	Not reported	**Sample Size**: 30 studies **Cancer Type(s)**: Breast	Physical, Psychological	Related to survivorship, the review identified only one study that tested a v-week Physical activity intervention (that also addressed cultural factors) to reduce stress and improve HRQOL. The intervention resulted in improved levels of distress and a trend towards improved HRQOL (although not statistically significant). Related to diagnosis/treatment, interventions (using yoga and mental health specialists) led to improvement in HRQOL.

Moreno, P. I. 2018 [106]	**Study Design:**
	Quantitative Cross-sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 288
			Participant Characteristics:
			Age, Mean: 56.05
			Gender:
			   Male, 46.2%
			   Female, 53.8%
			Race/ Ethnicity:
			   Latino/a, 100.0%
			Cancer Type(s): Breast, Prostate, Colorectal
			Survivorship Timing: 11.98 months
			Stratified by Latino/a Subgroups: No
				Physical, Psychological, Social	Among a sample of Latino cancer survivors, satisfaction with cancer care and facets of self-efficacy were associated with greater HRQOL. Additionally, path model analyses found that patients' perceived confidence in managing patient-provider communication, psychological distress, social support, and social/recreational activities explained the relationship between satisfaction with cancer care and greater HRQOL.

Moreno, P. I. 2019 [107]	**Study Design**:
	Quantitative Cross-sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 288
			Participant Characteristics:
			Age Mean (SD): 56.05 (10.2)
			Gender:
			   Male, 46.2%
			   Female, 53.8%
			Race/ Ethnicity:
			   Latino/a, 100.0%
			   Non-Hispanic White, 0.0%
			   Non-Hispanic Black, 0.0%
			Cancer Type(s): Breast, prostate, colorectal
			Survivorship Timing: 11.98 months
			Stratified by Latino/a Subgroups: No
				Physical, Psychological, Social, Overall	Unmet supportive care needs were associated with lower patient-provider communication self-efficacy and satisfaction with cancer care as well as greater breast and prostate cancer-specific symptom burden.

Morrow, P. K., 2014[108]
 	
(22/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 1090
			Participant Characteristics:
			Average Age (SD): 47.6, (6.8)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   White, 77.6%
			   Black, 8.6%
			   Asian/ Pacific Islander, 3.4%
			   Native American, 0.1%
			   Other, 0.3%
			Cancer Type(s): Breast
			Survivorship Timing (Mean): Non-Responders: 87.6; Responders: 91.2
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social, Overall	Compared to White women, Hispanic women had worse family distress scores and lower overall QOL scores.

Mujahid, M. S., 2010[109]
 	
(21/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size:** 589
			Participant Characteristics:
			Average Age (SD): 50.5, (8.2)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 22%
			   Non-Hispanic White, 64%
			   Non-Hispanic Black, 14%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Mean): 589
			Stratified by Latino/a Subgroups: N
				Social	Latinas were least likely to be working at time of diagnosis (65.6% were working, compared to 75.7% of Whites and 77.2% of African Americans) (pg. 215). Latinas were more likely than Whites to stop working as opposed to missing a month or less of work (OR: 3.0 [95% CI: 1.2-7.4]). Latinas with low acculturation were more likely to miss greater than one month or stop working compared with high acculturation Latinas, African American and Whites. Compared with Latinas with high acculturation, low acculturation Latinas were much more likely to be working in unsupportive work environments.

Mujahid, M. S., 2011[110]
 	
(21/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size:** 1111
			Participant Characteristics:
			Average Age (SD): 50.8, (7.8)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 16.5%
			   Non-Hispanic White, 68.0%
			   Non-Hispanic Black, 15.5%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Mean): 1090
			Stratified by Latino/a Subgroups: N
				Social	Latina breast cancer survivors experienced the highest prevalence of job loss after breast cancer diagnosis (24.1% Latina, 10.1% African American, 6.9% White, p<0.001). After accounting for sociodemographic factors, the odds of job loss was higher for Latina cancer survivors compared to Whites (OR: 2.2, 95% CI: 1.2-4.1). There was an interaction between race/ethnicity and treatment: among women who received chemotherapy, the odds of job loss was much higher among Latinas compared to Whites (OR: 3.8; 95% CI: 1.7-8.2); while there was no statistically significant differences in job loss among Latinas and Whites among women who did not receive chemotherapy.

Munoz, A. R., 2016[111]
 	
(19/22; 10/10)
	Study design:
	Mixed-Methods
	
	Data Collection:
	Survey, Semi-Structured Interviews
		Not reported	**Sample Size:** 31
			Participant Characteristics:
			Average Age (SD): 33.2, (5.1)
			Gender:
			   Male, 35%
			   Female, 65%
			Race/ Ethnicity:
			   Hispanic Ethnicity, 42%
			   Black, 29%
			   Asian/ Pacific Islander, 26%
			   Mixed, 10%
			   Other, 16%
			Cancer Type(s): Lymphoma, leukemia, thyroid, breast, cervical/ uterine, other
			Survivorship Timing (Range): 0-60
			Stratified by Latino/a Subgroups: N
				Spiritual, Physical, Social, Psychological	Treatment side-effects such as neuropathy, hair loss, fertility issues, were more prevalent among Hispanic cancer survivors. Hispanics reported the lowest mean HRQOL scores compared to Blacks AND Asian/Pacific Islanders. Hispanics also reported worse emotional HRQOL scores than Asian/Pacific Islanders (p=0.05). There were no differences by race in physical, social or spiritual HRQOL domain scores.

Munoz, A. R., 2015[112]
 	
(19/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
		Not reported	**Sample Size**: 8864
			Participant Characteristics:
			Average Age (SD): 67.2, (11.88)
			Gender:
			   Male, 44.6%
			   Female, 55.4%
			Race/ Ethnicity:
			   Latino/a, 7.6%
			   Non-Hispanic White, 77.5%
			   Non-Hispanic Black, 10.3%
			   Asian, 0%
			   Other, 4.6%
			Cancer Type(s): Breast, prostate, colorectal, bladder, uterine, skin melanoma, other
			Survivorship Timing (Range): 24-120
			Stratified by Latino/a Subgroups: N
				Spiritual	Hispanic cancer survivors had lower scores on Faith, Meaning, Peace and total FACIT-Sp than Blacks. Hispanics had the second highest scores on the Faith and total FACIT-Sp. Black and Hispanics reported the highest levels of Spiritual wellbeing.

Napoles, A. M., 2011[113]
 	
(21/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Social-Cognitive Transition Theory	**Sample Size**: 330
			Participant Characteristics:
			Average Age (SD): 58.3, (11.9)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 100%
			   Non-Hispanic White, 0%
			   Non-Hispanic Black, 0%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Range): 12-60
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social, Spiritual, Overall	In multivariate analysis, unemployment, getting a mastectomy, and comorbidities increased the odds of functional limitations among Latina breast cancer survivors. Women with comorbidities were also more likely to report being in poor or fair self-rated health. Cancer self-efficacy was protective against both functional limitations and poor/fair health. Spiritual well-being and social support were not associated with functional limitations or self-rated health.

Napoles, A. M., 2017[114]
 	
(21/22) (10/10)
	Study design:
	Mixed-Methods
	
	Data Collection:
	Surveys, Interviews
		Not reported	**Sample Size**: 143
			Participant Characteristics:
			Average Age (SD): Phone: 54.9, (12.3); In-Person: 57.2, (11.8)
			Gender:
			   Male, 0
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 100%
			   Non-Hispanic White, 0%
			   Non-Hispanic Black, 0%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: Y
				Physical, Psychological, Social	Among Latina cancer survivors, the transition from active treatment to follow-up care has a lot of "vulnerability," increased need, and lack of social support.

Napoles, A. M. 2019 [115]	**Study Design:**
	Mixed methods
	
	Data Collection:
	Survey, Interviews
		Not reported	**Sample Size:** 23
			Participant Characteristics:
			Age Mean (SD): 55.8 (13.1)
			Gender:
			   Male, 0.0%
			   Female, 100.0%
			Race/ Ethnicity:
			   Latino/a, 100.0%
			   Non-Hispanic White, 0.0%
			   Non-Hispanic Black, 0.0%
				Physical, Psychological	In this intervention study testing the efficacy of a multicomponent breast cancer survivorship care plan designed for Spanish-speaking breast cancer survivors, compared with baseline, Latina breast cancer survivors reported lower levels of fatigue and health distress post intervention. Moreover, emotional well-being also improved post-intervention. In debriefing interviews, survivors also noted that the intervention

			Cancer Type(s): Breast Survivorship Timing: Not Specified Stratified by Latino/a Subgroups: N		improved digestion, sleep, physical activity, and weight loss.
Ochoa, C. Y. 2018 [116]	**Study Design:** Quantitative Cross-sectional **Data Collection:** Survey	Not reported	**Sample Size**: 7778 **Participant Characteristics:** Age Mean (SD): 67.6 (11.92) Gender: 　Male, 45.2% 　Female, 54.8% Race/ Ethnicity: 　Latino/a, 8.9% 　Non-Hispanic 91.1% Cancer Type(s): Breast, Prostate, Colorectal, Bladder, Other Survivorship Timing: 24 to 120 months Stratified by Latino/a Subgroups: No	Psychological, Social, Spiritual, Overall	Hispanic survivors were more likely to report lower levels of social support among friends compared with non-Hispanic survivors. Moreover, Hispanic survivors reported higher levels of faith compared with non-Hispanics.
Olagunju, T. O. 2018 [117]	**Study Design:** Quantitative Cross-sectional **Data Collection:** Survey	Not reported	**Sample Size:** 212 **Participant Characteristics:** Age Range: (Latina only): 29-78 Gender: 　Male, 0.0% 　Female, 100% Race/ Ethnicity: 　Latino/a, 72.6% 　Non-Latina: 27.6% Cancer Type(s): Breast Survivorship Timing: 17.7 months (Latina only) Stratified by Latino/a Subgroups: No	Physical, Psychological	At baseline, there were no significant differences between Latinas and non-Latinas in overall perceived health status, general mental health, or general physical health. However, Latinas reported more physical and psychological symptoms as reported in the Breast Cancer Prevention Trial checklist compared to non-Latinas (p-value=0.003).
Orom, H., 2017[118] (20/22)	**Study design:** Quantitative Longitudinal **Data Collection:** Survey	Not reported	**Sample Size**: 1508 **Participant Characteristics:** Average Age (SD): 66.67, (7.97) Gender: 　Male, 100% 　Female, 0% Race/ Ethnicity: 　Latino/a, 7.03% 　Non-Hispanic White, 80.77% 　Non-Hispanic Black, 12.20% 　Asian, 0% Cancer Type(s): Prostate Timing **After Treatment**: 1.5 Stratified by Latino/a Subgroups: N	Physical	Among men receiving survey, Hispanics had worse bowel function after surgery compared with Whites, though the differences were eliminated over time. Among men on active surveillance, Hispanics reported less sexual bother than Whites.
Osann, K., 2014[119] (21/22)	**Study design:** Quantitative Cross-Sectional **Data Collection:** Survey	Not reported	**Sample Size**: 204 **Participant Characteristics:** Average Age (SD): 44.7, (9.6) Gender: 　Male, 0% 　Female, 100% Race/ Ethnicity: 　Latino/a, 40.7%	Physical, Psychological, Social, Overall	There were no statistically significant differences between Hispanics and non-Hispanics on sleep problems, overall QOL, perceived stress, social support, depression, or anxiety in a cohort of cervical cancer survivors.

			Non-Hispanic White, 51.5% Non-Hispanic Black, 2.0% Asian/ Pacific Islander, 5.4% Native American, 0.5% Cancer Type(s): Cervical Survivorship Timing (Mean): 19.2 Stratified by Latino/a Subgroups: N		

Owens, B., 2009[120]
 	
(21/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Self-Help Model	**Sample Size**: 125
			Participant Characteristics:
			Average Age (SD): 54, (10.05)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 100%
			   Non-Hispanic White, 0%
			   Non-Hispanic Black, 0%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Spiritual	The most frequent side-effects were depression (78%), hair loss (70%), and arm weakness and hot flashes (both 67%). The most bothersome symptoms (unbearable or very upsetting) were fatigue (62%), hair loss (53%) and depression (43%). And the most bothersome and unmanageable side effects were bowel problems and nausea. The most used complimentary therapy was prayer (93%), and humor (83%). Depression and prayer were significantly and positively associated; there were no other associations between complimentary therapy use and side effects.

Pakiz, B., 2016[121]
 	
(22/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 692
			Participant Characteristics:
			Average Age (SD): 56, (9)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 6.65%
			   Non-Hispanic White, 79.05%
			   Non-Hispanic Black, 10.26%
			   Asian, 1.59%
			   Mixed/ Other, 2.17%
			Cancer Type(s): Breast
			Survivorship Timing (Mean): 32.4
			Stratified by Latino/a Subgroups: N
				Physical, Psychological	Hispanic participants reported higher IOC positive impact scores, which denotes more meaning and positive impact from their cancer experience, compared to non-Hispanic whites. There were no significant differences between non-Hispanic Whites and Hispanics regarding physical QOL or mental QOL.

Pandya, D. M., 2011[122]
 	
(19/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Quality of Life in Cancer Survivorship	**Sample Size**: 55
			Participant Characteristics:
			Average Age (SD): 54.3, (17.1)
			Gender:
			   Male, 58.2%
			   Female, 41.8%
			Race/ Ethnicity:
			   Latino/a, 54.5%
			   Non-Hispanic White, 36.4%
			   Non-Hispanic Black, 9.1%
			   Asian, 0%
			Cancer Type(s): Leukemia (ALL, AML, CLL, CML)
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: N
				Psychological, Social	Compared to Whites (5%), African Americans (40%) and Hispanics (37%) were most unable to cope with finances (p- value= .016). Fear of recurrence was higher in Hispanics (67%), compared to African Americans (40%) and Whites (30%) (p-value= .031). Hispanics (40%) experienced more problems with housing, insurance, and work, as compared to African Americans (20%) and Whites (10%) (p-value .047). Hispanics had smaller number of people in their social support networks (mean: 12.2) than Whites (16.7).

Papaleontiou, 2019 [123]	**Study Design:**
	Quantitative
	
	Data Collection:
	Survey
		Not Reported	**Sample Size**: 2215
			Participant Characteristics:
			Age Range: 18-79
			Gender:
			  Male, 21.8%
			  Female, 78.2%
			Race/ Ethnicity:
			  Latino/a, 20.6%
			  Non-Hispanic White, 54.3%
			  Non-Hispanic Black, 12.2%
			  Asian, 10.9%
			Cancer Type(s): Thyroid cancer
			Survivorship Timing: Not Specified
			Stratified by Latino/a Subgroups: N
				Psychological	Among this cohort of thyroid cancer patients, Hispanics were more worried than Whites about harms from their thyroid cancer treatment (OR: 1.81, 95% CI: 1.39-2.36), change in QOL (OR: 1.46, 95%CI: 1.12–1.90], family being at risk for thyroid cancer (OR 1.51 , 95%CI: 1.14–1.99), and about death (OR: 1.41 , 95%CI 1.09–1.83).

Park, J. 2019 [124]	**Study Design:**
	Quantitative Cross-sectional
	
	Data Collection:
	Survey
		Not Reported	**Sample Size**: 169
			Participant Characteristics:
			Age Range: 29.4 to 60.1
			Gender:
			  Male, 62.7%
			  Female, 37.3%
			Race/ Ethnicity:
			  Latino/a, 39.6%
			  Non-Hispanic, 60.4 %
			Cancer Type(s): Hematologic
			Survivorship Timing: 60 months
			Stratified by Latino/a Subgroups: No
				Social, Physical	Survivors who reported clinically meaningful levels of fatigue were more likely to be non-Hispanic compared to those without fatigue (p-value=0.008). Hispanics reported more difficulties with extend family relationship adjustment (p-value=0.002)

Patel, S. K., 2013[125]
 	
(21/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 73
			Participant Characteristics:
			Average Age (SD): 12.0, (3.9)
			Gender:
			  Male, 57.5%
			  Female, 42.5%
			Race/ Ethnicity:
			  Latino/a, 100%
			  Non-Hispanic White, 0%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s): "Childhood": Acute leukemia, brain tumors
			Survivorship Timing (Mean): 85.2
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social	Half of the Latina cancer survivors reported high difficulties in attention, school-based learning, and peer relations. Those with parents not adherent to the Non-Hispanic White culture had more problems with peer relations and executive functioning.

Paxton, R. J., 2012[126]
 	
(22/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 3013
			Participant Characteristics:
			Average Age (SD): Not reported
			Gender:
			  Male, 0%
			  Female, 100%
			Race/ Ethnicity:
			  Latino/a, 6%
			  Non-Hispanic White, 87%
			  Non-Hispanic Black, 4%
			  Asian, 3%
			Cancer Type(s): Breast
			Survivorship Timing (Median): 24
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social, Overall	Hispanic and Black breast cancer survivors had significantly lower Physical health scores compared to Asian American and White survivors. Hispanic breast cancer survivors who met physical activity guideline recommendations reported significantly higher overall QOL, physical QOL and mental QOL compared to Hispanic survivors who did not meet Physical activity guideline recommendations. However, there were no statistically significant differences in social function, emotional role, or pain between Hispanics who met the physical activity guidelines and those who did not.

Pfaendler, K. S., 2015[127] (N/A)	**Study design:** Review **Data Collection:** N/A	Not reported	Sample Size: 52 articles cited Cancer Type: Cervical	Social, Physical, Psychological	LCS "framed their faith in God as a mainstay for their recovery" and more of an emphasis on social support, while mainly only seeking social support from family. Important to note that only one article in the entire review discusses LCS.
Phillips, F., 2014[128] (8/10)	**Study design:** Qualitative **Data Collection:** Semi-structured Interviews	Resiliency and Health Promotion	**Sample Size**: 14 **Participant Characteristics:** Age Range: 16-29 Gender: Male, 21.57% Female, 78.57% Race/ Ethnicity: Latino/a, 100% Non-Hispanic White, 0% Non-Hispanic Black, 0% Asian, 0% Cancer Type(s): Pediatric: Pineal gland tumor, ALL, Ewing sarcoma, retinoblastoma, leukemia, AML, ovarian, Hodgkin's lymphoma, brain tumor Survivorship Timing (Range): 24-216 Stratified by Latino/a Subgroups: N	Psychological, Social	Support from family and hospital staff played an important role in helping AYA survivors cope with their cancer diagnosis and treatment. While AYAs maintained a positive perspective on their cancer experience, they also expressed worry and concern, especially in their vulnerability to relapse. Survivors also felt cancer was now part of their identity and embraced the beneficial aspects of their cancer journey.
Pinheiro, L. C., 2015[129] (22/22)	**Study design:** Quantitative Cross-Sectional **Data Collection:** Survey, Administrative	Not reported	**Sample Size**: 1778 survivors, 8,890 matched controls **Participant Characteristics (of 1778 survivors):** Average Age (SD): Not Specified Gender: Male, 66.76% Female, 44.24% Race/ Ethnicity: Latino/a, 7.54% Non-Hispanic White, 77.17% Non-Hispanic Black, 7.65% Asian, 7.65% Cancer Type(s): Breast, colorectal, and prostate Survivorship Timing (Not Specified): Not Specified Stratified by Latino/a Subgroups: N	Psychological, Physical, Social	From baseline to follow up, Hispanics with cancer experienced larger decreases in scores on the role-emotional subscale compared to Whites (-14.3 vs. -6.7). However, Hispanic patients had significantly smaller decrease in mean vitality scores compared to Whites (-3.3 vs. -7.5).
Pisu, M. , 2015[130] (21/22)	**Study design:** Quantitative Longitudinal **Data Collection:** Survey	Not reported	**Sample Size:** 3432 **Participant Characteristics:** Average Age (SD): Not Specified Gender: Male, Lung: 51%, Colorectal: 54.3% Female, Lung: 49%, Colorectal: 45.7% Race/ Ethnicity: Latino/a, Lung: 4.8%, Colorectal: 8.4% Non-Hispanic White, Lung: 83.1%, Colorectal: 76.3% Non-Hispanic Black, Lung: 12.2%, Colorectal: 15.2% Asian, 0% Cancer Type(s): Lung and colorectal Survivorship Timing at Baseline: 4 Stratified by Latino/a Subgroups: N	Social	For both lung and colorectal cancers (CRC), a higher proportion of Hispanics (58%) and African Americans (68%) reported financial hardship compared to Whites (50% for lung and 40% for CRC). Among lung cancer and CRC survivors, the relationship between ethnicity and financial hardship was not statistically significant.

Poghosyan, H., 2016[131]
 	
(21/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Direct-Effect Model	**Sample Size:** 8055
			Participant Characteristics:
			Average Age (SD): 51.0, (0.33)
			Gender:
			   Male, 40.8%
			   Female, 59.2%
			Race/ Ethnicity:
			   Latino/a, 2.5%
			   Non-Hispanic White, 89.5%
			   Non-Hispanic Black, 3.4%
			   Asian, 4.6%
			Cancer Type(s): Breast, prostate, colon, lung, melanoma/ other skin, other, unknown
			Survivorship Timing (Mean): 135.6
			Stratified by Latino/a Subgroups: N
				Psychological	In a nationally representative sample of cancer survivors, Hispanic current smokers were not significantly more likely than Hispanic never smokers to report infrequent or frequent mental distress.

Polek, C. 2019 [132]	**Study Design:**
	Qualitative
	
	Data Collection:
	Focus Group
			Sample Size: 13
			Participant Characteristics:
			Age Range: 43 to 77 years
			Gender:
			   Male, 0.0%
			   Female, 100.0%
			Race/ Ethnicity:
			   Latino/a, 100.0%
			   Non-Hispanic White, 0.0%
			   Non-Hispanic Black, 0.0%
			   Asian, %
			Cancer Type(s): Breast
			Survivorship Timing: 48 to 240 months
			Stratified by Latino/a Subgroups: Yes
				Social, Psychological	In this qualitative study, Hispanic cancer survivors reported personal and structural communication barriers, the importance of social and family support from family support following diagnosis, and survivors'' experience with emotional isolation. These themes were independent of residence and across ethnic subgroups, but findings suggest that urban Hispanic breast cancer survivors may possess greater levels of burden.

Prince, P., 2015[133]
 	
(20/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size:** 171
			Participant Characteristics:
			Age Range: 19-76
			Gender:
			   Male, Hispanic: 55.1%, Non-Hispanic: 67.7%
			   Female, Hispanic: 44.9%, Non-Hispanic: 32.3%
			Race/ Ethnicity:
			   Hispanic, 40.35%
			   Hispanic White, 35.3%
			   Hispanic Other, 64.7%
			   Non-Hispanic White, 63.7%
			   Non-Hispanic Black, 14.7%
			   Non-Hispanic Asian, 17.6%
			   Non-Hispanic Other, 3.9%
			Cancer Type(s): Hematological disease, leukemia, lymphoma, myeloma, myelodyplastic syndrome, non-hematological malignancy (solid tumor)
			Survivorship Timing (Range Since HSCT (hematopoietic stem cell transplantation)) 36-192
			Stratified by Latino/a Subgroups: N
				Spiritual, Overall	Hispanic survivors had significantly higher spiritual well-being WB than non-Hispanics ($F = 4.96$, $p = .03$), including higher levels of Meaning ($F = 5.24$, $p = .023$) and Faith ($F = 5.11$, $p = .025$) but not Peace ($F = 1.36$, $p = .25$). Overall HRQOL (FACT-G) were not statistically significantly different between groups. Spiritual well-being subscales (meaning, peace but not faith) were significant predictors of HRQOL for the study population (not accounting for ethnicity).

Raghubar, K. P. 2019 [134]	**Study Design:**
	Quantitative Cross-sectional
	
	Data Collection:
	Survey
		N/A	**Sample Size:** 114
			Participant Characteristics:
			Age Mean (SD) (Hispanic only) 14.22 (3.93)
			Gender: (Hispanic only)
			   Male, 58.8%
			   Female, 41.2%
				Social	Although independent correlations between adaptive skills and Hispanic ethnicity existed, after controlling for primary education and family income, there was no effect of ethnicity on social functioning ($p=0.48$).

			Race/ Ethnicity: Latino/a, 29.8% Non-Hispanic White, 50.9% Other, 19.3 % Cancer Type(s): Survivorship Timing: 84 months Stratified by Latino/a Subgroups:		
Ramirez, A. G. 2019 [135]	**Study Design:** Quantitative Longitudinal **Data Collection:** Survey	Social Cognitive Theory, Stress and Coping Theory, Health Behavior Change Theory	**Sample Size**: 288 **Participant Characteristics:** Age (Mean, SD): 56.05 (10.20) Gender: Male, 46.2% Female, 53.8% Race/ Ethnicity: Latino/a, 100% Non-Hispanic White, 0.0% Non-Hispanic Black,0.0 % Asian, 0.0% Cancer Type(s): Breast, Colorectal, Prostate Survivorship Timing: Not Specified Stratified by Latino/a Subgroups: No	Overall	Male Latino colorectal cancer participants randomized to a Patient Navigator LIVESTRONG Cancer Navigation services intervention demonstrated a greater overall HRQOL at a 3-month follow-up compared to those that were randomized to patient navigation alone, and female Latina cancer patients experienced a greater cancer-specific HRQOL at 3-, 6-, and 15- month follow-up compared to those what were randomized to patient navigation alone.
Reyes, M. E., 2017[136] (21/22)	**Study design:** Quantitative Longitudinal **Data Collection:** Survey, Registry	Not reported	**Sample Size**: 3734 **Participant Characteristics:** Average Age (SD): Not Specified Gender: Male, 58.0% Female, 41.9% Race/ Ethnicity: Latino/a, 9.8% Non-Hispanic White, 77.7% Non-Hispanic Black, 8.5% Asian, 4.1% Cancer Type(s): Colorectal Survivorship Timing (Longitudinal Baseline Range): >12 Stratified by Latino/a Subgroups: N	Physical, Psychological, Social	In bivariate analysis, Hispanics had a 1.35-fold increased risk of poor PCS compared to White CRC patients. In multivariate analysis, the risk narrowed to 1.21 and was only marginally statistically significant (p=0.089).
Ritt-Olson, 2018 [137]	**Study Design**: Quantitative **Data Collection:** Survey	Not Specified	**Sample Size**: 194 **Participant Characteristics:** Age Range: 15-25 Gender: Male, 50.6% Female, 49.4% Race/ Ethnicity: Latino/a, 46.9% Non-Latino, 53.1% Cancer Type(s): Multiple Survivorship Timing: Not Specified Stratified by Latino/a Subgroups: N	Psychological, Overall	In this sample of adolescent and young adult cancer survivors, Latinos had higher depressive symptoms and lower HRQOL compared to non-Latino. Among Latinos, higher levels of acculturation were associated with depression and poorer HRQOL, with more acculturated males being more likely to have higher levels of depression compared to less acculturated males or females.

Ross, L. E., 2008[138]
 	
(17/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size:** 2262
			Participant Characteristics:
			Age Range: 18+
			Gender:
			    Male, 43.1%
			    Female, 56.9%
			Race/ Ethnicity:
			    Latino/a, 3.3%
			    Non-Hispanic White, 90.6%
			    Non-Hispanic Black, 4.5%
			    Asian, 0%
			    Non-Hispanic Other, 1.6%
			Cancer Type(s): Breast, colorectal, prostate, "short survival" (including pancreas, lung, esophagus, liver, and stomach), skin, other
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: N
				Physical, Spiritual	There were no differences in report of praying for one's health between Hispanic cancer patients and their White counterparts (p=0.342). Compared to Whites, a lower proportion of Hispanic patients (72.9% vs. 59.3%, p=0.018) reported good or better Physical health, although in adjusted analysis Physical health status was not statistically significantly different between the two groups.

Rossi, A., 2017[139]
 	
(22/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size:** 62
			Participant Characteristics:
			Average Age (SD): 63.1, (10.0)
			Gender:
			    Male, 0%
			    Female, 100%
			Race/ Ethnicity:
			    Latino/a, 30%
			    Non-Hispanic White, 32%
			    Non-Hispanic Black, 32%
			    Asian, 0%
			    Other, 7%
			Cancer Type(s): Endometrial
			Survivorship Timing (Mean): 30
			Stratified by Latino/a Subgroups: N
				Overall	At baseline, Hispanics had higher overall HRQOL (FACT-G/En) compared to Whites. Multivariate analysis showed a moderate effect size for difference in QOL (FACT-G/En) between Whites and Hispanics, although this difference was not statistically significant.

Rush, C. L., 2016[140]
 	
(21/22)
	Study design:
	Quantitative Longitudinal
	
	Data Collection:
	Survey
		Not reported	**Sample Size:** 136
			Participant Characteristics:
			Average Age (SD): 53.2, (11.1)
			Gender:
			    Male, 0
			    Female, 100%
			Race/ Ethnicity:
			    Hispanic/ Latina, 100%
			    Hispanic White, 6%
			    Hispanic Black, 29%
			    More than One Race, 43%
			    Don't Know/ Unsure/ Prefer Not to Answer, 22%
			Cancer Type(s): Breast
			Survivorship Timing (Mean): 39.72
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social, Spiritual	At baseline and follow-up about 80% of survivors reported using devotional and spiritual practices, including church attendance, prayer, religious group and church attendance. LCS engaged in devotional and spiritual practices had lower anxiety (B= -7.51, p < 0.05), fatigue (B = -7.74, p < 0.05) and depression (B = -6.60, p < 0.05) over time. CAM use associated with better physical function (B = 3.48, p < 0.05), decreased satisfaction with social roles (B = -6.56, p < 0.01).. Use of devotional and spiritual practices not associated with physical function and satisfaction with social roles.

Sanchez-Birkhead, A. C. 2017 [141]	**Study Design:** Quantitative
	
	Data Collection: Survey
		Not Specified	**Sample Size**: 48
			Participant Characteristics:
			Age Range: 35-74
			Gender:
			    Male, 0%
			    Female, 100%
			Race/ Ethnicity:
			    Latino/a, 100%
			    Non-Hispanic White, 0%
			    Non-Hispanic Black, 0%
			    Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing: 0-24 months
			Stratified by Latino/a Subgroups: Y
				Physical, Psychological	Among Latina breast cancer survivors served by a community-based program, about 46% rated their physical health as poor or fair, 60% reported moderate to severe fatigue, nearly 80% reported having pain, with 38% reporting moderate to severe pain. Survivors reported mild levels of anxiety and depression but high levels of stress. Number of comorbidities was negatively correlated with physical health status and time since diagnosis was positively correlated with pain.

Santee, 2018 [142]	**Study Design:** Quantitative Cross-sectional
	
	Data Collection: Survey
		Not Specified	**Sample Size**: 1642
			Participant Characteristics:
			Age Range 18-65 and older
			Gender:
			    Male, 31.5%
			    Female, 68.5%
			Race/ Ethnicity:
			    Latino/a, 100%
			    Non-Hispanic White, 0.0%
			    Non-Hispanic Black, 0.0%
			Cancer Type(s): Any
			Survivorship Timing: Not Specified
			Stratified by Latino/a Subgroups: No
				Physical, Psychological	In this secondary data analysis, female Hispanic/Latino cancer survivors' were nearly two times more likely than males to report high physical HRQoL, and were 2.364 times as likely to report high mental HRQoL.

Santoyo-Olsson, 2019 [143]	**Study Design:** Quantitative Cross-sectional
	
	Data Collection: Survey
		Transcreation Framework	**Sample Size**: 153
			Participant Characteristics:
			Age Range: 28-88
			Gender:
			    Male, 0.0%
			    Female, 100%
			Race/ Ethnicity:
			    Latino/a, 100%
			    Non-Hispanic White, 0.0%
			    Non-Hispanic Black, 0.0%
			Cancer Type(s): Breast
			Survivorship Timing: 0-204 months
			Stratified by Latino/a Subgroups: No
				Physical, Social, Psychological	In the baseline characteristics collected for the intervention study among rural Spanish-speaking Latina breast cancer survivors, about half reported as having poor or fair self-rated health (45.8%) or having financial hardship in the past year (48.4%). Approximately one-third reported having poor or fair self-rated mental health (35.3%).

Sammarco, A., 2008[144]
 	
(22/22)
	Study design: Quantitative Cross-Sectional
	
	Data Collection: Survey
		Uncertainty in Illness Theory; Conceptual Model of HRQOL	**Sample Size**: 89
			Participant Characteristics:
			Average Age (SD): 57.35, (12.74)
			Gender:
			    Male, 0%
			    Female, 100%
			Race/ Ethnicity:
			    Latino/a, 100%
			    Non-Hispanic White, 0%
			    Non-Hispanic Black, 0%
			    Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Range): 12+
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social, Spiritual, Overall	Perceived social support was positively associated with improvements in overall QOL, and uncertainty was negatively associated with deterioration in QOL. This may suggest that improving social support and decreasing uncertainty in Latina breast cancer survivors may improve QOL in this population.

Sammarco, A., 2010[145] (21/22)	**Study design:** Quantitative Cross-Sectional **Data Collection:** Survey	Uncertainty in Illness Theory; Contextual Model of HRQOL	**Sample Size:** 280 **Participant Characteristics:** Average Age (SD): 57.05, 913.81) Gender: Male, 0% Female, 100% Race/ Ethnicity: Latino/a, 35% Non-Hispanic White, 65% Non-Hispanic Black, 0% Asian, 0% Cancer Type(s): Breast Survivorship Timing (Range): 12+ Stratified by Latino/a Subgroups: N	Physical, Psychological, Social, Spiritual, Overall	There were differences between Latina and White breast cancer survivors in perceived Social support, uncertainty, and QOL domains. Notably, Whites reported greater Social support than Latinas, and higher QOL compared to Latinas. Latinas had higher spousal and familial support and levels of uncertainty compared to Whites.
Segrin, C., 2013[146] (21/22)	**Study design:** Quantitative Longitudinal **Data Collection:** Survey	Not reported	**Sample Size:** 160 (80 survivors, 80 partners) **Participant Characteristics (of survivors):** Average Age (SD): Survivor: 47.34, (10.52) Gender: Male, 0% Female, 100% Race/ Ethnicity: Hispanic/Latino/a, 19% Mexican/Mexican American, 78% South American, 3% Central American, 1% Asian/ Pacific Islander, 0%, Non-Hispanic White, 0% Cancer Type(s): Breast Survivorship Timing (Mean): 6.94 Stratified by Latino/a Subgroups: Y	Physical, Psychological	There were no significant differences on measures of psychological distress between Latina breast cancer survivors and their supportive partners, though both groups are follow similar trajectories over time. However, physical distress for survivors was greater than their supportive partners though there was no evidence of interdependence on physical measures.
Segrin, 2019 [147]	**Study Design:** Quantitative Longitudinal **Data Collection:** Survey	N/A	**Sample Size:** 234 **Participant Characteristics:** Age Mean (SD): 50.6 Gender: Male, 0.0% Female, 100.0 % Race/ Ethnicity: Latino/a, 100% Non-Hispanic White, 0.0% Non-Hispanic Black, 0.0% Cancer Type(s): Breast Survivorship Timing: ≤12months Stratified by Latino/a Subgroups: No	Social, Overall	In this secondary analysis of an intervention study among Latina breast cancer survivors and their caregivers, loneliness was found to be associated with lower HRQoL for both survivors and caregivers. There was also a significant and negative prospective effect of loneliness on HRQoL for survivors but not cregivers.
Segrin, C. 2018 [148]	**Study Design:** Quantitative **Data Collection:** Survey	The Stress Process Model	**Sample Size:** 230 **Participant Characteristics:** Age Range: >21 Gender: Male, 0% Female, 100% Race/ Ethnicity: Latino/a, 100% Non-Hispanic White, 0% Non-Hispanic Black, 0% Non-Hispanic Asian, 0%	Psychological, Social	The study examined the predictors of psychological distress among Latina breast cancer survivors and family caregivers, and found that caregiver stress predicted survivors' perception of family discord, which was in turn associated with greater psychological distress among survivors. Conditions that explain distress in survivors appear to operate at similar magnitudes for cancer survivors and their family care givers

			Cancer Type(s): Breast Survivorship Timing: ≤12 months Stratified by Latino/a Subgroups: N		

Segrin, C. 2019 [149]	**Study Design:**
	Quantitative
	
	Data Collection:
	 Survey
		Not Specified	**Sample Size**: 209 (Patients only)
			Participant Characteristics:
			Age Range: ≥18
			Gender:
			    Male, 0%
			    Female, 100%
			Race/ Ethnicity:
			    Latino/a, 100%
			    Non-Hispanic White, 0%
			    Non-Hispanic Black, 0%
			    Asian, 0%
			Cancer Type(s): Breast cancer
			Survivorship Timing: 6 months (median)
			Stratified by Latino/a Subgroups: N
				Physical, Psychological	The study examined the interdependence of psychosocial distress and physical symptoms between Latina breast cancer survivors and their caregivers found compelling evidence of interdependence between patients and caregivers for psychosocial distress but not physical symptoms. This was especially true for perceived stress

Seguin Leclair, 2019 [150]	**Study Design**:
	Quantitative Longitudinal
	
	Data Collection:
	Survey
		N/A	**Sample Size**: 2337
			Participant Characteristics:
			Age (Mean, SD): 56.2 (11.19)
			Gender:
			    Male, 39.6%
			    Female, 60.4%
			Race/ Ethnicity:
			    Latino/a, 2.8%
			    Non-Hispanic White, 89.9%
			    Non-Hispanic Black, 5.0%
			    Other, 1.9%
			Cancer Type(s): Breast, prostate, colorectal, uterine, NHL, Melanoma, Kidney, Lung, Ovarian, Bladder
			Survivorship Timing: Average 49.2 months across all three time points
			Stratified by Latino/a Subgroups: No
				Psychological	The proportion of Hispanic survivors in the high fear of recurrence group (9%) was greater than the low (3%) and moderate (2%) groups. In contrast, White survivors were more prominent in the low and moderate fear of recurrence group (91%) compared with the high group (81%).

Shi, Z. 2018 [151]	**Study Design:**
	Quantitative
	
	Data Collection:
	Survey
		Social Cognitive Theory (SCT) and Transtheoritical Model (TTM)	**Sample Size**: 70
			Participant Characteristics:
			Age Range: ≥21
			Gender:
			    Male, 0%
			    Female, 100%
			Race/ Ethnicity:
			    Latino/a, 100%
			    Non-Hispanic White, 0%
			    Non-Hispanic Black, 0%
			    Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing: Mean: 40.8 months
			Stratified by Latino/a Subgroups: N
				Psychological, Social	This study examined the psychosocial mediators of the effect of a culturally tailored dietary intervention on dietary change among Hispanic/Latina breast cancer survivors. The HRQOL in this study were not the target of the study but hospital anxiety/depression, emotional wellbeing and social wellbeing were the same in the control and intervention groups at 6- and 12-month follow-up.

Sleight, A. G., 2017[152]
 	
(10/10)
	Study design:
	Qualitative
	
	Data Collection:
	Semi-structured Interviews
		Not reported	**Sample Size**: 9
			Participant Characteristics:
			Average Age (SD): 53
			Gender:
			    Male, 0%
			    Female, 100%
				Physical, Spiritual, Social, Psychological, Overall	Cancer diagnosis and resulting treatment side effects limited functional participation in daily activities among these breast cancer survivors. Survivors also reported significant limitations in occupational engagement and relatedly, decreased HRQOL. HRQOL was

			Race/ Ethnicity:
			    Latino/a, 100%
			    Non-Hispanic White, 0%
			    Non-Hispanic Black, 0%
			    Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Range): 27.00-99.96
			Stratified by Latino/a Subgroups: N
					also negatively affected by financial concerns. Participation in religious and spiritual activities, service to others and engaging in routine activities, all improved HRQOL.

Sleight, 2017 [153]	**Study Design:**
	Quantitative Cross-sectional
	
	Data Collection:
	Survey
		N/A	**Sample Size**: 99
			Participant Characteristics:
			Age Range: 30-79
			Gender:
			    Male, 0.0%
			    Female, 100%
			Race/ Ethnicity:
			    Latino/a, 100%
			    Non-Hispanic White, 0.0%
			    Non-Hispanic Black, 0.0%
			Cancer Type(s): Breast
			Survivorship Timing: 54.2 months
			Stratified by Latino/a Subgroups: No
				Physical, Psychological, Social	In a study of low-income Latina breast cancer survivors, 93% reported at least one unmet need. Items from the physical and daily living domain were the second most frequently reported as unmet needs, as survivors reported being unable to do things they were able to do prior to a cancer diagnosis.

Sleight, 2019 [154]	Study Design:
	Quantitative Cross-sectional
	
	Data Collection:
	Survey
		N/A	Sample Size: 102
			Participant Characteristics:
			Age Mean (SD) 54.1 (8.7)
			Gender:
			    Male, 0.0%
			    Female, 100.0%
			Race/ Ethnicity:
			    Latino/a, 100.0%
			    Non-Hispanic White, 0.0%
			    Non-Hispanic Black, 0.0%
			Cancer Type(s): Breast
			Survivorship Timing (Mean): 54.24 months
			Stratified by Latino/a Subgroups: No
				Physical, Psychological, Social	Among a sample of low-income Latina breast cancer survivors, a greater number of unmet needs was correlated with lower HRQoL. Moreover, lower income was associated with decreased HRQoL and increased number of supportive care needs.

Smith, A. B., 2006[155]
 	
(20/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Revised Health Promotion Model	**Sample Size**: 60
			Participant Characteristics:
			Average Age (SD): 20.33, (4.02)
			Gender:
			    Male, 46.7%
			    Female, 53.3%
			Race/ Ethnicity:
			    Latino/a, 21.5%
			    Non-Hispanic White, 68%
			    Non-Hispanic Black, 5%
			    Asian, 0%
			    Other, 5.5%
			Cancer Type(s): Acute leukemia, Hodgkin's disease, lymphoma, other
			Survivorship Timing (Range): 24+
			Stratified by Latino/a Subgroups: N
				Social	Hispanic cancer survivors scored significantly lower than Whites and African American on measures of interpersonal relations.

Smith, A. W., 2009[156] (22/22)	**Study design:** Quantitative Cross-Sectional **Data Collection:** Survey	Not reported	**Sample Size:** 736 **Participant Characteristics:** Average Age (SD): 57, (no S.D.) Gender: 　Male, 0% 　Female, 100% Race/ Ethnicity: 　Latino/a, 11.41% 　Non-Hispanic White, 60.87% 　Non-Hispanic Black, 26.77% 　Asian, 0% Cancer Type(s): Breast Survivorship Timing (Approximate at baseline): 30 months Stratified by Latino/a Subgroups: N	Overall	Among Hispanic women, there was a negative but marginally statistically significant association between physical activity and HRQOL (b=-0.22, p=0.08). For both Black and White women, better Physical activity was statistically significantly associated with better HRQOL.
Smith, G. L. 2019 [157]	Study Design Review Data Collection: N/A	Not Specified	Sample Size: 598,751 **Participant Characteristics:** Age Range: ≥18 Gender: 　Male, 46% 　Female, 54% Race/ Ethnicity: 　Latino/a, % 　Non-Hispanic White, 86% 　Non-Hispanic Black, % 　Asian, % Cancer Type(s): Survivorship Timing: Stratified by Latino/a Subgroups: N	Social	Compared to non-Hispanic ethnicity, Hispanic ethnicity was associated with increased financial burden. Multiple studies showed excess financial burden among patients of non-White race and Hispanic ethnicity. For example, studies showed that Hispanic patients were more likely to borrow or go into debt than non-Hispanic patients (OR: 1.41, P<0.05). Another study showed increased cost-related medication non-adherence among Hispanic compared to Whites (R,1.61; 95% CI, 1.23–2.10).
StGeorge, 2020 [158]	**Study Design:** Mixed Methods **Data Collection:** Survey Interviews	Social cognitive theory, Self-determination theory, and family systems theory	**Sample Size**: 46 **Participant Characteristics:** Age Mean (SD): 66.1 (0.9) Gender: 　Male, 0.0% 　Female, 100% Race/ Ethnicity: 　Latino/a, 34.8% 　Non-Hispanic White, 32.6% 　Non-Hispanic Black, 32.6% Cancer Type(s): Breast, endometrial, ovarian Survivorship Timing: Not specified Stratified by Latino/a Subgroups: No	Psychological	At baseline, Hispanics reported a history of anxiety and depression with greater frequency than non-Hispanic white and non-Hispanic black participants.
Sommariva, S 2019 [159]	**Study Design:** Qualitative **Data Collection:** Focus groups, cognitive interviews, survey	Transactional Model of Stress and Coping (TMSC)	**Sample Size**: 114 **Participant Characteristics:** Age Range: <30-75 years Gender: 　Male, 100% 　Female, 0% Race/ Ethnicity: 　Latino/a, 100% 　Non-Hispanic White, 0% 　Non-Hispanic Black, 0% 　Asian, 0% Cancer Type(s): Multiple	Psychological, Social, Spiritual	Among Hispanic male cancer survivors, the reaction to a cancer diagnosis included fear of recurrence, while coping strategies included: positive attitude, optimism, humor and gratitude. Social support (including family, emotional support and provider reassurance and encouragement) and faith were also used as coping mechanisms.

			Survivorship Timing: Not specified Stratified by Latino/a Subgroups: No		

Stephens, C., 2010[160]
 	
(21/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 693
			Participant Characteristics:
			Average Age (SD): 63.4, (12.5)
			Gender:
			  Male, 44.1%
			  Female, 55.9%
			Race/ Ethnicity:
			  Latino/a, 100%
			  Non-Hispanic White, 0%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s): Breast, prostate, other
			Survivorship Timing (Range): 24-120
			Stratified by Latino/a Subgroups: N
				Social, Spiritual, Psychological	Low acculturated Hispanic cancer survivors had higher life satisfaction than those who are more highly acculturated (being highly acculturated was associated with a five-point drop in life satisfaction (p<0.05)). The effect of acculturation on life satisfaction was mediated by spirituality and social support, both positively associated with life satisfaction. Low acculturated survivors had higher levels of spirituality and social support.

Tobin, J., 2017[161]
 	
(22/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 235
			Participant Characteristics:
			Average Age (SD): 19.8, (2.8)
			Gender:
			  Male, 49.4%
			  Female, 50.6%
			Race/ Ethnicity:
			  Latino/a, 56.2%
			  Non-Hispanic White, 26.3%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			  Other, 17.5%
			Cancer Type(s): Childhood (all except for Hodgkin Lymphoma)
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: N
				Psychological, Spiritual	White cancer survivors had significantly lower post-traumatic growth (PTG) scores compared to Hispanics (OR: 0.25, 95%CI: 0.13–0.45). Among Hispanics, acculturation was positively associated with PTG; however, religious service attendance was not.

Tobin, J. 2018 [162]	**Study Design:**
	Quantitative
	
	Data Collection:
	 Survey
		Not reported	**Sample Size:** 131
			Participant Characteristics:
			Age Range: 14-25 years
			Gender:
			  Male, 52.7%
			  Female, 47.3%
			Race/ Ethnicity:
			  Latino/a, 100%
			  Non-Hispanic White, 0%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s):
			Survivorship Timing : 60-132 months
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social	Compared to less assimilated counterparts, more assimilated (or acculturated) Hispanic childhood cancer survivors greater depressive symptoms and lower HRQOL.

Togawa, K., 2014[163] (19/22)	**Study design:** Quantitative Longitudinal **Data Collection:** Survey	Not reported	**Sample Size:** 666 **Participant Characteristics:** Average Age (SD): 51.5, (7.3) Gender: Male, 0% Female, 100% Race/ Ethnicity: Latino/a, 29.0% Non-Hispanic White, 23.7% Non-Hispanic Black, 36.3% Asian, 0% Cancer Type(s): Breast Survivorship Timing (Range): 6 (first assessment mean) - 123 (last assessment mean) Stratified by Latino/a Subgroups: N	Physical	Hispanic/white was not significantly associated with early-onset or late-onset lymphedema. In stratified analyses, Hispanic white women with hypertension were at greater risk for arm lymphedema compared to those who did not have hypertension as well as those who reported chemotherapy as their treatment compared to those who did not.
Voiss, P. 2019 [164]	**Study Design:** Quantitative **Data Collection:** Survey	Not reported	**Sample Size:** 23,222,976 (weighted sample) **Participant Characteristics:** Age Range: ≥18 Gender: Male, 45.7% Female, 54.3% Race/ Ethnicity: Latino/a, 6.1% Non-Hispanic White, 84.4% Non-Hispanic Black, 5.9% Asian, 3.1% Cancer Type(s): Any cancer diagnosis Survivorship Timing: Not specified Stratified by Latino/a Subgroups: N	Physical	In this study examining the association between sleep problems and mind body medicine (MBM), 49.8% of Hispanics with cancer reported having sleep problems. Ethnicity was not a predictor of MBM use among patients with cancer.
Wang, J., 2007[165] (N/A)	**Study design:** Review **Data Collection:** N/A	Not reported	**Sample Size:** 14 Articles <u>Cancer Type(s):</u> Multiple	Physical, Psychological, Social, Spiritual, Overall	Latina breast cancer survivors reported significantly higher degree of concern on psychosocial factors compared to Whites and African-Americans. Hispanic men with prostate cancer reported worse physical functioning than White men, and significantly worse bowel-related issues than their White and African American counterparts. Hispanic and African American men scored higher on the Spirituality index than White men. Hispanic and Black prostate cancer survivors reported worse HRQOL than White men. However, some studies reported no significant differences between racial groups in physical symptoms and HRQOL.
Weis Farone, D., 2007[166] (20/22)	**Study design:** Quantitative Cross-Sectional **Data Collection:** Survey	Not reported	**Sample Size:** 109 **Participant Characteristics:** Average Age (SD): 74.87, (7.7) Gender: Male, 0% Female, 100% Race/ Ethnicity: Latino/a, 100%	Physical, Psychological	In adjusted models, stronger sense of internal locus control among elderly Latina cancer survivors was significantly associated with improvements in self-rated health, less restricted activity, and fewer experiences of symptoms. A stronger sense of hope was associated with improvements in self-rated health, less restricted activity, and fewer

			Non-Hispanic White, 0% Non-Hispanic Black, 0% Asian, 0% Cancer Type(s): Breast, uterine/ other gynecological, other Survivorship Timing (Not Specified): Not Specified Stratified by Latino/a Subgroups: N		experiences of negative affect. However, locus of control was not significantly associated with negative affect and a stronger sense of hope was not significantly associated with fewer experiences of symptoms.

Wildes, K. A., 2009[167]
 	
(22/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 117
			Participant Characteristics:
			Average Age (SD): 54.72, (10.21)
			Gender:
			  Male, 0%
			  Female, 100%
			Race/ Ethnicity:
			  Latino/a, 100%
			  Non-Hispanic White, 0%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: Y
				Physical, Psychological, Social, Spiritual, Overall	Latina cancer survivors in this sample had higher religiosity/Spirituality scores than members of religious orders such as rabbis and priests, and generally good HRQOL. In multivariate analysis, religiosity/spirituality was a significant predictor of functional well-being (p value=0.041) and relationship with doctor (p value=0.050) but not social well-being. Religiosity/spirituality was not correlated with psychological/emotional well-being or overall HRQOL (FACT-G total).

Wildes, K. A., 2011[168]
 	
(22/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 117
			Participant Characteristics:
			Average Age (SD): 54.7, (10.2)
			Gender:
			  Male, 0%
			  Female, 100%
			Race/ Ethnicity:
			  Latino/a, 100%
			  Non-Hispanic White, 0%
			  Non-Hispanic Black, 0%
			  Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Not Specified): Not Specified
			Stratified by Latino/a Subgroups: N
				Physical, Psychological, Social, Overall	Latina cancer survivors generally had adequate HRQOL by overall and HRQOL subdomains. Satisfaction with the doctor was a significant predictor of functional well-being (p=0.012), with higher satisfaction scores corresponding to higher functional well-being.

Wu, C., 2018[169]
 	
(21/22)
	Study design:
	Quantitative Cross-Sectional
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 320
			Participant Characteristics:
			Average Age (SD): 54.49, (11.49)
			Gender:
			  Male, 0%
			  Female, 100%
			Race/ Ethnicity:
			  Latino/a, 72.50%
			  Non-Hispanic White, 0%
			  Non-Hispanic Black, 27.50%
			  Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing (Range): 12-60
			Stratified by Latino/a Subgroups: N
				Psychological, Overall	Hispanic survivors had significantly more depressive symptoms (p-value=<.01) and greater odds of experiencing psychological difficulties than African Americans (OR: 2.27, 95% CI 1.03–5.00). Association between neighborhood stress with self-rated health, depression and psychological difficulties did not differ between Hispanic and African American cancer survivors.

Yanez, B., 2016[170]
 	
(22/22)
	Study design:
	Quantitative Longitudinal
	
	Data Collection:
	Survey
		Reserve Capacity Model; Lifespan Biopsychosocial Model of Cumulative Vulnerability and Minority Health	**Sample Size**: 140 (at the baseline)
			Participant Characteristics:
			Average Age (SD): 50.62, (9.65)
			Gender:
			   Male, 0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 100%
			   Non-Hispanic White, 0%
			   Non-Hispanic Black, 0%
			   Asian, 0%
			Cancer Type(s): Breast
			Survivorship Timing at Longitudinal Baseline (Mean): 50.62
			Stratified by Latino/a Subgroups: Y
				Psychological, Social	Latina breast cancer survivors reported elevated levels of depressive symptoms and cancer-specific distress. Greater Latina enculturation (measured by Latino ethnic identity) was significantly associated with greater cancer-specific distress. Further, greater satisfaction with surgical treatment predicted improved depressive symptoms and cancer-specific distress across time.

Yanez, B., 2011[171] (N/A)	**Study design:** Review **Data Collection:** N/A	Not reported	**Sample Size**: 22 studies Cancer Type(s): Breast	Physical, Psychological, Social, Overall	Latina breast cancer survivors at higher risk for poor mental, Physical and Social functioning HRQOL compared to non-Latinas. The largest disparity was in mental health where Latinas were more likely to report poor mental HRQOL (emotional functioning) than their Black and White counterparts. Latinas reported higher symptom burden in symptoms such as fatigue, pain and lymphedema. One study reported that high-acculturated Latinas but not low reported lower scores on Social wellbeing. Latinas also reported poor overall HRQOL compared to non-Latinas.

Yanez, 2020 [172]	**Study Design:**
	Quantitative Longitudinal
	
	Data Collection:
	Survey
		Supportive Accountability	**Sample Size**: 78
			Participant Characteristics:
			Age Mean (SD): 52.5 (11.4)
			Gender:
			   Male, 0.0%
			   Female, 100%
			Race/ Ethnicity:
			   Latino/a, 100%
			   Non-Hispanic White, 0.0%
			   Non-Hispanic Black, 0.0%
			Cancer Type(s): Breast
			Survivorship Timing: 2 to 24 months
			Stratified by Latino/a Subgroups: No
				Overall, Physical, Psychological, Social	In this intervention study that randomized Latina breast cancer survivors to two different Smartphone applications aimed at improving HRQoL among Hispanic breast cancer survivors. Participants in both assigned groups experienced decreases in breast cancer symptom burden and breast cancer well-being over time, though the difference between the two groups was not statistically significant.

Yoo, G. J., 2014[173] (N/A)	**Study design:** Review **Data Collection:** N/A	Coping Theory	**Sample Size**: 33 studies Cancer Type(s): Breast	Psychological, Social, Spiritual	In this systematic review, authors found several studies identified positive forms of coping such as venting, self-distraction, positive reappraisal, and use of Spiritual beliefs (i.e., prayer) were more common among women of color than White women, as well as negative forms of coping including emotional suppression, wishful thinking, and behavioral disengagement. However, very few of these coping studies included Latina/o respondents. In regards to body image and sexuality, no study included Latina/o respondents.

Young, K. 2019 [174]	**Study Design:**
	Quantitative
	
	Data Collection:
	 Survey
		Not reported	**Sample Size**: 747
			Participant Characteristics:
			Age Range: 18-40
			Gender:
			    Male, 0%
			    Female, 100%
			Race/ Ethnicity:
			    Latino/a, 24.5%
			    Non-Hispanic White, 72.8%
			    Non-Hispanic Black, 2.1%
			    Asian, 7.0%
			Cancer Type(s): Multiple
			Survivorship Timing: 92.4 months
			Stratified by Latino/a Subgroups: N
				Psychological	Hispanic AYA cancer survivors had similar levels of reproductive concerns as non-Hispanic AYAs (ethnicity was not a predictor of moderate to high overall reproductive concerns)

Yu, Q. 2018 [175]	**Study Design:**
	Quantitative
	
	Data Collection:
	 Survey
		Not reported	**Sample Size**: 2827
			Participant Characteristics:
			Age Range: 21-84
			Gender: Not specified
			    Male, %
			    Female, %
			Race/ Ethnicity:
			    Latino/a, 23.6%
			    Non-Hispanic White, 76.4%
			    Non-Hispanic Black, 0%
			    Asian, 0%
			Cancer Type(s): Multiple
			Survivorship Timing : Not specified
			Stratified by Latino/a Subgroups: N
				Psychological, Social, Spiritual	Compared to Hispanic Whites, non-Hispanic Whites have lower anxiety and depression on average. Lower social support among Hispanic Whites helped explained some of the disparity between Hispanic Whites and non-Hispanic Whites. A higher level of spiritual support was a protective factor against anxiety for Hispanic Whites

Zhou, Eric S. 2018 [176]	**Study Design:**
	Quantitative
	
	Data Collection:
	Survey
		Not reported	**Sample Size**: 5702
			Participant Characteristics:
			Age Range: ≥18
			Gender:
			    Male, 31.2%
			    Female, 66.8%
			Race/ Ethnicity:
			    Latino/a, 20.7%
			    Non-Hispanic White, 66.4%
			    Non-Hispanic Black, 4.8%
			    Asian, 15.0%
			Cancer Type(s): Multiple
			Survivorship Timing: Not specified
			Stratified by Latino/a Subgroups: N
				Physical	In the overall sample, Hispanic cancer patients were more likely to report sleep problems prior to initiating cancer treatment, compared to non-Hispanics (OR=1.56, p<0.001). When broken down by cancer, Hispanics diagnosed with hematological, gynecologic and breast cancer were more likely than non-Hispanics to report high sleep problems.

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