

Interventions to Improve Quality of Life, Well-Being, and Care in Latino Cancer Survivors: A Systematic Literature Review

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Problem Identification: Hispanic/Latino cancer survivors are at risk for increased psychosocial burden, in part, because of lower survival rates and lower quality of life (QOL) when compared with other populations. Despite this, very few interventional studies have been conducted in this population. This review synthesizes research on supportive care interventions to improve QOL, well-being, and cancer care in Hispanic/Latino cancer survivors.

Literature Search: Data sources included MEDLINE®, CINAHL®, and PsycINFO®. The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guideline was employed.

Data Evaluation: This review includes studies conducted with cancer survivors from diagnosis to survivorship and addresses any type of intervention for Hispanic/Latino survivors of all cancer types and sites. Studies were written in English and had a sample of at least 25% Hispanics/Latinos. Key study attributes were extracted and tabled.

Synthesis: Of the 15 studies reviewed, types of interventions included were psychosocial (n = 6), educational (n = 4), exercise/diet (n = 4), and navigational (n = 1). Most studies were pilot and feasibility studies, and nine were randomized, controlled trials (RCTs).

Conclusions: Interventional studies for Hispanic/Latino cancer survivors are at the very early stages of scientific development and are feasible and accepted by the Hispanic/Latino population. Culturally relevant psychosocial support and educational, exercise, and navigational interventions are beneficial for this population.

Implications for Research: To advance the science, as the Hispanic/Latino population rapidly increases, a great need exists for additional research in this area. A theoretical basis for interventions is needed for development of additional research. Efficacy of culturally relevant supportive care interventions needs to be tested through RCTs, replication, and multisite studies. A need exists for these developing interventions to be translated into practice to improve QOL and well-being for Hispanic/Latino cancer survivors.

Cancer survivors are at risk for diminished health and well-being from cancer and cancer treatment. Effects of treatment may endure many years after diagnosis, and new treatment-related problems can present years after treatment is completed (Yabroff, Lawrence, Clauser, Davis, & Brown, 2004). Demands that confront cancer survivors are not simply a continuation of experiences that occur during the cancer treatment phase; they are unique problems along the cancer continuum, as the person treated for cancer progresses into survivorship (Feuerstein, 2007). Persistent effects include physical and psychological symptoms and social and spiritual impact. Cancer survivors are at risk for comorbid illness, functional limitations, difficulties with returning to work and other role transitions, uncertainty, fear of recurrence, and barriers to quality health care, all of which complicate their lives (American Cancer Society, 2012; Ganz, 2006; Haylock, 2006; Hewitt, Greenfield, & Stovall, 2005;