

Faculty of Medicine The Chinese University of Hong Kong

Digital Health Interventions for Psychological Outcomes among Adolescents and Young Adults with Cancer: **A Systematic Review and Meta-analysis**

Background

- Adolescents and young adults with cancer (AYAs, diagnosed between 15 and 39 years old) face distinct psychosocial challenges that significantly impacts their psychological well-being.
- Studies have shown that AYAs endorse high interest in digital health interventions (DHIs). Currently, there is little pooled evidence on the quantitative benefits of DHIs among AYAs.

Objectives

This systematic review and meta-analysis aims to

- describe the characteristics of DHIs;
- examine the efficacy of DHIs on psychological outcomes of AYAs during and after

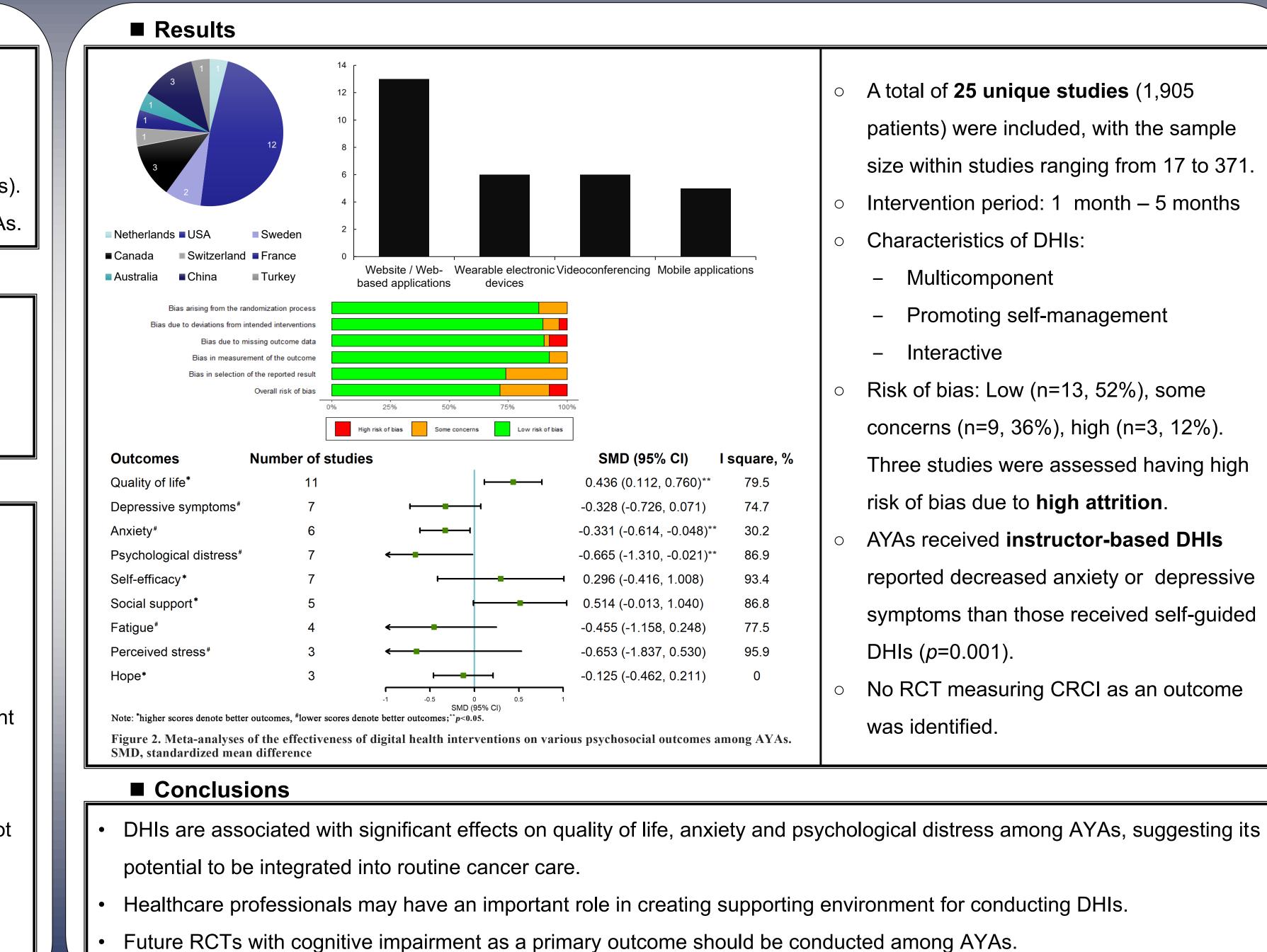
cancer treatment through randomized controlled trials (RCTs).

Methods

- Databases: PubMed, Embase, The Cochrane Library, CINAHL, PsycINFO, ProQuest
- **Time period**: From inception to January 5, 2025
- Inclusion criteria: studies (1) involved DHIs on patients with cancer aged between 15 and 39 (±5) years old at the time of diagnosis and intervention during or after active cancer treatment; (2) measured any of the four domains of psychological function¹ (i.e., emotional health, health behavior, social functioning, cancer-related cognitive impairment [CRCI]); (3) were RCTs.
- **Exclusion criteria**: protocols, duplicate publications, conference abstracts or dissertations, studies focused on outcomes assessment or cancer screening, studies not in English.
- Risk of bias assessment: Cochrane Risk of Bias 2 Tool
- **Data analysis**: meta-analysis, meta-regression

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A total of **25 unique studies** (1,905 patients) were included, with the sample size within studies ranging from 17 to 371. Intervention period: 1 month – 5 months Characteristics of DHIs: Multicomponent Promoting self-management Interactive Risk of bias: Low (n=13, 52%), some concerns (n=9, 36%), high (n=3, 12%). Three studies were assessed having high risk of bias due to **high attrition**. AYAs received instructor-based DHIs reported decreased anxiety or depressive symptoms than those received self-guided DHIs (p=0.001). No RCT measuring CRCI as an outcome was identified.