Photovoice Utilization for Research in Cancer Survivors: A Systematic Review

Rebecca L. Hoover; Jingle Xu; Margaret Hammersla; Brian Garcia; Stephanie Betancur; Nathaniel Woodard

Psycho-Oncology-

WILEY

REVIEWh OPEN ACCESS

Photovoice Utilization for Research in Cancer Survivors:h A Systematic Reviewh

Rebecca L. Hoover[1] | Jingle Xu[2] | Margaret Hammersla[1] | Brian Garcia[2] | Stephanie Betancur[3] |. Nathaniel Woodard[4]

[1]Mark and Robyn Jones College of Nursing, Montana State University, Bozeman, Montana, USA. |. [2]University of North Carolina at Chapel Hill, School of. Nursing, Chapel Hill, North Carolina, USA. |. [3]Yale University, School of Nursing, New Haven, Connecticut, USA. |. [4]University at Buffalo, School of Public. Health and Health Professions, Buffalo, New York, USA.

Correspondence: Rebecca L. Hoover (rebecca.hoover1@montana.edu).

Received: 21 October 2025. |. **Revised:** 2 March 2026. |. **Accepted:** 9 March 2026.

Keywords: cancer survivorship. |. participatory research. |. photovoice. |. visual methods.

ABSTRACTh

Purpose: Photovoice integrates photography with narrative storytelling to examine lived experiences of participants. This review. synthesizes. the. applications. of. photovoice. in. cancer. survivorship. research,. focusing. on. study. populations,. emergent. themes, and employed methods.

Methods: We followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for this. review. We. searched. PubMed,. CINAHL,. and. Scopus. from. database. inception. through. April. 12,. 2025. Two. reviewers. independently screened 325 records in Covidence and extracted study characteristics, methods, key findings, and recommendations. from the included studies. We used narrative synthesis. to integrate the findings of the included studies. We appraised study. quality using the Critical Appraisal Skills Program (CASP) Qualitative Checklist and excluded the studies rated weak.

Results: Twenty-six studies were included. Sample sizes ranged from 3 to 316; 20/26 studies enrolled 20 participants or fewer. with male survivors. were underrepresented (7/26 studies. were female only). Findings were clustered into four domains: psychosocial and emotional experiences (26/26), systems of care and structural barriers (19/26), agency/expression/advocacy (23/. 26),. and. health. behavior/lifestyle. change. (6/26). Studies. rarely. reported. community. dissemination,. participant. co-analysis/. member checking,. or detailed ethical protocols.

Conclusions: Photovoice is increasingly used to capture survivor perspectives, but the depth of participation and consistency of. reporting vary. By centering survivor perspectives rarely captured in survivorship research, this study addresses. a critical gap. and. generates. insights. to. inform. patient-centered. survivorship. care. Future. work. should. strengthen. transparent. methods. reporting, ethical safeguards (including confidentiality and image ownership), inclusive recruitment strategies, and integration. of photovoice into interventions and policy efforts.

1h | Backgroundh

An increasing number of people. are living with, through, and. beyond cancer, underscoring the need. to understand survivorship as a complex continuum that begins. at diagnosis and. extends. across. treatment. and. long-term. follow-up. Globally,. an. estimated 53.5 million people. were alive within five years of. a. cancer diagnosis in 2022 [1]. In the United States, there were an. estimated. 18.1. million. cancer. survivors. in. 2022,. a. figure. projected to increase by more than 50% by 2040 [2]. This projected. increase is due an aging and growing population, improvements. in early detection,. as well as advancements in treatment and. survival. [2]. Survivorship. definitions. have. historically. emphasized. the. post-treatment. period;. however,. contemporary.

frameworks. describe. survivorship. as. spanning. diagnosis. through. short- and. long-term. post-treatment. [2,. 3]. For. this. review,. a. cancer. survivor. is. defined. broadly. as. an. individual. living with, through,. or beyond cancer, regardless of treatment. status.

Cancer. survivors. can. experience. persistent. physical. symptoms. and. late. effects. of. therapy,. psychological. distress,. changes. in. roles and identity, and economic and practical challenges such. as. employment,. access. to. care,. and. financial. toxicity. [4–7]. These. experiences. are. shaped. by. demographic,. clinical,. and. geographic. contexts,. contributing. to. inequities. across. cancer. survivors. Understanding. survivors'. lived. experiences. is. therefore. essential. for. developing. person-centered. care. models. and. ensuring that survivorship programs and policies. are inclusive. of and responsive to diverse backgrounds and needs.

Developed by Wang and Burris (1997), photovoice is. a participatory. research. method. that. combines. participant-generated. photographs. with. written. and/or. spoken. narratives. to. document. and. communicate. lived. experiences. [8]. Grounded. in. community-engaged. research. principles,. photovoice. can. empower. cancer. survivors. by. enabling. them. to. visualize. and. narrate. their. journeys. [9,. 10]. This. process. also. facilitates. emotional. expression,. connection,. and. resilience. at. both. individual and community levels [9, 10].

Photovoice. is. well-suited. for. engaging. underrepresented. individuals. in. research. because. it. can. be. delivered. in. flexible. formats. (in. person,. online,. or. hybrid). and. uses. multimodal. elicitation (i.e., combining visual images with written or spoken. narratives), which. can be adapted. to survivors' needs and. contexts [8]. For example, flexible delivery facilitates participation. among. groups. dispersed. over. wide. geographic. areas,. such. as. adolescent. and. young. adult. (AYA). survivors. living. in. rural. or. frontier. communities. [11]. By. centering. perspectives. and. expertise. of. underrepresented. survivors,. photovoice. advocates. for inclusive, equity-focused survivorship research [12].

The. purpose. of. this. systematic. review. is. to. synthesize. the. application of photovoice in current cancer survivorship studies. Specifically,. we. aim. to. (1). describe. participating survivor. populations and study procedures, (2) summarize key themes and. outcomes,. and. (3). appraise. methodological. strengths,. limitations, and directions for future research.

2h | Methodsh

This. review. followed. the. Preferred. Reporting. Items. for. Systematic. Reviews. and. Meta-Analyses. (PRISMA). [13]. guidelines. and. was. registered. with. PROSPERO. (CRD42024616188). Researchers systematically reviewed studies. to synthesize the. use. of photovoice among. cancer survivors.

2.1h | Search Strategyh

The last search occurred in three databases, PubMed, CINAHL,. and Scopus, on April 12, 2025. Search terms were developed in. collaboration with a health sciences librarian and informed by a. previous. scoping. review. of. photovoice. The. strategy. was. iteratively refined through pilot searches and assessment of retrieved. records. to. ensure. comprehensive. inclusion. of. qualitative. and. participatory methodologies. The finalized strategy is presented. in. Supporting. Information. S1:. Appendix. A1. To. enhance. completeness,. the. reference. lists. of. all. included. studies. and. relevant reviews were manually screened; however, this did not. yield. any. additional. eligible. studies. Using. the. defined. search. strategy (summarized in Supporting Information. S1: Appendix. A1),. 325. titles. and. abstracts. were. independently. screened. by. two. reviewers,. resulting. in. 57. full-text. articles. reviewed. for. eligibility.

2.2h | Study Selectionh

All. search. results. were. imported. into. Covidence. for screening. and. duplicate. removal. [14]. Two. independent. reviewers. assessed. titles. and. abstracts. based. on. predefined. inclusion. criteria. Studies were included if they involved participants with. a. cancer. diagnosis,. used. photovoice. as. a. primary. research. method,. were. published. in. a. peer-reviewed. journal,. and. were. written in or translated into English. Studies using photovoice in. combination with other qualitative methods were also included. There. were. no. restrictions. on. publication. date,. geographic. location,. or. study. duration. Studies. were. excluded. if. survivor-specific. results. could. not. be. distinguished. from. those. of. caregivers. or. healthcare. professionals,. were. review. articles. or. protocol papers,. or had not. undergone peer review (e.g., theses. or. dissertations). Both. reviewers. independently. assessed. the. full-text. articles,. and. reasons. for. exclusion. were. documented. Full. inclusion and exclusion criteria. are summarized in Supporting. Information S1: Appendix A2.

2.3h | Data Extraction and Synthesish

Data. were. extracted. from. each. study. and. entered. into. a. standardized. data. table. Both. reviewers. independently. completed. the. extraction. process,. and. discrepancies. were. resolved. via. consensus. Extracted. data. included. study. details. (e.g.,. first. author,. year,. location),. methodological. characteristics,. participant. demographics,. key. findings. (themes,. subthemes,. descriptions, and representative quotes), reported limitations, and. study recommendations.

A. narrative. synthesis. approach. was. used. to. integrate. findings. across the included studies, given heterogeneity in study aims,. populations,. and. analytic. approaches. [15,. 16]. This. method. is. well-suited. for. systematically. summarizing. qualitative. and. mixed-methods evidence when meta-analysis is not feasible due. to. variability. in. study. designs. and. outcomes. The. guidance. by. Popay et al. (2006) and Rodgers et al. (2009) for conducting and. reporting narrative synthesis in systematic reviews was followed. [15,. 16]. Vote. counting. was. used. to. synthesize. study. characteristics. and. methodologies. Two. reviewers. then. applied. thematic. analysis. to. develop. overarching. thematic. domains. from. the extracted key findings and identify recurring recommendations for future studies from the included studies.

2.4h | Study Quality Assessmenth

The. quality. of. the. included. studies. was. assessed. using. the. Critical Appraisal Skills. Program (CASP) Qualitative Checklist. [17]. This. checklist. involved. 10. items. evaluating. the. validity. (Item 1–6), rigor (Item 7–9), and relevance of studies (Item 10). Each study was independently appraised by two reviewers, and. ratings. were. predefined. based. on. the. number. of. criteria. met. (e.g.,. strong. = 8–10,. moderate. = 5–7,. weak. = 0–4). Conflicts. were. resolved. through. discussion. between. the. two. reviewers. Studies rated as "weak" were excluded from the final synthesis. Appraisal. results. are. presented. in. Supporting. Information. S1:. Appendix. A3,. with. the. checklist. presented. in. Supporting. Information S1: Appendix A4.

3h | Resultsh

A. total. of. 26. peer-reviewed. articles. met. the. inclusion. criteria. and. were. included. in. the. final. analysis. (see. the. PRISMA. diagram. in. Figure. 1). Excluded. studies. were. non-peer-reviewed. articles. (*n*- = 22),. those. that. did. not. isolate. outcomes. of. the. cancer. survivor. population. (*n*- = 3),. reviews. (*n*-= 3),. not in English. (*n*-= 1),. protocols. (*n*-= 1),. and. studies. that. did. not. report. outcomes. found. via. the. photovoice. method. (*n*-= 1). All. 26. studies. were. rated. as. "moderate". or. "strong". according. to. CASP. appraisal. criteria. and. were. retained. for. synthesis.

Of. the. 26. included. reports,. 20. reported. unique. studies. In. contrast,. two. research. teams. produced. multiple. publications. from. the. same. dataset,. each. addressing. distinct. outcomes. or. subpopulations. For. example,. Edwards. et. al. generated. three. articles. on. different. research. questions. [18–20],. two. of. which. were. derived. from. a. single. dataset. Similarly,. Morrison. et. al. published. three. articles. analyzing. the. same. dataset. to. address. different research questions related to returning to work among. males and females [21–23]. Key study characteristics and findings. are. summarized. in. Table. 1,. with. recommendations. presented. in. Table. 2. Full. reporting. of. study. details,. including. recruitment and eligibility criteria, study type, location, aims or. research. questions,. and. analytic. methods,. is. provided. in. Supporting. Information. S1:. Appendix. A5. Participant. demographics,. primary. results. (themes. and. illustrative. quotes),. limitations,. and. recommendations. are. detailed. in. Supporting. Information S1: Appendix A6.

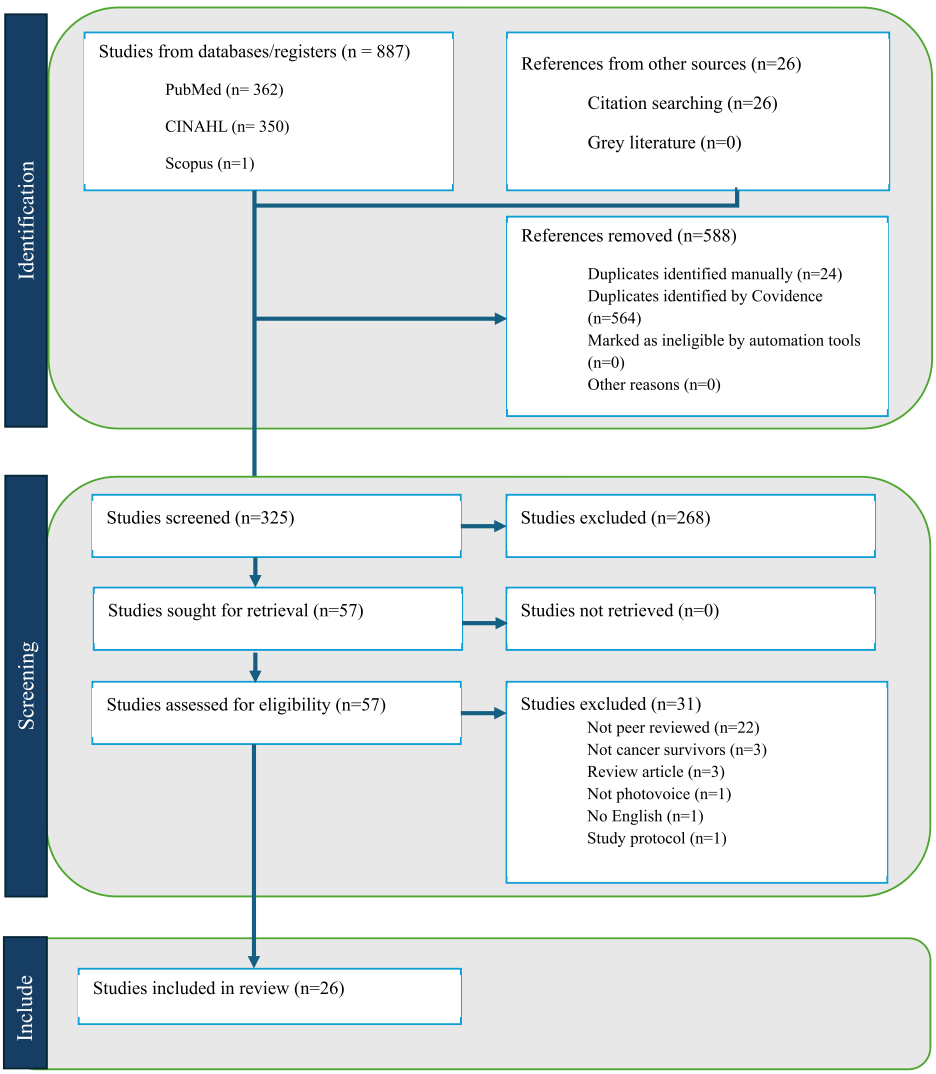

FIGURE 1h |h PRISMA diagram.

TABLE 1h |. Key characteristics of reviewed studies employing photovoice in.cancer research.

First author, year, studyh locationh	Participant sampleh demographicsh	Study focush	Photovoice methodsh	Limitationsh	Recommendations
Bates, M. J. 2018 [24].	*N*-= 13.	To explore how patients. with advanced.cancer and.	One month study using. digital camera to document.	Finding specific to urban/. peri-urban Malawi.	Train healthcare workers on. culturally competent.care.
Blantyre, Malawi.	Age range: Not reported.	their caregivers define. wellbeing and the role of.	“the story of my illness.”. images were then selected in.	Long-term relationships.	for patients facing. discrimination
	Gender: 50/50 mix of males. and females.	palliative care in supporting. quality of life.	one-on-one sessions before. the group sessions.	between palliative.care staff. and co-researchers.	Develop financial aid.
	N-= 7 cancer survivors,. *n*-= 6 caregivers.		Researchers took field notes. during all sessions.	facilitated accountability. and acceptance of the study,. while also introducing some. bias.	programs for low-income. families caring for.cancer. patients.
	Setting: Outpatient.				Enhance support groups for. caregivers and patients to. reduce social isolation.
	Cancer diagnosis: Mixed. diagnosis (Kaposi's sarcoma,. brain, cervical, thyroid).				
	Cancer treatment stage: Post. treatment (mean = 42 months).				
Bood, Z. M. 2022 [25].	*N*-= 12.	To explore how adolescents. and young adult cancer.	Two days of work with.a. photographer, the.	Primarily female. participants.	Integrate visual tools in. AYA cancer care to help.
Netherlands.	Age range: 23–35 years old. (mean = 31).	patients and survivors. experience life with.cancer. using visual storytelling. techniques.	participants were given six. domains to address, these. photos were then turned. into a book.	Participants self-selected. and had an interest in. visual, creative expression.	patients articulate. experiences beyond verbal. descriptions.
	Gender: 11 females, 1 male.				
	100% cancer survivors				
	Setting: Outpatient.				
	Cancer diagnosis: Mixed. diagnosis (lymphoma,. breast, ovarian, brain,. testicular)				
	Cancer treatment stage:. Mixed treatment phases:.				

(Continues).

TABLE 1h |. (Continued)

First author, year, studyh locationh	Participant sampleh demographicsh	Study focush	Photovoice methodsh	Limitationsh	Recommendations
	n-= 6 receiving curative. treatment,. *n*-= 5 receiving. palliative treatment,. *n*-= 1. did not specify.				
Capewell, C. 2020 [26]. United Kingdom.	*N*-= 20. Age range: Not reported. Gender: 100% female. 100% cancer survivors. Setting: Outpatient. Cancer diagnosis: 100%. breast cancer. Cancer treatment stage: Not. reported.	To gain insight into how. women perceive their. experiences of diagnosis and. treatment of breast cancer to. better inform health care. professionals.	One-month total study time:. participants meet with. researchers for introduction. to the study as well as a trial. on photovoice using specific. prompts. Then 2 weeks later. the participants and. researchers met again, with. the session being audio. recorded, the participant. shared images and captions,. allowing for theme. development from. a. participant led discussion.	All female participants. No direct involvement of. participants in data analysis.	Information gathered from. similar studies can be used. to improve patients. experience with wait times,. and education, and reduce. anxiety around scheduling. and waiting. Allows participants. a place. to express themselves and. give insight to health care. professionals who are taking. care of the survivors.
Currin-McCulloch, J. 2024. [27]. Online in United States.	*N*-= 11. Age range: 28–44. (mean = 31). 100% female. 100% cancer survivors. Setting: Outpatient. Cancer diagnosis: Not. reported Cancer treatment stage: On. active treatment. or within. 5 years of diagnosis.	To evaluate the feasibility,. acceptability, and benefit of. an 8-week synchronous. meaning-making. photovoice group work. intervention among a young. adult cancer survivor. sample.	Eight-week intervention,. with virtual weekly group. sessions lasting 1.5 h. Participants received. prompts prior to each group. session, at the group. sessions participants. were. encouraged to share their. images and captions. There. was an options participation. in a photo exhibit at the end. of the intervention.	All female participants. Challenges with recruitment. and engagement as the. study took place during the. 2020–2021 pandemic.	Virtual photovoice study. allowed for. more flexibility. in sharing, and discussion. sessions. Future studies should. increase outreach to. ensure. heterogeneity in gender,. race, and other. demographics

(Continues).

TABLE 1h |. (Continued)

First author, year, studyh locationh	Participant sampleh demographicsh	Study focush	Photovoice methodsh	Limitationsh	Recommendations
Ebrahimpour, F. 2021 [28]. Tehran, Iran.	*N*-= 20. Age range: 6–12 years old. Gender: 50/50 males and. females. 100% cancer survivors. Setting: Inpatient. Cancer diagnosis: Acute. lymphoblastic leukemia,. ewings sarcoma, lymphoma,. and abdominal malignancy. Cancer treatment stage: On. active treatment.	To explore how hospitalized. children with.cancer. perceive hope and identify. factors that foster hope in an. oncology ward.	Single day study. Orientation as to how to use. camera, then 15 min of. photo taken around the. hospital floor. Followed by. 15–30 min of individual. interviews to understand. why those.were the chosen. photos.	Due to the age of the. participants, a lengthy. interview and/or discussion. session was not feasible.	This was a creative. intervention that children. might already be doing. (using a photo to. document), this allowed for. some space to process their. experience of living with a. cancer diagnosis.
Edwards, L. B. 2017a [19]. Edwards, L. B. 2017b [20]. Edwards, L. B. 2017 [29]. South Africa.	*N*-= 316. Age: 8 months to 86 years. old for cancer survivors,. younger cancer survivors. caregivers were used as. proxy. Gender: 138 males, 148. females. *N*-= 286 cancer survivors. and family, *n*-= 30 oncology. workers Setting: Inpatient. Cancer diagnosis: Breast. cancer, leukemia, prostate.	To identify and describe. grassroots cancer-related. challenges and thereby. contribute to what is known. about the experience of. coping with.cancer in. context of South Africa.	Face to face interview with. photo prompts given, no. timeline reported, not. repeated, no participant. involvement in the analyses.	Under-representation of. end-of-life patients.	Training, mentorship, and. emotional support systems. for oncology workers. Promote patient. empowerment and rights in. the south african health-care context. Additional research for “end. of life” phase of.cancer to. increase public knowledge.

(Continues).

TABLE 1h |. (Continued)

First author, year, studyh locationh	Participant sampleh demographicsh	Study focush	Photovoice methodsh	Limitationsh	Recommendations
	cancer, cervical cancer, head. and neck cancers, kidney. cancer Cancer treatment stage: Not. reported.				
Georgievski, G. 2018 [30]. Toronto, Ontario, Canada.	*N*-= 6. Age range: 13–18 years old. Gender: 4 females, 2 males. 100% cancer patients. Setting: Inpatient. Cancer diagnosis:. Osteosarcoma, anaplastic. large cell lymphoma,. hodgkins lymphoma, acute. myeloid leukemia,. rhabdomyosarcoma Cancer treatment stage: On. active treatment.	To explore the psychosocial. needs of adolescents. undergoing active.cancer. treatment using photovoice.	7-week, of weekly 90-min. sessions. Schedule of plan. for weekly sessions. During. each session participants. shared photos/narratives,. discussed the relation to that. week's theme, and learned. of the theme for the. following week. Final. project was a selection of the. most impactful and. representative photographs. for a gallery exhibition.	Sample from.a single. hospital. Potential self-selection bias.	Presented an opportunity to. meet other teens with. cancer and establish. important relationships that. extended beyond group. Make sure the setting fosters. safety to allow for open and. honest discussions of. difficult and sensitive topics. Allows for teens with cancer. to share their insight that. can impact important. practice and policy changes.
Hammond, C. 2016 [31]. British Columbia, Ontario,. and Quebec, Canada.	*N*-= 58. Age range: 27–81 years old,. mean = 61 years. Gender: 100% female. *N*-= 27 cancer survivors,. *n*-= 31 caregivers. Setting: Outpatient.	To develop and disseminate. knowledge of first nations. women's experiences with. cancer survivorship, either. as a cancer survivor or. caregiver.	4-week study, with 3 phases:. 1-Introduction/instructions. (3 weeks to complete the. art-based activity), 2-follow. up individual interview, 3-follow up group interview.	Limited to first nations. communities. All female participants,. limiting perspectives.	Developing culturally safe. cancer care programs. Train healthcare. professionals on historical. trauma and first nations. perspectives on cancer. Expansion of cancer support. groups in first nation. communities.

(Continues).

TABLE 1h |. (Continued)

First author, year, studyh locationh	Participant sampleh demographicsh	Study focush	Photovoice methodsh	Limitationsh	Recommendations
	Cancer diagnosis: Breast,. colon, kidney, skin,. non-Hodgkin's, and lymphoma. Cancer treatment stage: In. survivorship.				Encourage open discussions. about cancer through. community-led awareness. programs.
Jellema, P. 2018 [32]. Leuven, Belgium.	*N*-= 3. Age range: 37–67 years old. Gender: 2 females, 1 male. 100% cancer survivors. Setting: Outpatient. Cancer diagnosis: Mixed. cancer types Cancer treatment stage:. Mixed, on/off treatment.	To identify common threads. in how.cancer care. environment is experienced. by cancer patients and. spatial aspects that play.a. role in that experience.	One-on-one interview in the. participants home.	Lack of diverse sample. Reliance on participant. willingness to take photos.	Facilitate peer interaction. opportunities to enhance. informal support in shared. treatment areas. Ensuring that home-based. care feels secure, providing. remote access to specialists.
Jellema, P. 2020 [33]. Leuven, Belgium.	*N*-= 15. Age range: 28–71 years old. Gender: 2 males, 3 females. *N*-= 5 cancer survivors,. *n*-= 5 caregivers,. *n*-= 5 care. professionals in oncology. departments. Setting: Inpatient. Cancer diagnosis: Not. reported. Cancer treatment stage: Not. reported.	To provide insights into the. roles cancer care facilities. play in the well-being of. people affected by cancer.	1- 30–90-min interview with. triad of survivor/caregiver/. worker. 2- Two follow up interviews. with the survivor.	Possible selection bias. as. participants were recruited. from personal and. professional networks. Heterogeneity of. cancer. diagnosis and situations of. survivors make comparisons. difficult. Survivors had to be healthy. enough to participate in. study, therefore no “very ill”. survivor perspectives were. included.	Create homelike spaces in. hospitals to enhance. emotional comfort. Increase flexibility and. comfort for spaces within. care facilities that. significantly impact patient. experiences.

(Continues).

TABLE 1h |. (Continued)

First author, year, studyh locationh	Participant sampleh demographicsh	Study focush	Photovoice methodsh	Limitationsh	Recommendations
Lopez, E. D. S., 2005 [34]. Eastern North Carolina,. United States.	*N*-= 13. Age range: 44–82 years old. Gender: 100% female. *N*-= 12 cancer survivors,. *n*-= 1 mother who had. recently lost her daughter to. breast cancer. Setting: Outpatient. Cancer diagnosis: 100%. breast cancer Cancer treatment stage: Not. in active treatment.	To record (in their.own. words) how the quality of. life for 13 african american. breast cancer survivors is. affect by their social context. To develop a quality of life. framework to inform. interventions to address the. social forces that drive long-term concerns of rural. african americans survivors.	Two training sessions. followed by monthly 3 h. meetings to discuss the. photos/narratives from the. previous months. Five. assignments in total, took. place over 7 months. (participants choose to talk. about 2 topics for 2. sessions).	Limited to females and. breast cancer diagnosis. Lack of trust by survivors for. healthcare providers and. support programs.	Expansion of culturally. tailored cancer support. groups for african american. women. Acknowledge racial. concerns by survivors. Develop church/faith-based. cancer education programs.
Morrison, T. L. 2015 [22]. Morrison, T. L. 2014a [23]. Morrison, T. L 2014b [35]. Ottawa, Ontario, Canada. “Survivors experience. return to work”.	*N*-= 20. Age range: 30–89 years old. Gender: 10 females, 10. males. 100% cancer survivors. Setting: Outpatient. Cancer diagnosis: Mixed. cancer types; one study. reported female-only. diagnosis: Breast, colorectal,. pancreatic, hematologic. Cancer treatment stage:. Survivorship/not on active. treatment.	To elucidate the lived. experiences of.cancer. survivors related to both. their work return and. maintenance. Studies compared the. experiences of.women only,. men to women, and. described the variable. approaches used by. participants to conceal.or. disclose.	Two interviews: 1 for. explanation/introduction. and 1 month later survivors. produced 1–12 photographs. at the interview that hold. some personal meaning of. work return/maintenance.	Participants were mostly. professionals with high. income. Not representative of. survivors who were not able. to return to work, had. physically demanding work,. or for whom return to work. was necessary for survival.	Introduction of formal. return to work policies that. include flexible work hours. Expand access to mental. health and peer support. programs in workplaces.

(Continues).

TABLE 1h |. (Continued)

First author, year, studyh locationh	Participant sampleh demographicsh	Study focush	Photovoice methodsh	Limitationsh	Recommendations
Mosavel, M. 2010 [36]. Cleveland, Ohio, United. States.	*N*-= 17. Age range: 23–60 years old. (mean = 45). Gender: 11 females, 6 males. *N*-= 7 cancer survivors,. *n*-= 10 caregivers. Setting: Not reported. Cancer diagnosis: Not. reported. Cancer treatment stage: Not. reported.	To understand the barriers. and challenges that african. american cancer survivors. experience after being. diagnosed with.cancer.	Four sessions in two groups:. First 2 session.were. educational; second 2. sessions were to discussion. the photos taken. Each. session lasted 3 h.	Primarily female. participants. No reporting of specific. cancer type or point along. the cancer continuums.	Increase financial aid. programs for african. american cancer survivors. Develop culturally relevant. survivorship support groups. in urban black. communities Improve access to affordable. wigs, makeup, and. appearance-related resources. Provide better education.on. post-treatment care (e.g. nutrition, exercise, and. mental health).
O'Callaghan, M. 2024 [37]. Ireland.	*N*-= 8. Age range: 45–59 year old. (mean = 51). Gender: 7 females, 1 male. 100% cancer survivors. Setting: Outpatient. Cancer diagnosis: Breast,. prostate. Cancer treatment stage: At. least 6 months post. treatment.	To use a visual methodology. called photovoice to. understand the significance. of nutrition for Irish.cancer. survivors.	8 weeks of research. Three sessions:. Introduction: 1 h workshop. of the project, taking photos,. ethics, visual literacy. (2 weeks to take photos). Individual interviews:. 30–60 min to share. photographs. (2 weeks to. create captions). Group workshop:. Introductions, shared. photos/captions.	Primarily breast cancer, and. female. Participants had higher. levels of education than the. general survivor population.	Encourage self-directed. nutrition education while. promoting scientific. accuracy. Acknowledge the emotional. and social aspects of food in. survivorship care.

(Continues).

TABLE 1h |. (Continued)

First author, year, studyh locationh	Participant sampleh demographicsh	Study focush	Photovoice methodsh	Limitationsh	Recommendations
Pailler, M. E. 2020 [38].	*N*-= 30.	To assess the feasibility and. preliminary efficacy of the. photographs of meaning. program (POM-AYA) for. adolescent and young adult. cancer patients and. survivors.	10 weeks intervention via. mobile application PixStori. Pre-training about using. PixStori app, instructions to. take at least 2 photo and. post them each week related. to the weekly theme with. audio or text narration. Participants have ability to. view, like, and comment.on. others posts.	Primarily female. participants.	
Buffalo, New York, United. States.	Age range: 17–36 years old. (mean = 28).				
	Gender: 23 female, 7 males.				
	100% cancer survivor.				
	Setting: Outpatient.				
	Cancer diagnosis:. Leukemia/lymphoma, thyroid, cervical, melanoma,. and brain.				
	Cancer treatment stage: Not. reported.				
Park, J. S. 2020 [39].	*N*-= 9.	To develop a weight. management strategy for. breast cancer patient. through in-depth analyses of. their experiences of weight. management using. photovoice after receiving. tamoxifen in korea.	Two week study timeline:. Education on protocol/. methods and introduction of. prompts (4 in total). At the. end of 2 weeks the. participants submitted and. selected three photos for. each prompt and shared an. explanation.	Sole focus.on survivors. treated with tamoxifen,. excluding those on other. hormone therapies. Did not account for long-term outcomes of weight. management interventions.	Long-term weight. management support. programs. Enhancing access to. community fitness and. nutrition programs tailored. for survivors. Provide psychological. support for stress-induced. eating behaviors. Encourage family. involvement in weight. management efforts.
Busan, South Korea.	Age range: 53–65 years old.				
	Gender: 100% female.				
	100% cancer survivors.				
	Setting: Outpatient.				
	Cancer diagnosis: 100%. breast cancer.				
	Cancer treatment stage: Post. treatment.				

(Continues).

TABLE 1h |. (Continued)

First author, year, studyh locationh	Participant sampleh demographicsh	Study focush	Photovoice methodsh	Limitationsh	Recommendations
Poudrier, J. 2009 [40]. Saskatchewan, Canada.	*N*-= 12. Age: 42–75 years old. Gender: 100%.women. 100% cancer survivors. Setting: Outpatient. Cancer diagnosis: 100%. breast cancer. Cancer treatment stage: At. least 6 months post. treatment.	To explore and being to. make visible aboriginal. women's experiences with. breast cancer using the. qualitative research. technique, photovoice.	6-week study with three. meetings: 1-Education/. information session.on. study purpose and. photovoice methods. Participants borrowed. digital cameras for several. weeks to document what. having breast.cancer meant. to them. 2-Interview where. women shared their photos,. provided a description of. what the photo.was meant. to convey, and choose. several photos they felt were. especially meaningful. 3-A. single day.even with a. sharing circle in the. morning with just. participants, and in the. afternoon stakeholders from. advocacy groups joined.	Only female and only breast. cancer diagnosis were. included. Limited to the aboriginal. communities in. Saskatchewan, Canada.	Train healthcare. professionals in cultural. competency to reduce. racism and improve patient. communication Develop aboriginal-specific. breast cancer support. groups to create safe spaces. for survivors. Implement patient. navigation programs led by. indigenous healthcare. workers.
Power, R. 2022 [41]. Australia and other English-speaking countries (United. States, United Kingdom,. New Zealand, and Canada).	*N*-= 55. Age range: 15–92. Gender: 52% female, 33%. male, and 15% different. gender identity. *N*-= 45 cancer survivors,. *N*-= 10 caregivers. Setting: Outpatient.	To address the gap in the. research literature by. examining subjective. experiences of minority. stress and social support. among LGBTQI people with. care and their carers,. drawing on qualitative. findings from the mixed. method out with cancer. study (CITE).	Participants were invited to. submit 3–5 photographs that. represented their. experiences with cancer,. which were then discussed. in an individual interview.	Only English speaking. countries were included. during recruitment. Participants had been part. of a larger study (out with. cancer), and might have. self-selected to be included. in the photovoice study.	Professional education and. training to create. environments in which. LGBTQI patients and carers. access care and support. during cancer need to be. culturally safe and inclusive. Inclusion of carers (partners. and chosen family) in. consultations and support is. essential.

(Continues).

TABLE 1h |. (Continued)

First author, year, studyh locationh	Participant sampleh demographicsh	Study focush	Photovoice methodsh	Limitationsh	Recommendations
	Cancer diagnosis: Mixed. diagnosis. Cancer treatment stage: Not. reported.				Investment in peer-led. initiatives that provide. connection and support to. LGBTQI community. Reduce the impact of. minority stress. on well-being and. on interactions with in the healthcare. system for the LGBTQI. cancer population.
Wong, S. S. 2019 [42]. Winston-Salem, North. Carolina, United States.	*N*-= 20. Age range: 40–79 years old. Gender: 11 females, 9 males. *N*-= 13 cancer survivors,. *n*-= 7 caregivers. Setting: Outpatient. Cancer diagnosis: 100%. primary pancreatic ductal. adenocarcinoma. Cancer treatment stage: Post. treatment.	To gain a richer. understanding of the factors. associated with. psychological distress from. patient and caregiver. perspectives.	Two biweekly 90 min. session in small group. format (2–3 participants). First to educate/inform. on. study purpose and methods. Then participants took. photos and brought them to. small groups to share. At. each session the participants. came up with the prompt for. the next session.	Sample may have better. prognosis then general. pancreatic cancer. population. Lack of racial/ethnic. diversity in participants.	Improve how prognosis is. communicated to reduce. emotional distress. Develop nutritional-focused. interventions to help. patients manage weight loss. and gastro-intestinal. symptoms. Provide caregiver support. programs to prevent burn-out and role strain. Create long-term. survivorship plans for. patients with resectable. tumors to address fear of. recurrence Encourage peer-support. programs for patients and. caregivers to share coping. strategies.

(Continues).

TABLE 1h |. (Continued)

First author, year, studyh locationh	Participant sampleh demographicsh	Study focush	Photovoice methodsh	Limitationsh	Recommendations
Wong, C. L. 2024 [12]. Hong Kong, China.	*N*-= 34. Age range: Survivors. 8–17 years old. (mean.= 14.5 years). Gender: Survivors 10. female, 7 male. *N*-= 17 survivors, *n*-= 17. parents (mostly mothers). Setting: Outpatient. Cancer diagnosis:. Leukemia, neuroblastoma,. rhabdomyosarcoma, wilms. tumor, osteosarcoma,. medulloblastoma, astrocytoma Cancer treatment stage: Not. reported.	To understand the. experiences of.cancer. survivorship among. pediatric and adolescent. cancer survivors and their. parents by employing.a. photovoice approach.	4-week study, participants. were instructed to take 10. photographs over the. 4 weeks and write.a. narrative for each photo. Individual interviews.were. completed with each pair. (survivor and parent).	Specific to Hong Kong. No further comparative. analysis was conducted to. explore any thematic. differences based on age. Survivorship challenges and. priorities could evolve and. change overtime with. perspective varying based. on age.	Develop structured. survivorship programs to. address late effects and. emotional well-being. Promote peer mentorship. programs to help.new. survivors navigate post-treatment life. Integrate faith-based and. cultural support systems. into survivorship.care.
Yi, J. 2010 [10]. Los Angeles, California,. United States.	*N*-= 12. Age range: Survivors. 18–39 years old. Gender: Survivors 4 female,. 2 male. *N*-= 6 survivors,.*N*-= 6. caregivers (5 parents, 1. spouse). Setting: Outpatient.	To report.on themes that. young adult.cancer. survivors and family. members (caregivers). identified as relevant to. their experience of cancer. survivorship.	A total of seven sessions. were held every 20 weeks on. Saturday mornings at. Children's hospital Los. Angeles. The first meeting. consisted of an orientation. to the project. Staff. distributed digital cameras,. instructed them in their use,. and then directed them to. take a self-portrait. At the. end of day 1, participants. are asked to take photos. over the next 2 weeks to.	Sample were relatively. healthy volunteers and. actively involved in the local. community-based agency's. (PADRES) activities.	Develop structured. programs for young adult. cancer survivors to support. career development and. social reintegration. Provide caregiver-focused. interventions addressing. stress and emotional. exhaustion.

(Continues).

TABLE 1h |. (Continued)

First author, year, studyh locationh	Participant sampleh demographicsh	Study focush	Photovoice methodsh	Limitationsh	Recommendations
	Cancer diagnosis: Acute. lymphoblastic leukemia,. osteosarcoma, brain tumor. Cancer treatment stage:. 5 years post treatment.		capture "the impact of. cancer on your family." all. subsequent topics for future. photographs were generated. by the participants. themselves through group. discussions during each of. the subsequent sessions. Each of the next five. sessions lasted 2 h. After the. individual interviews,. participants were divided. into a YACS group and. a family member group and. participated in an hour-long. group discussion. At the end. of the hour, each group. reached consensus on a theme for the next photo-documentation period.		
Yi, J. 2016 [43]. Seoul, South Korea.	*N*-= 7. Age range: 20–27 years old. (mean = 24 years old). Gender: 4 females, 3 males. 100% cancer survivors. Setting: Outpatient.	To investigate the impact of. childhood cancer. experiences on young adult. long-term survivors in. korea.	5-week study period with. weekly session for 3 h at. a. time. 1- orientation and. then a group discussion. on. cancer survivorship. At the. end of the initial and four. subsequent sessions, the. group decided. on the topic. that they would take photos. about in the coming week. before the next session. 2-	Participants were relatively. well adjusted to society, not. representative of all. survivors. Focus on long-term. survivors, no information on. those still. on active. treatment or in surveillance.	Education programs to. combat cancer stigma in. schools and workplaces. Support groups for young. adult survivors to develop. social skills. Career counseling and. workplace advocacy to. ensure fair treatment.

(Continues).

TABLE 1h |. (Continued)

First author, year, studyh locationh	Participant samplеh demographicsh	Study focush	Photovoice methodsh	Limitationsh	Recommendations
	Cancer diagnosis: Acute. lymphoblastic leukemia,. Malignant lymphoma,. Osteosarcoma,. Neuroblastoma, Brain tumor, and ovarian. cancer Cancer treatment stage:. Completed cancer treatment.		subsequent sessions, each. participant was asked to. select two. or three key. photos, which. were. projected onscreen in a. group discussion (1.5–2 h. long).		Mental health services to. address survivor self-esteem. and relationship concerns.

3.1h | Study Characteristicsh

The studies encompassed a diverse range of geographic settings;. yet a disproportionate focus remains on high-income countries. According to the 2024–2025 World Bank classifications [35], the. majority. of. studies. (*n*-= 20). were. conducted. in. high-income. countries,. including:. Canada. (*n*- = 6),. the. United. States. (*n*-= 6),. South. Korea. (*n*-= 2),. Belgium. (*n*-= 2),. the. United. Kingdom (*n* = 1), Ireland (*n* = 1), the Netherlands (*n* = 1), and a. multi-country. English-speaking. sample. from. high-income. countries. (*n*- = 1). Four. studies. were. conducted. in. upper-middle-income. countries:. South. Africa. (*n*- = 3). and. China. (*n*-= 1). Two studies. were conducted in lower-middle-income. countries:. Iran. (*n*-= 1). and. Malawi. (*n*-= 1). No. studies. were. identified. from. low-income. countries. Most. studies. employed. only. qualitative. approaches. (*n*-= 25). while. one. was. a. mixed-methods. study. The. majority. of. studies. were. conducted. in. outpatient (*n*-= 19), while the remainder were inpatient (*n*-= 6),. or not reported (*n* = 1) settings. A larger number of studies were. conducted in urban locations (*n*-= 14) than in mixed urban and. rural settings (*n*-= 8), rural-only settings (*n*-= 2), or settings not. specified (*n*-= 2).

3.2h | Participant Demographicsh

Sample sizes ranged from 3 to 316 participants, with 20 of the. 26. studies. enrolling. 20. or. fewer. participants. Gender. was. reported in 25 of the 26 studies;. seven. studies included only female. participants. Participant. ages,. reported. in. 24. studies,. ranged from 8 to 92 years. Four studies focused solely on breast. cancer; one study focused only. on a type of pancreatic. cancer. In. contrast,. 19. studies. included. various. types. of. cancer,. and. three. did. not. specify. the. type. of. cancer. participants. were. diagnosed with.

The majority of the included studies did not. restrict participation based on race or ethnicity (*n*-= 22); two studies focused on. African Americans with cancer, and two other studies focused. on Aboriginal and First Nations cancer survivors. Most studies. involved cancer survivors only (*n*-= 14), followed by survivors. and caregivers (*n* = 8), and survivors, caregivers, and healthcare. providers (*n*-= 4). Sixteen studies reported participants'. cancer. treatment status (post-treatment *n*-= 11, active treatment *n*-= 2,. mixed treatment stages. *n*-= 2).

3.3h | Study Methodologies and Reportingh

All studies employed photovoice. as a core methodology, often. supplemented by semi-structured interviews (*n* = 11) and group. discussions (*n*-= 15). Thematic analysis was the most frequently. used. analytic. method. (*n*- = 25),. followed. by. iterative. coding. (*n*-= 5), comparative analysis (*n*-= 5), and collaborative interpretation (*n*-= 5). Some studies enhanced methodological rigor. through community validation (*n*-= 3), triangulation (*n*-= 3), or. expert. panel. review. (*n*- = 1). Reporting. formats. included. key. themes. (*n*-= 12),. visual. data. (*n*-= 12),. narrative. descriptions. (*n*-= 10), participant quotes (*n*-= 9), and combined qualitative. and quantitative findings (*n*-= 6).

TABLE 2h |. Summary of recommendations from included photovoice studies (*n*-= 26).

Domainh	Key recommendationsh	Representative studiesh
Equity and. access.	Tailor photovoice to underserved populations;. compensate participants; reduce participation. barriers.	Lopez (2005), Mosavel (2010), Bates (2018),. Hammond (2016) [24, 31, 34, 36].
Methodological rigor.	Use iterative coding, triangulation, co-design;. improve clarity in reporting.	Jellema (2020), Currin McCulloch (2024), Morrison. (2015) [21, 27, 33].
Participant voice and. storytelling.	Center survivor narratives in all research phases;. incorporate visual data into analysis and. dissemination.	Bood (2022), Georgievski (2018), Wong (2019),. O'Callaghan (2024) [25, 30, 37, 42].
Ethical standards.	Standardize protocols for consent, confidentiality,. and emotional safety.	Morrison (2015), Pailler (2020) [23, 38].
Knowledge. translation.	Use exhibitions, community forums, and media to. inform policy and practice; engage stakeholders. early.	Capewell (2020), Lopez (2005), Edwards (2017),. Poudrier (2009) [20, 26, 34, 40].
Clinical integration.	Embed photovoice in support groups, rural. outreach, and psychosocial care; train providers in. visual storytelling.	Ebrahimpour (2021), Edwards (2018), Currin. McCulloch (2024) [18, 27, 28].

3.4h | Narrative Synthesish

Four. overarching. thematic. domains. illustrate. how. photovoice. has been used to explore the cancer survivorship experience: (1). psychosocial and emotional experiences, (2) systems of care and. structural barriers, (3) agency, expression, and advocacy, and (4). health behavior and lifestyle change. Table 3 summarizes subdomains, the number of studies, and a representative quote for. each. domain. The. complete. list. of. quotes. is. available. in. Supporting. Information. S1:. Appendix. A6. The. four. thematic. domains. reflect. two. complementary. analytic. aims:. the. first. two. themes. synthesize. common. survivorship. experiences. reported. across studies, while the latter two capture how Photovoice was. operationalized as a method to facilitate agency, expression, and. behavior change.

3.4.1h | Psychosocial and Emotional Experiences (*n*-= 26)h

This domain encompasses four interrelated subthemes: identity. disruption and redefinition (*n* = 26), emotional and psychological. distress (*n*-= 20), social support and isolation (*n*-= 22), and spirituality. and. meaning-making. (*n*- = 15). Across. the. literature,. survivors described. cancer as a rupture that reshaped. not only. how they viewed themselves, but also how they related to others. and. understood. their. lives. moving. forward. Through. photography and narrative, survivors explored shifts in identity alongside experiences of grief, fear, and resilience, often grappling with. the dissonance between their pre- and post-cancer selves. These. emotional. processes. were. deeply. embedded. in. social. contexts:. some. images. highlighted. sources. of. connection. and. support,. while. others. revealed isolation,. loss. of peer. relationships,. or. a. sense of being misunderstood by family and providers. Spirituality. and. meaning-making. emerged. as. mechanisms. through. which. survivors. sought. coherence,. whether. through. faith,. reflection. on. mortality,. or. redefining. purpose. after. treatment. Together,. these. subthemes. illustrate. that. psychosocial. adjustment. in. survivorship. is. not. a. singular. process. but. a. layered,. relational experience that unfolds. across emotional, social, and. existential dimensions.

3.4.2h | Systems of Care and Structural Barriers (*n*-= 19)h

This domain involved subthemes of health care experiences and. system barriers. (*n*-= 17) and. environment. and place (*n*-= 19). Survivors. described. challenges. navigating. healthcare. systems,. including delays and misdiagnoses that often-increased distress. For example,. one parent recounted:. *"The-clinic-kept-thinking-it-was-worms-or-HIV-and-only-after-3-months-sent-him-to-hospital-where- he- was- misdiagnosed- with- constipation,- and- eventually-referred-to-the-cancer-hospital"*-[19]. Such. challenges. highlight. the system-level gaps in timely diagnosis and referral. Survivors. also reflected. on challenges relevant. to hospital environments. One survivor described treatment as feeling "like being in jail,". and considered moments of "breaking hospital rules and going. outside". as. profoundly. humanizing. [10]. Together,. these. examples. underscore. how. institutional. practices,. physical. environments. and. policy. together. shape. survivorship. experiences,. highlighting photovoice's unique capacity. to capture these systemic barriers.

3.4.3h | Agency, Expression, and Advocacy (*n*-= 23)h

Empowerment. through. expression. (*n*- = 3). and. return. to. normalcy and future orientation (*n* = 23) emerged as two related. subthemes. within. this. domain. Across. studies,. photovoice. functioned as a mechanism through which survivors reframed. their. experiences. and. repositioned themselves. as active. agents. rather. than. passive. recipients. of. care. By. selecting. and. interpreting. their. own. images,. survivors. described. gaining. confidence in their ability to tell their stories and influence how their. experiences. were. understood. One. participant. reported,. "Because no matter what I can accomplish a difficult task... You. know I have people who. care about me and understand. me. I. say, '*Let-it-rain.-I-can-handle-it.*'" [43].

TABLE 3h |. Thematic summary of photovoice.cancer research.

Categoryh	Quotesh
Theme 1: Psychosocial and emotional experiences (*n*-= 26). Captures internal and interpersonal processes shaping emotional and social navigation of cancer; reflects existential, emotional,. and relational.impact.	
Identity.disruption and.redefinition.(*n*-= 26).	"You.can't.see anything.from the.outside. That's why.they often cannot. believe.it,.cannot.comprehend it. [...] sometimes.I fantasize.about.being. bald. Would.people then realize that.is.this.real?".Bood, ZM,.2022.[25].
Emotional.and psychological.distress (*n*-= 20).	Upon.learning.of.cancer diagnosis,."Am I going to.die?" Capewell, C,. 2020 [26].
Social.support.and isolation (*n*-= 22).	"The.people.who.happen.to encourage.us.on.some.other.things.for. example maybe at home....being.free.with.you by.talking to.you and you. are not supposed to be worried and this is not the end but the beginning.... those are.the.category of people.assisting you in your everyday.like.the. everyday food.and.activities.".Bates, MJ,.2018.[24].
Spirituality and.meaning-making.(*n*-= 15).	"This is the praying room, here mothers pray for our health. It gives me a. sense of hope that we will get better." Ebrahimpour, F, 2021 [28].
Theme 2: Systems of.care and structural barriers (*n*-= 19). Includes experiences with healthcare access, navigation, and equity; highlights how external systems shape the cancer journey.	
Health care experiences and system. barriers (*n*-= 17).	"The clinic kept thinking it.was worms or HIV and only have 3 months. sent him to hospital where he was misdiagnosed with constipation, and. eventually referred to the cancer hospital." (PvM283, mother of a 4 year old. son; acute lymphoblastic leukemia) Edward, L.B., 2017 (child study) [20].
Environment and place (*n*-= 19).	"All the YACS had dreadful memories of.cancer treatment. For example,. *Roberto described his hospital days as 'being in jail.*' on the other hand, most. of the survivors shared the stories of breaking hospital rules and going. outside, and they remembered these events.as 'having fun' and 'feeling. human again.'" Yi, J., 2010 [10].
Theme 3: Agency, expression, and advocacy (*n*-= 23). Relates to empowerment, future orientation, and advocacy; illustrates reclaiming control and engaging through photovoice.	
Empowerment through expression (*n*-= 3).	"Sharing my pictures and stories help me realize I wasn't alone." Pailler,. M.E, 2020 [38]. "Because no matter what I can accomplish a difficult task... you know I. have people who care about me and understand me. I say, '*Let it rain. I can-handle-it* '"Yi, J. 2016 [43].
Return to normalcy and future orientation (*n*-= 23).	"You know that look good, feel better thing?, you have to ascribe to it a. little bit in that when you go in and people say, '*I-think-you-look-amazing*'- and that kind of stuff and you '*You're looking great*' it makes you feel better. You release endorphins and then you just keep going." Morrison, T.L.,. 2014 [22].
Theme 4: Health behavior and lifestyle change (*n*-= 6). Reflects how daily practices like nutrition and exercise support healing and survivorship.	
Nutrition and lifestyle change (*n*-= 6).	"I went back to doing what our parents ate, everything fresh and out of the. ground -no added preservatives. We eat as natural as we can and the fewer. processes that food goes through, the better it is for you." O'Callaghan, N.,. 2024 [37].

Photovoice. also. supported. survivors. in. re-envisioning. life. beyond. treatment,. often. marking. a. psychological. shift. toward. normalcy,. goal-setting,. and. hope. for. the. future. Participants. described. how. engaging. in. visual. reflection. helped. them. recognize. personal. growth. and. momentum—"*You-know-that-look-good,-feel-better-thing?-...-It-makes-you-feel-better,-you release-endorphins-and-then-you-just-keep-going.*"-[21]. For. some,. this. renewed sense of agency extended beyond individual reflection. to advocacy, including raising.awareness.within their.communities.and.contributing.to research.aimed.at.improving.cancer. care.delivery.[44]. For.example,.one.study.described.survivors. using. Photovoice. outputs. to. engage. community. stakeholders. and raise awareness of gaps in survivorship services, illustrating. the. method's. potential. to. support. advocacy. even. when. formal. policy change.was not evaluated. Together, these findings suggest. that. photovoice. can. support. empowerment. not. only. by.

validating. survivor. experiences,. but. by. enabling. forward-looking meaning and action.

3.5h | Health Behavior and Lifestyle Change (*n*-= 6)h

Six studies explored how photovoice promoted healthy behaviors. and lifestyle changes during survivorship. Participants described. improving diet and wellness practices, often tying these shifts to a. renewed. identity. or. motivation. from. cancer. experiences. One. survivor explained:. *"I-went-back-to-doing-what-our-parents-ate,-everything fresh and out of the ground—no added preservatives. We-eat-as-natural-as-we-can,-and-the-fewer-processes-that-food-goes-through,-the-better-it-is-for-you."*-[37] Photovoice not only helped. document lifestyle changes but also helped survivors link these. practices. to. healing. and. survivorship,. reinforcing. motivational. mental power to sustain health behaviors after cancer treatment. However,. there. remains. limited. evidence. on. sustaining. outcomes,. underscoring. the. need. for. longitudinal. evaluation. of. photovoice's impact on behavior changes.

3.6h | Considerations When Using Photovoice in Cancer Survivorship Research

These studies suggest several key considerations for the. use of. photovoice. in. cancer. survivorship. research. One. recurring. theme was the need to enhance equity in research participation. Several studies have identified photovoice. as an effective strategy. for. developing. culturally. relevant,. survivor-informed. interventions,. particularly. for. underrepresented. populations. [9,. 24, 31, 36]. To enhance participation, researchers recommended. minimizing. logistical. barriers. (e.g.,. transportation,. literacy,. caregiving. burdens),. which. was. a. strength. of. photovoice,. and. providing adequate compensation [9, 24, 31, 36].

Another consideration. is. to. enhance methodological. rigor. and. transparent reporting of photovoice procedures in future studies. [21,. 27,. 33]. This. includes. clearly. describing. each. step. in. the. research process, from how participants. were recruited to. how. photographs and narratives were collected, the iterative process. of coding, and how triangulation and community validation. or. member. checking. occurred. This. level. of. transparency. strengthens the analytic credibility and allows for replicability of. the research. Furthermore, survivors should be actively engaged. throughout. the. entire. research. process,. including. defining. research. questions,. shaping. visual. and. narrative. outputs,. participating in data interpretation, and co-creating dissemination. strategies. [21,. 27,. 33]. This. orientation. aligns. with. the. participatory. roots. of. photovoice,. and. is. critical. for. understanding cancer survivors' complex life experiences.

Ethical. considerations. were. also. highlighted. [21,. 38]. Photovoice. raises. risks. of. unintended. identity. disclosure. or. emotionally. triggering. content,. indicating. the. need. for. standardized. ethical. protocols. tailored. to. this. method. Creative. dissemination. avenues,. such. as. photo. exhibits,. community. dialogs,. and. policy. briefs,. can. honor. participants'. voices. while. promoting. system-level. impact. and. potential. change. [9,. 19,. 26, 40].

Finally,. some. studies. proposed. integrating. photovoice. with. clinical. survivorship. practice. [18,. 27,. 28]. This. included. using. visual. storytelling. in. support. groups,. survivorship. care. planning,. rural. outreach,. and. training. oncology. professionals. in. photo-elicitation and narrative interpretation techniques. These. applications. position. photovoice. as. more. than. a. research. method;. they. highlight. its. potential. to. advance. the. quality. of. care,. health. equity,. and. survivor-centered. systemic. transformation [45–48].

4h | Discussionh

This. systematic. review. synthesizes. the. use. of. photovoice. methods. in. cancer. survivorship. research,. highlighting. the. significance of this method in capturing the stories told directly by. survivors across the cancer continuum. We identified four thematic. domains. summarizing. the. key. findings. of. the. included. studies: psychosocial and emotional experiences; systems of care. and. structural. barriers;. agency,. expression,. and. advocacy;. and. health. behavior. and. lifestyle. change. Together,. these. themes. highlight. the. strengths. and. limitations. of. photovoice. in. revealing. survivors'. real. life. after. a. cancer. diagnosis. and. into. survivorship [11, 44, 45].

4.1h | Interpretation of Thematic Domainsh

4.1.1h | Psychosocial and Emotional Experiencesh

Findings. across. studies. indicate. that. photovoice. facilitates. deeper reflection on the psychosocial and emotional dimensions. of. survivorship. by. allowing. survivors. to. externalize. and. interpret. experiences. of. identity. change. and. psychological. adjustment. Rather. than. merely. documenting. distress. or. resilience,. photovoice. supports. meaning-making. through. survivor-led. interpretation,. positioning. participants. as. active. sense-makers. of. their. survivorship. trajectories. This. aligns. with. prior. evidence. demonstrating. photovoice's. utility. in. supporting. emotional expression and coping, particularly among youth and. individuals. living. with. chronic. illness. [49–52]. In. this. review,. these. processes. appear. to. extend. beyond. individual. reflection,. suggesting. photovoice's. potential. to. generate. emotionally. grounded. knowledge. that. is. difficult. to. elicit. through. conventional qualitative approaches.

4.1.2h | Systems of Care and Structural Barriersh

Photovoice. consistently. revealed. survivor-identified. gaps. in. survivorship. care,. including. fragmented. systems,. access. barriers, and experiences of insensitive. or dismissive care [53, 54]. These findings reinforce prior. cancer-focused reviews showing. that. photovoice. is. well-suited. to. exposing. structural. inequities. that. remain underrepresented in clinical metrics and. administrative data [49]. However, this body of work also highlights. a. critical limitation: few studies described mechanisms for translating. photovoice-generated. insights. into. meaningful. system-level. change. [55,. 56]. Without. intentional. integration. into. quality. improvement,. policy,. or. implementation. efforts,.

photovoice. risks. remaining. a. diagnostic. tool. rather. than. a. catalyst. for. reform. Future. work. should. prioritize. explicit. pathways. linking. survivor-generated. evidence. to. decision-making processes.

4.1.3h | Agency, Expression, and Advocacyh

Across. studies,. photovoice. was. frequently. associated. with. increased. survivor. agency,. including. reclaiming. personal. narratives,. articulating. future. goals,. and. engaging. in. advocacy. These. outcomes. align. with. empowerment. theory. and. mirror. findings from prior. reviews. across. diverse health. contexts. [11,. 49, 52, 57–59]. However, empowerment was often framed as an. individual-level outcome, with limited attention to how survivor. advocacy. informed. clinical. practice,. organizational. change,. or. policy development. This gap suggests a need to shift photovoice. research from demonstrating empowerment toward evaluating. how. empowered. survivors. can. influence. systems. of. care. [60]. Embedding photovoice within participatory governance, clinical. redesign,. or. policy. translation. frameworks. may. strengthen. its. impact beyond individual expression.

4.1.4h | Health Behavior and Lifestyle Changeh

Health. behavior. and. lifestyle. change. emerged. less. frequently. but represent an underdeveloped area of photovoice research in. cancer. survivorship. When. examined,. photovoice. appeared. to. support. survivors'. reflection. on. daily. routines,. environmental. constraints,. and. social. influences. shaping. behaviors. such. as. diet,. physical. activity,. and. self-care. [11,. 45,. 57,. 61,. 62]. These. findings. suggest. that. photovoice. may. complement. traditional. behavioral. interventions. by. foregrounding. contextual. and. structural determinants of health behaviors [49, 56]. However,. few. studies. assessed. sustained. behavior. change. or. integrated. photovoice. into. longitudinal. survivorship. interventions,. highlighting. an. opportunity. for. future. research. to. examine. photovoice as both an exploratory and intervention-adjacent method.

4.2h | Gaps in the Literature and Future Directionsh

The participant demographics in the reviewed studies highlight. both the strengths and limitations of current. photovoice literature. While studies spanned. a wide age range, from infancy. to. older. adulthood,. most. had. small. sample. sizes. (20. or. fewer. participants in 20 of the 26 studies). Although such numbers are. methodologically. consistent. with. photovoice. and. often. sufficient. to. reach. thematic. saturation,. smaller. cohorts. may. still. constrain. the. depth. and. consistency. of. analysis. across. diverse. contexts. [63]. Women. and. breast. cancer. survivors. were. disproportionately. represented,. whereas. male. survivors,. individuals. with. less. common. cancer. types,. and. those. at. varied. treatment. stages. were. often. absent. or. underrepresented. Few. studies. included. caregivers. or. healthcare. providers,. limiting. opportunities to capture survivorship as a relational or systems-level experience. These gaps point to a pressing need for greater. inclusivity and transparency in future research designs.

Photovoice is. an effective methodology for engaging marginalized. or. hard-to-reach. groups,. as. its. ability. to. blend. visual. and. narrative formats enabled engagement across literacy levels and. fostered rich emotional expression [18, 28]. However, methodological. inconsistencies. were. typical. in. existing. photovoice. studies. Few. studies. discussed. data. saturation. or. analytic. transparency,. and. the. degree. of. participation. varied. widely. Some projects engaged participants in co-analysis and. community validation, while others remained largely researcher-driven. [9, 44]. Notably, very few studies involved participants in study. design. or. interview. guide. development,. despite. this. being. a. central part of participatory research. Other review studies also. support these gaps, citing variability in sampling, analytic rigor,. and participatory engagement [37, 40, 58].

Ethical. rigor. is. central. to. photovoice. in. cancer. survivorship. because. participant-generated. images. can. unintentionally. reveal. identities,. sensitive. health. information,. or. third. parties. who. did. not. consent. to. be. photographed. Nonetheless,. ethical. protocols. were. reported. inconsistently. across. studies. A. dedicated ethics protocol should therefore be explicitly reported. in. future. research,. including. (1). processes. for. informed. and. ongoing. consent. that. distinguish. consent. to. participate. from. consent. to. use,. publish,. and. disseminate. specific. images. and. narratives; (2) safeguards for third-party visibility (e.g., guidance. on. avoiding. identifiable. faces,. obtaining. written. permission. when. others. appear,. and. procedures. for. blurring/redaction. when. needed);. and. (3). clear. agreements. about. image. ownership,. confidentiality,. and. advocacy. use,. including. where. and. how. photos. may. be. shared. (academic. publications,. social. media, exhibitions, policy forums) and participants' right. to withdraw. selected. images. from. dissemination. Because. photovoice. often aims to support advocacy, researchers should also address. participant-centered. decision-making. about. public. display. Explicit. ethical. approaches. can. therefore. strengthen. transparency,. protect. autonomy. and. privacy,. and. align. photovoice. practice with its foundational participatory intent.

While. these. methodological. and. ethical. limitations. highlight. inconsistencies, they may also reflect the practical challenges of. implementing. participatory. methods. Limited. resources,. time. constraints,. and. lack. of. training. can. hinder. co-analytic. engagement. or. ethical. rigor. Addressing. these. barriers. will. require. investment. in. capacity-building,. such. as. training. in. community-based. research,. institutional. support. for. participatory. approaches,. and. dedicated. resources. to. ensure. ethical,. equitable implementation of photovoice studies.

Despite. these. limitations,. expanding. photovoice. research. into. underrepresented. survivorship. populations. offers. a. distinct. methodological. advantage. by. enabling. survivors. to. *visually-define* what survivorship means in their own contexts. However,. photovoice. remains. underused. within. several. important. communities. of. note:. adolescents. and. young. adults. (AYAs),. older. adults,. LGBTQIA. + individuals,. racial. and. ethnic. minorities,. and people with disabilities continue to be underrepresented in. this. body. of. work. [59,. 60]. Research. remains. sparse. in. low-resource. and. rural. settings,. despite. photovoice's. particular. adaptability. to. such. conditions. Finally,. the. absence. of. photovoice. studies. in. low-income. countries. reveals. a. significant. geographic and economic gap in the current literature.

Unlike. interview-based. approaches. that. rely. primarily. on. retrospective verbal accounts, photovoice allows participants to. capture. everyday. environments,. relationships,. and. moments. that. shape. survivorship. but. are. often. taken. for. granted. or. difficult. to. articulate. Among. adolescents. and. young. adults,. photovoice. can. surface. developmental. disruptions. and. relational tensions related to. cancer across school, home, and peer. spaces,. particularly. during. transitions. between. pediatric. and. adult. systems. of. care. Among. older. adults,. photovoice. can. illuminate how survivorship. is negotiated alongside comorbidity,. caregiving. roles,. and. end-of-life. meaning-making. within. daily. routines. In. LGBTQIA+ and. racially. minoritized. populations, the visual and participant-controlled. nature of photovoice creates space to document experiences of stigma, identity. navigation, and resilience that may be silenced or constrained in. traditional. research. settings,. thereby. generating. context-rich. insights that. are directly relevant to equity-oriented. care.

Furthermore,. because. survivorship. experiences. are. shaped. by. geographic and policy environments [12], the current literature. may. overrepresent. challenges. more. common. in. high-income. countries. (HICs). while. underreporting. the. structural. barriers. faced. in. lower-resource. settings. For. example,. while. findings. from HICs often focused on “return to work” and “identity”, the. two. studies. conducted. in. lower-middle-income. countries. revealed distinct structural barriers, such as significant delays in. diagnosis,. misdiagnosis,. and. a. lack. of. palliative. care. infrastructure. These disparities may also reflect barriers inherent to. photo-elicitation. methods,. including. equipment. costs,. participants' availability, and digital literacy. To advance global health. equity, future photovoice initiatives must prioritize low-income. countries,. rural. areas,. and. low-resource. settings. to. document. locally driven. strengths. and. structural barriers that HIC-based. care models may overlook.

4.3h | Implications (Clinical and Research)h

Photovoice is. a participatory framework that. allows clinicians,. researchers,. and. healthcare. systems. to. center. survivors'. voices. in. care. planning,. psychosocial. support,. and. program. development. When integrated into survivorship care, it can strengthen. communication,. support. narrative-based. assessments,. and. encourage. co-creation. of. services. In. clinical. practice,. photovoice. can. deepen. support. group. discussions,. inform. survivorship care plans, and enhance provider training in empathy and. patient-centered care [11, 61].

The. themes. identified. in. this. review. point. to. several. practical. applications. of. photovoice. Survivors'. frequent. descriptions. of. identity. disruption. and. emotional. distress. suggest. that. photovoice. could. be. used. as. a. reflective. tool. during. psychosocial. screening and counseling. Through visual storytelling, survivors. can. externalize. complex. emotions,. providing. clinicians. with. deeper. insight. into. their. experiences. Embedding. photovoice. into peer support groups, patient advisory boards,. or co-design. initiatives can create meaningful opportunities for survivors. to. influence services through creative self-representation [47].

Photovoice is well-positioned to reach underserved communities,. particularly. in. areas. with. limited. access. to. healthcare. or. specialized healthcare. Highlighting survivor-identified barriers. and needs can guide quality improvement efforts and shape more. responsive,. equity-driven. care. delivery. Additionally,. using. a. sample. from. a. specific. community. or. area. enables. culturally. tailored. interventions, increasing. acceptability and. community. trust.

At. the. systems. and. policy. levels,. Photovoice. outputs,. such. as. curated. exhibits,. community. forums,. and. policy. briefs,. can. enhance. the. dissemination. of. survivor. perspectives. and. drive. institutional. change. [12,. 48]. To. fully. realize. the. potential. of. photovoice. research,. future. studies. should. focus. not. only. on. generating. survivor-driven. insights. but. also. on. developing. strategies to embed those insights into programs, services, and. system-level reforms.

Recent. work. published. after. our. final. search. date. further. reinforces. the. relevance. of. photovoice. in. survivorship. research. For example,. a 2025 photovoice study exploring women's body. image. following. mastectomy. [64]. highlights. the. continued. application. of. participatory. visual. methods. to. illuminate. embodied,. identity-related. survivorship. experiences. that. are. often. underrepresented. in. traditional. survey-based. research. Although published after the completion of. our April 12, 2025. search. window. and. therefore. not. included. in. the. formal. synthesis, this study underscores the ongoing expansion of photovoice methodologies within cancer survivorship scholarship and. supports the trajectory identified in. our review.

4.4h | Study Limitationsh

This review was conducted using rigorous, transparent methods,. including dual independent screening, narrative synthesis, and. validated quality appraisal tools. Nonetheless, certain limitations. should be acknowledged. Excluding non-English and gray literature. may. have. led. to. the. omission. of. relevant. studies. Additionally, heterogeneity in study design and variability in reporting. complicated. cross-study. comparisons. limited. the. consistency. with which outcomes could be synthesized.

5h | Conclusionh

Photovoice is a participatory method that captures the lived experiences of. cancer survivors, particularly those of underrepresented. individuals. and. communities. Across. studies,. survivors. used photovoice to illuminate emotional and psychosocial challenges, structural barriers within systems of care, health behaviors, and pathways to empowerment and advocacy. Photovoice. can translate survivor stories into actionable change, linking lived. experience to systems-level improvements and advancing survivorship. care. that. is. more. responsive,. equitable,. and. centered. on. underserved. and. marginalized. communities. Future. work. should. prioritize. inclusive. recruitment,. rigorous. participatory. methodologies, transparent reporting, clear ethical protocols for.

visual. and. narrative. data,. and. the. evaluation. of. longer-term. outcomes.

Acknowledgmentsh

The authors have nothing to report.

Fundingh

The authors have nothing to report.

Conflicts of Interesth

The authors declare.no conflicts of interest.

Data Availability Statementh

Data sharing not applicable to this article as no datasets were generated. or analyzed during the current study.

Referencesh

1. World. Health. Organization. "Global. Cancer. Burden. Growing,. Amidst Mounting Need for Services," (2024): [Internet],. https://www.who.int/news/item/01-02-2024-global-cancer-burden-growing–amidst-mounting-need-for-services.

2. National Cancer Institute. "Cancer Stat Facts: Cancer Survivorship,". (2022): [Internet],. https://seer.cancer.gov/statfacts/html/survivor.html.

3. National Cancer Institute. *Division-of-Cancer-Control-and-Population-Sciences,- Office- of- Cancer- Survivorship-* (Definitions). [Internet]. [cited. Aug 21, 2025],. https://cancercontrol.cancer.gov/ocs/definitions.

4. M. Hewitt, S. Greenfield, and E. Stovall, eds., *From-Cancer-Patient-to-Cancer- Survivor:- Lost- in- Transition-* (National. Academies. Press. (US),. 2006).

5. D. K. Mayer, L. Nekhlyudov, C. F. Snyder, J. K. Merrill, D. S. Wollins,. and. L. N. Shulman,. "American. Society. of. Clinical. Oncology. Clinical. Expert. Statement. on. Cancer. Survivorship. Care. Planning,". *Journal- of-Oncology-Practice*-10, no. 6 (2014): 345–351, https://doi.org/10.1200/jop.2014.001321.

6. L. Nekhlyudov,. M. A. Mollica,. P. B. Jacobsen,. D. K. Mayer,. L. N. Shulman,. and. A. M. Geiger,. "Developing. a. Quality. of. Cancer. Survivorship Care Framework: Implications for Clinical Care, Research, and. Policy,". *JNCI:- Journal- of- the- National- Cancer- Institute-* 111,. no. 11. (November 2019): 1120–1130, https://doi.org/10.1093/jnci/djz089.

7. J. S. de Moor, A. B. Mariotto, C. Parry, et al., "Cancer Survivors in the. United. States:. Prevalence. Across. the. Survivorship. Trajectory. and. Implications for Care,". *Cancer-Epidemiology,-Biomarkers-&-Prevention*-22,. no. 4 (2013): 561–570,. https://doi.org/10.1158/1055-9965.epi-12-1356.

8. C. Wang and M. A. Burris, "Photovoice: Concept, Methodology, and. Use for Participatory Needs Assessment," *Health-Education-&-Behavior*-24,. no. 3 (1997): 369–387,. https://doi.org/10.1177/109019819702400309.

9. E. D. S. Lopez, E. Eng, E. Randall-David, and N. Robinson, "Quality-of-Life. Concerns of African American. Breast Cancer Survivors Within. Rural. North. Carolina,". *Qualitative- Health- Research-* 15,. no. 1. (2005):. 99–115, https://doi.org/10.1177/1049732304270766.

10. J. Yi, M. A. Kim, and S. H. Kim, "Health-Related Quality of Life in. Korean. Young. Adult. Cancer. Survivors:. Effects. of. Age,. Gender,. and. Cancer. Site,". *Qualitative-Health-Research*-20,. no. 8. (2010):. 1070–1083,. https://doi.org/10.1093/jjco/hyt187.

11. C. Catalani and M. Minkler, "Photovoice: A Review of the Literature. in. Health. and. Public. Health,". *Health-Education-&-Behavior*-37,. no. 3. (2010): 424–451,. https://doi.org/10.1177/1090198109342084.

12. C. L. Wong, H. Li, A. W. K. Leung, C. W. H. Chan, and Y. T. Cheung, "Understanding the Experience of Cancer Survivorship Among. Pediatric and Adolescent Cancer Survivors and Their Parents Through. Camera Lenses: A Photovoice Study," *Psycho-Oncology*-33, no. 9 (2024):. e9306, https://doi.org/10.1002/pon.9306.

13. M. J. Page, J. E. McKenzie, P. M. Bossuyt, et al., "The PRISMA 2020. Statement:. An. Updated. Guideline. for. Reporting. Systematic. Reviews,". *BMJ*-372 (2021): n71,. https://doi.org/10.1136/bmj.n71.

14. Covidence. Systematic. Review. Software. *Covidence- (Version- 2.0)-* [Computer. software]. [Internet],. (Veritas. Health. Innovation,. 2025),. https://www.covidence.org/.

15. M. Rodgers, A. Sowden, M. Petticrew, et.al., "Testing Methodological. Guidance. on. the. Conduct. of. Narrative. Synthesis. in. Systematic. Reviews,". *Evaluation*-15,. no. 1 (2009): 49–73,. https://doi.org/10.1177/1356389008097871.

16. J. Popay, H. Roberts, A. Sowden, et al., *Guidance-on-the-Conduct-of-Narrative- Synthesis- in- Systematic- Reviews:- A- Product- from- the- ESRC-Methods-Programme-*(University of Lancaster, 2006).

17. Critical. Appraisal. Skills. Programme. CASP. Qualitative. Checklist. [Internet], (2018), https://casp-uk.net/casp-tools-checklists/.

18. L. B. Edwards. and. L. E. Greeff,. "Evidence-Based. Feedback. About. Emotional Cancer Challenges Experienced in South Africa: A Qualitative Analysis of 316 Photovoice Interviews," *Global Public Health*-13, no. 10 (October 2018): 1409–1421,. https://doi.org/10.1080/17441692.2017.1357187.

19. L. B. Edwards. and. L. E. Greeff,. "Exploring. Grassroots. Feedback. About. Cancer. Challenges. in. South. Africa:. A. Discussion. of. Themes. Derived From Content Thematic Analysis of 316 Photo-Narratives," *Pan-African-Medical-Journal*-28 (2017): 173,. https://doi.org/10.11604/pamj.2017.28.173.11894.

20. L. B. Edwards and L. E. Greeff, "A Descriptive Qualitative Study of. Childhood Cancer Challenges in South Africa: Thematic Analysis of 68. Photovoice. Contributions,". *South-African-Journal-of-Oncology*-1,. no. 1. (January 2017): 1–8,. https://doi.org/10.4102/sajo.v1i0.14.

21. T. L. Morrison and R. L. Thomas, "Comparing Men's and Women's. Experiences. of. Work. After. Cancer:. A. Photovoice. Study,". *Supportive-Care-in-Cancer*-23,. no. 10 (2015): 3015–3023,. https://doi.org/10.1007/s00520-015-2670-4.

22. T. L. Morrison and R. L. Thomas, "Survivors' Experiences of Return. to Work Following Cancer: A Photovoice Study,". *Canadian-Journal-of-Occupational Therapy*-81, no. 3 (2014): 163–172, https://doi.org/10.1177/0008417414534398.

23. T. L. Morrison and R. L. Thomas, "Cancer Survivors' Concealment or. Disclosure of Diagnosis: Implications for Return. to Work,". *Work-Read-Mass*-52, no. 3 (2015): 643–655, https://doi.org/10.3233/wor-152120.

24. M. J. Bates, T. Mphwatiwa, J. Ardrey, N. Desmond, L. W. Niessen,. and. S. B. Squire,. "Household. Concepts. of. Wellbeing. and. the. Contribution of Palliative Care in the Context of Advanced Cancer: A Photovoice Study From Blantyre, Malawi,". *PLoS-One*-13,. no. 8 (2018): 1–18,. https://doi.org/10.1371/journal.pone.0202490.

25. Z. M. Bood, F. van Liemt, M. A. G. Sprangers, et al., "This is what. Life With Cancer Looks Like: Exploring Experiences of Adolescent and. Young Adults With Cancer Using Two Visual Approaches,". *Supportive-Care-in-Cancer*-30,. no. 4 (April 2022): 3353–3361,. https://doi.org/10.1007/s00520-021-06775-9.

26. C. Capewell,. S. Ralph,. and. M. Symonds,. "Listening. to. Women's. Voices:. Using. an. Adapted. Photovoice. Methodology. to. Access. Their. Emotional. Responses. to. Diagnosis. and. Treatment. of. Breast. Cancer,". *Journal of Patient-Experience*-7, no. 6 (2020): 1316–1323, https://doi.org/.10.1177/2374373520930463.

27. J. Currin-McCulloch,. D. Peterson,. S. Kaushik,. and. J. Borrego,. "Through. the. Lens:. The. Feasibility. and. Acceptability. of. an. Online.

Meaning-Making. Photovoice. Group. Among. Young. Adult. Cancer. Survivors," *Social Work with Groups*-47, no. 1 (2024): 47–63, https://doi.org/.10.1080/01609513.2023.2212391.

28. F. Ebrahimpour, J. Mirlashari, A. S. S. Hosseini, F. Zarani, and S. Thorne,. "Symbols. of. Hope. on. Pediatric. Oncology. Ward:. Children's. Perspective Using Photovoice," *Journal of Pediatric Oncology Nursing* 38,. no. 6 (2021): 385–398,. https://doi.org/10.1177/10434542211041934.

29. B. J. Zebrack,. "Psychological,. Social,. and. Behavioral. Issues. for. Young. Adults. With. Cancer,". supplement,. *Cancer*-117,. no. S10. (2011):. 2289–2294, https://doi.org/10.1002/cncr.26056.

30. G. Georgievski, W. Shama, S. Lucchetta, and M. Niepage, "Through. Our Eyes: A Photovoice Intervention for Adolescents on Active Cancer. Treatment," *Journal-of-Psychosocial-Oncology*-36, no. 6 (2018): 700–716,. https://doi.org/10.1080/07347332.2018.1469564.

31. C. Hammond, R. Thomas, W. Gifford, et al., "Cycles of Silence: First. Nations. Women. Overcoming. Social. and. Historical. Barriers. in. Supportive. Cancer. Care,". *Psycho-Oncology*- 26,. no. 2. (February. 2017):. 191–198, https://doi.org/10.1002/pon.4335.

32. P. Jellema, M. Annemans, A. Heylighen, et al., "At. Home in the. Hospital. and. Hospitalised. at. Home:. Exploring. Experiences. of. Cancer. Care Environments," in *Breaking-down-Barriers*-(Springer International. Publishing AG, 2018), 215–226.

33. P. Jellema, M. Annemans, and A. Heylighen, "The Roles of Cancer. Care Facilities in Users' Well-Being,". *Building-Research-&-Information*-48,. no. 3 (April 2020): 254–268,. https://doi.org/10.1080/09613218.2019.1620094.

34. E. D. S. Lopez, E. Eng, E. Randall-David, and N. Robinson, "Quality-of-Life. Concerns of African American Breast. Cancer Survivors. Within. Rural. North. Carolina:. Blending. the. Techniques. of. Photovoice. and. Grounded Theory," *Qualitative Health Research*-15, no. 1 (2005): 99–115,. https://doi.org/10.1177/1049732304270766.

35. World. Bank. *World- Bank- Country- and- Lending- Groups- –- World-Bank Data Help Desk*-(World Bank, 2024): [Internet], https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups.

36. M. Mosavel and K. D. Sanders, "Photovoice: A Needs Assessment of. African American Cancer Survivors," *Journal of Psychosocial Oncology* 28,. no. 6 (2010): 630–643, https://doi.org/10.1080/07347332.2010.516809.

37. N. O'Callaghan, P. Douglas, and L. Keaver, "Meaning of Nutrition. for Cancer Survivors: A Photovoice Study," *BMJ-Nutrition, Prevention-&-Health*-7,. no. 1 (2024): 112–118,. https://doi.org/10.1136/bmjnph-2023-000822.

38. M. E. Pailler, L. K. Beaupin, E. Brewer-Spritzer, et al., "Reaching. Adolescent. and. Young. Adult. Cancer. Patients. Through. Social. Media:. Impact of the Photographs of Meaning Program," *Journal-of-Adolescent-and-Young-Adult-Oncology*-9,. no. 4 (2020): 508–513,. https://doi.org/10.1089/jayao.2019.0140.

39. J. S. Park, J. W. Han, J. H. Choi, and K. C. Lee, "Photovoice-Based. Assessment. of. Weight. Management. Experiences. of. Breast. Cancer. Patients Treated With Tamoxifen," *International Journal of Environmental-Research-and-Public-Health*-17,. no. 12 (2020): 4359,. https://doi.org/10.3390/ijerph17124359.

40. J. Poudrier. and. R. T. Mac-Lean,. ""We've. Fallen. into. the. Cracks":. Aboriginal. Women's. Experiences. With. Breast. Cancer. Through. Photovoice,". *Nursing-Inquiry*-16,. no. 4 (2009): 306–317,. https://doi.org/10.1111/j.1440-1800.2009.00435.x.

41. R. Power,. J. M. Ussher,. J. Perz,. K. Allison,. and. A. J. Hawkey,. ""Surviving. Discrimination. by. Pulling. Together":. LGBTQI. Cancer. Patient. and. Carer. Experiences. of. Minority. Stress. and. Social. Support,". *Frontiers-in-Oncology*-12 (2022): 918016,. https://doi.org/10.3389/fonc.2022.918016.

42. S. S. Wong, T. J. George, M. Godfrey, J. Le, D. B. Pereira, and T. J. George. Jr,. "Using. Photography. to. Explore. Psychological. Distress. in. Patients. With. Pancreatic. Cancer. and. Their. Caregivers:. A. Qualitative. Study," *Supportive-Care-in Cancer*-27, no. 1 (2019): 321–328, https://doi.org/10.1007/s00520-018-4330-y.

43. J. Yi,. M. A. Kim,. and. S. An,. "The. Experiences. of. Korean. Young. Adult Survivors of Childhood Cancer: A Photovoice Study," *Qualitative-Health-Research*-26,. no. 8 (2016): 1044–1054,. https://doi.org/10.1177/.1049732315599374.

44. J. Yi and B. Zebrack, "Self-Portraits of Families With Young Adult. Cancer Survivors: Using Photovoice," *Journal of Psychosocial Oncology* 28,. no. 3 (May 2010): 219–243, https://doi.org/10.1080/07347331003678329.

45. T. A. Baker. and. C. C. Wang,. "Photovoice:. Use. of. a. Participatory. Action. Research. Method. to. Explore. the. Chronic. Pain. Experience. in. Older Adults," *Qualitative Health Research*-16, no. 10 (2006): 1405–1413,. https://doi.org/10.1177/1049732306294118.

46. A. Lanoye,. L. Cai,. M. D. Thomson,. and. S. Hong,. "Use. of. Photo. Methods. in. Research. Studies. With. Cancer. Survivors. and. Their. Caregivers:. A. Scoping. Review,". *Journal- of- Cancer- Survivorship*- 18,. no. 3. (June 2024): 698–709,. https://doi.org/10.1007/s11764-022-01321-w.

47. Y. Yang, "How to Conduct a Photovoice Systematic Review: Lessons. Learned. and. Recommendations,". *Qualitative- Report*- 28,. no. 4. (2023):. 979–990, https://doi.org/10.46743/2160-3715/2023.5792.

48. M. Quinn, N. Wright, M. Scherdt, et al., "A Descriptive Study. of. Policy and System-Level Interventions. to Address Cancer Survivorship. Issues. Across. Six. United. States. Health. Systems,". *Journal- of- Cancer-Survivorship* 18, no. 6 (2024): 2022–2032, https://doi.org/10.1007/s11764-023-01440-y.

49. A. Lanoye,. L. Cai,. M. D. Thomson,. and. S. Hong,. "Use. of. Photo. Methods. in. Research. Studies. With. Cancer. Survivors. and. Their. Caregivers," *Journal of Cancer Survivorship* 18, no. 3 (2024): 698–709, https://.doi.org/10.1007/s11764-022-01321-w.

50. M. Niepage,. G. Georgievski,. W. Shama,. and. S. Lucchetta,. "Exploring. Adolescents'. Cancer. Journey. Through. Photovoice:. A. Narrative Synthesis," *Journal of Adolescent and Young Adult Oncology*-7,. no. 1 (2018): 15–21,. https://doi.org/10.1089/jayao.2017.0073.

51. T. A. R. Evangelista, M. D. R. Nunes, S. G. Machado, M. A. Santos,. B. C. D. Olegário, and L. C. Nascimento, "Use of Photography in Research. With Children and Adolescents With Chronic Condition: An Integrative. Review," *Acta Paulista de Enfermagem* 36 (2023): eAPE01994, https://acta.-ape.org/en/article/use-of-photography-in-research-with-children-and-adolescents-with-chronic-conditions-an-integrative-review/.

52. M. Stephens,. E. Keiller,. M. Conneely,. P. Heritage,. M. Steffen,. and. V. J. Bird,. "A. Systematic. Scoping. Review. of. Photovoice. Within. Mental. Health. Research. Involving. Adolescents,". *International- Journal- of-Adolescence and-Youth*-28, no. 1 (2023), https://doi.org/10.1080/02673843.2023.2244043.

53. M. Charlton,. J. Schlichting,. C. Chioreso,. M. Ward,. and. P. Vikas,. "Challenges of Rural Cancer Care in the United States,". *Oncology-Williston-Park*-29, no. 9 (2015): 633–640, https://www.cancernetwork.com/.view/challenges-rural-cancer-care-united-states.

54. T. Onega,. E. J. Duell,. X. Shi,. D. Wang,. E. Demidenko,. and. D. Goodman, "Geographic Access to Cancer Care in the U.S," *Cancer*-112,. no. 4 (2008): 909–918,. https://doi.org/10.1002/cncr.23229.

55. K. Halvorsrud, O. Eylem, R. Mooney, M. Haarmans, and K. Bhui,. "Identifying Evidence of the Effectiveness of Photovoice: A Systematic. Review and Meta-Analysis of the International Healthcare Literature,". *Journal- of- Public- Health- (Oxford,- England)*- 44,. no. 3. (2022):. 704–712,. https://doi.org/10.1093/pubmed/fdab074.

56. L. Tang,. J. Gu,. and. Z. Lin,. "A. Scoping. Review. of. Photovoice. for. People Living With Diabetes," *BMC-Public-Health*-25, no. 1 (2025): 540,. https://doi.org/10.1186/s12889-025-21410-6.

57. C. Wang and M. A. Burris, "Photovoice: Concept, Methodology, and. Use for Participatory Needs Assessment," *Health-Education-&-Behavior*-24, no. 3 (1997): 369–387,. https://doi.org/10.1177/109019819702400309.

58. K. Anderson,. E. Elder-Robinson,. K. Howard,. and. G. Garvey,. "A. Systematic. Methods. Review. of. Photovoice. Research. With. Indigenous. Young People,". *International-Journal-of-Qualitative-Methods*-22 (2023),. https://doi.org/10.1177/16094069231172076.

59. D. Chinn. and. B. Balota,. "A. Systematic. Review. of. Photovoice. Research Methods With People With Intellectual Disabilities,". *Journal-of-Applied-Research-in-Intellectual-Disabilities*-36, no. 4 (2023): 725–738,. https://doi.org/10.1111/jar.13106.

60. B. Palibroda. and. others,. *A-Practical-Guide-to-Photovoice:-Sharing-Pictures,-Telling-Stories-and-Changing-Communities*-(Prairie. Women's. Health Centre of Excellence, 2009).

61. N. E. Findholt,. Y. L. Michael,. M. M. Davis,. and. V. W. Brogoitti,. "Environmental Influences. on Children's Physical Activity and Eating:. A. Qualitative. Study. Using. Photovoice,". *Health-Promotion-Practice*-12,. no. 5 (2011): 705–713,. https://doi.org/10.4278/ajhp.100622-QUAL-210.

62. K. Budig, J. Diez, P. Conde, M. Sastre, M. Hernán, and M. Franco,. "Photovoice and Empowerment: Evaluating the Transformative Potential of. a Participatory Action Research Project,". *BMC-Public-Health*-18,. no. 1 (2018): 432,. https://doi.org/10.1186/s12889-018-5335-7.

63. J. H. Rowland, E. E. Kent, L. P. Forsythe, et al., "Cancer Survivorship Research in Europe and the United States: Where Have We Been,. Where. Are. We. Going,. and. What. Can. We. Learn. From. Each. Other?,". supplement,. *Cancer*-119,. no. S11 (2013): 2094–2108,. https://doi.org/10.1002/cncr.28060.

64. Y. Erden, H. C. Celik, and N. Karahurt, "Women's Body Image After. Mastectomy: A Photovoice Study,". *Supportive-Care-in-Cancer*-33,. no. 6. (2025): 501,. https://doi.org/10.1007/s00520-025-09541-3.

Supporting Informationh

Additional. supporting. information. can. be. found. online. in. the. Supporting Information section.

Supporting Information S1: pon70431-sup-0001-suppl-data.docx.