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“Living life as if I never had cancer”: A study of the meaning of living well in adolescents and young adults who have experienced cancer

Katherine Schreiner¹, Daniel H. Grossoehme^{2,3,4}, Sarah Friebert^{2,3}, Justin N. Baker⁵, Jennifer Needle⁶, Maureen E. Lyon^{1,7}

¹George Washington School of Medicine and Health Sciences, Washington, District of Columbia

²Akron Children’s Hospital, Rebecca D. Considine Research Institute, Akron, Ohio

³Akron Children’s Hospital, Haslinger Family Pediatric Palliative Care Center, Akron, Ohio

⁴Department of Family and Community Medicine, Northeast Ohio Medical University, Rootstown, Ohio

⁵Division of Quality of Life and Palliative Care, Department of Oncology, St Jude Children’s Research Hospital, Memphis, Tennessee

⁶Division of Pediatric Critical Care Medicine, University of Minnesota, Minneapolis, Minnesota

⁷Division of Adolescent and Young Adult Medicine, Children’s National Hospital, Center for Translational Research/Children’s National Research Institute, Washington, District of Columbia

Abstract

Background: Cancer diagnoses pose challenges to adolescents’ and young adults’ (AYA) physical, mental, and emotional health, and developmental tasks. In order for AYAs, caregivers, clinicians, and other collaborators to optimize health outcomes (coproduction of health), understanding what living well means for AYAs who have experienced cancer is necessary. The objective was to develop an empirical definition of “living well” for AYAs who have experienced cancer to broadly understand AYA values and priorities. This definition may ultimately guide future conversations between caregivers and AYAs, eliciting thorough, personal definitions of living well from individual AYAs. Such conversations may enhance AYA participation in coproducing their health.

Procedure: Qualitative analysis using a phenomenological approach of N = 30 structured *Respecting Choices* interviews conducted with AYAs (14–21 years; mean 84.2 [SD 69] months postcancer diagnosis with 21% on active treatment) from four tertiary pediatric hospitals in the context of a primary study of a pediatric advance care planning intervention trial.

Correspondence: Daniel H. Grossoehme, Haslinger Family Pediatric Palliative Care Center, Akron Children’s Hospital, 1 Perkins Sq, Akron, OH 44308. dgrossoehme@akronchildrens.org.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

Results: AYAs who have experienced cancer conceptualized “living well” as maintaining physical, mental, and emotional health, as well as engaging in purposeful, age-appropriate activities with people important to them. Living well had three components: living mindfully, living an identity as a healthy AYA, and spending time with friends and family.

Conclusions: Conversations with AYAs who have experienced cancer elicited rich, complex concepts of “living well.” Provider initiation of discussions about living well may facilitate personalized goals of care conversations. This study may serve as the basis to design and prototype future clinical interventions to enhance AYA engagement.

Keywords

adolescent; advance care planning; cancer; quality of life

1 | INTRODUCTION

Adolescent and young adult (AYA) participation in health care decision making necessitates addressing AYAs' goals of care and the challenges that serious illness poses to achieving their goals. Cancer is the most common cause of illness-related death among adolescents in the United States.¹ Advances in therapies have improved survival rates, turning a once-fatal disease in many cases into a survivable chronic disease.² Nonetheless, survivorship confers chronic health concerns together with an increased likelihood of second malignant neoplasms.^{3–5} Living with a cancer diagnosis (past or present) also carries the risk of psychological comorbidities. These may include: depression, anxiety, posttraumatic stress disorder, distorted self-image, poor self-esteem, social isolation from peers, developmentally incongruent fears of death, reduced social skills, and a foreshortened sense of the future.^{3,6} These comorbidities suggest one of the challenges AYAs report difficulty navigating—the ability, especially as survivors, to make health care decisions in the context of typical AYA activities and developmental tasks.⁷

In order to participate fully in conversations regarding their treatment, management of posttreatment comorbidities, and the impact on their lives, AYAs need opportunities to share their desires regarding health care choices and how those decisions are influenced by personal values and priorities. AYAs also need complete information to be actively engaged in discussions regarding their options and choices, to the extent they desire to participate.⁷ AYAs, together with caregivers, clinicians, and researchers, need to collaborate on (a) sharing information, including outcomes that matter to a particular AYA; (b) gaining insight into the beliefs and values of AYA, which may differ from those of the caregiver or clinician; and (c) achieving adherence to care recommendations that are likely to lead to the desired health outcomes. This process is defined as the coproduction of health.⁸ Importantly, regardless of parental preferences,⁹ AYAs may be selective about the decisions in which they take an active participatory role and may not seek to engage equally on all aspects of care.¹⁰

The coproduction of health and its constituent elements have positive outcomes. In particular, psychosocial comorbidities such as emotional symptoms, conduct problems, hyperactivity/inattention, peer problems, and the lack of prosocial behavior are reduced when communication needs regarding information and options are met.¹¹ Mack and

colleagues conducted a study with AYAs who have experienced cancer, examining factors affecting decision-making preferences, engagement, and regret. AYAs reported that a core component of decision making is their desire for oncologists to make time to understand their hopes, fears, and priorities—their personal definitions of living well. When this happens, oncologist-patient relationships develop that enable AYAs to collaborate in the coproduction of their health through the joint creation of their health care plan.¹² AYAs also reported finding benefit from considering various options in the context of their personal goals and priorities.¹²

Facilitating the coproduction of health among AYAs who have experienced cancer requires empowering AYAs to engage in open conversations with oncologists and families, allowing them to share their definitions of living well. A complete understanding of what living well means to AYAs who have experienced cancer, the depth and breadth of these definitions, and the potential impact of these conversations, is lacking. Eliciting AYAs' perceptions of what living well means to them is necessary to take the next step in promoting coproduction of health and thus facilitating improved outcomes. The purpose of this study was to understand AYAs' lived experiences of "living well" after a cancer diagnosis, broadly outlining the domains that comprise these definitions. Such a framework may guide future conversations between caregivers and AYAs to elicit comprehensive conceptualizations of "living well" and enhance AYA participation in the coproduction of their health.

2 | METHODS

2.1 | Participants

Participants were recruited from four tertiary pediatric hospitals into a prospective, longitudinal, randomized, clinical trial of an advance care planning (ACP) intervention for AYAs who have experienced any type of cancer. The trial was approved by the institutional review boards at each site, and the trial was registered at [clinicaltrials.gov](https://clinicaltrials.gov/ct2/show/study/NCT01670461) (NCT01670461). Eligibility criteria for trial participation were: (a) all cancer patients and survivors, diagnosed with any form of cancer at any age, and aged 14–21 years at enrollment; (b) no known developmental delays; (c) not severely depressed; (d) English-speaking; (e) aware of their cancer diagnosis; and (f) not suicidal, homicidal, or psychotic. The rationale for the inclusion of AYAs undergoing treatment as well as survivors was two-fold: first, as noted above, the cancer experience does not end with remission, but has ongoing health effects, including depressive symptoms and subsequent neoplasms^{13,14}; second, the majority of AYAs indicated their preference that ACP conversations happen while healthy, at the time of diagnosis, or when first experiencing symptoms rather than during hospitalization or if dying.¹⁵ This is supported by consensus definitions and studies that endorse ACP with all persons living with serious illness regardless of age or stage of illness.^{16–18}

From the 126 enrolled and eligible AYA/family dyads, 83 dyads were randomized to the three-session intervention arm, and 74 dyads completed Session 2, the structured *Respecting Choices* interview.¹⁹ Of these, 60 video recordings of the *Respecting Choices* interview were made. A convenience sample of $n = 30$ were included in this analysis. Approximately every second recording was initially selected; some were incomplete, and another interview was selected until the total available was $n = 30$. Hennink and colleagues have shown

that samples of 16–24 are typically sufficient to achieve thematic saturation, an adequately thorough understanding of the themes.²⁰ The inclusion of significantly more interviews than are required for saturation does not normally add substantial additional benefit. However, including 30 interviews compensated for the structured nature of the interview, which might have limited the depth of understanding of a topic if fewer interviews had been included.

2.2 | Procedure

Recruitment, consent/assent, and completion of baseline data questionnaires have been described in the published protocol.²¹ Session 2 of the three-session FAmily CEntered pediatric ACP intervention for teens with cancer (FACE-TC) consisted of the Respecting Choices Advance Care Planning: Next Steps interview.¹⁹ This interview addresses: assessing illness beliefs, goals, and values; exploring experiences; explaining the purpose of ACP; clarifying goals for life-sustaining preferences; summarizing the conversation; and developing a follow-up plan. The first domain (assessment of illness beliefs, goals, and values) asks the question, “What does ‘living well’ mean to you? If you were having a good day, what would happen on that day? Who would you talk to? What would you do?” If an additional prompt was needed, participants were asked, “In what way do you feel you could make this time especially meaningful to you?” This facilitated goals-of-care conversation of approximately 60 min between the AYA and family, which was recorded on video. Two study staff (not the facilitators) transcribed and de-identified the interviews.

2.3 | Analysis

The knowledge gap of understanding AYAs’ lived experience of “living well” led to the selection of a phenomenological analytic approach. Phenomenology is the method of choice to understand the meaning of experience.²² This method makes two assumptions: (a) knowledge and meaning are socially constructed; and (b) even common statements are significant. Giorgi’s phenomenological analytic methodology was used to understand the meaning of participants’ experiences of “living well.”²³

This study focuses on AYA understanding of living well; therefore, only the AYA interview data, separate from caregiver interview data, were analyzed. A preliminary codebook was created by two authors (KS and ML) who independently identified relevant themes from two randomly selected transcripts, with differences resolved by consensus. This codebook was then used again by KS and ML to independently code two additional transcripts to maximize the likelihood of identifying all relevant themes.²⁰ KS and DG then coded the remaining 26 transcripts. Reconciliation of differences in coding was resolved by consensus among the authors to maximize reliability.

For each quotation coded under “Living well,” a corresponding statement of meaning was developed. Meaning statements were developed independently by two authors (KS and DG). Differences were reconciled by consensus. Meaning statements were categorized based on thematic similarity. Domain and subdomain labels were then developed to name each theme and provide a higher order framework to present AYAs’ description of what it means to live well with a cancer diagnosis. An exhaustive statement presenting the domain and subdomain labels and a more concise statement were formulated; the ability to do so was an indication

of thematic saturation (a deep understanding of the AYAs' lived experiences and their significance without repetition of previous themes). Statements were drafted independently by KS and DG, with any differences reconciled by consensus among the authors.

To ensure methodological rigor, coding was done by more than one person to minimize threats to internal validity. Threats to internal reliability were minimized by member checking and triangulating interview data with researchers' memos.²⁴ Threats to external reliability were minimized by providing details regarding methodology and coding procedures. The qualitative software NVivo 12.0 was used for analysis.

3 | RESULTS

A total of 30 interviews were analyzed. Sixty-one percent ($n = 17$) were female. AYAs whose data were analyzed had a mean (SD) age of 17.3 (1.7) years. The mean (SD) number of months the AYA had known of their diagnosis was 84.2 (69); median (interquartile range) 69 (27, 148); 21% were on active treatment when enrolled. See Table 1 for demographic and clinical information. The qualitative results are the concise and exhaustive statements of meaning given below. Table 2 provides examples of quotations supporting these statements.

Living well for AYAs means maintaining physical, mental, and emotional health, engaging in purposeful, typical, AYA-appropriate activities with people important to them. This has three components: living mindfully; living an identity as a healthy AYA; and spending time with friends and family.

Living mindfully, in turn, has three dimensions. The first is focusing on the present moment. This focus centers on living without depression or fear of the future, especially dwelling on the possibility of disease recurrence or treatment side effects. This practice also includes living purposefully and cautiously, while engaging in mindful, stress-relieving activities. One AYA describes this as "liv[ing] life to the fullest that I can and not hav[ing] any regrets." The second aspect of living mindfully is defining quality of life for oneself rather than having it defined by others. This includes both having autonomy over one's body and having others respect that autonomy—"being able to make my own decisions and be able to function...." The third element of living mindfully is the ability to make oneself happy, regardless of what others think (ie, to be a well-differentiated personality). As one study participant describes, "just doing whatever I can that's making me happy and not worrying about anything else."

Living an identity as a healthy AYA has four aspects. The first is, as one AYA states, "to continue being healthy and live life as if I never had cancer." The second is consciously living a healthy lifestyle, incorporating good nutrition, sleep hygiene, and the ability to be active in the absence of illness or distressing symptoms such as nausea or fatigue. An exemplary quotation describes living well as "keeping your body healthy and doing the best you can for it." AYAs associated healthy food with strength, longevity, and social connections with others. The third aspect of living an identity as a healthy AYA is the importance of productivity, which includes focusing on challenges and how to overcome them. AYAs value interesting academic experiences and exciting athletic achievements, as

well as generally feeling “as though I’ve done something productive.” The fourth component is engaging in typical AYA activities. Chosen activities, such as going to school, “playing video games and eating chips,” and “walk[ing] my dog” are how AYAs hope to make up for time lost during sickness and treatment.

The final component of living well is spending time with friends and family. This theme has three dimensions. The first is having emotionally deep relationships with people to whom AYAs feel closest. One AYA defines “living well” as “having meaningful conversations with my friends...” while another AYA values “having a heart-to-heart with [his] mother.” AYAs emphasize the importance of building and maintaining these relationships and recognize the value of a strong support system. The second facet of this quality time involves engaging in a wide variety of outdoor activities in all seasons, normally with family and/or friends. AYAs discuss the importance of “vacation[s] as a family” and “being able to run around and hike with my friends.” The third element is developing, participating in, or reconstructing relationships with friends, as well as consciously “remembering how good life is with them.” One AYA describes a perfect day as spending time “with all my friends...even the ones that have moved away.”

4 | DISCUSSION

This study presents a phenomenological understanding of what living well means to AYAs who have experienced cancer. The participants represent a broad spectrum of survivors, including one-fifth who were on active treatment at enrollment, and those who were posttreatment, most commonly 5–7 years after their diagnosis. We are thus able to report the perception of living well across a spectrum, from the point of view of those relatively recently diagnosed to those diagnosed at a very young age who have since developed a perspective on their lives. AYAs value the maintenance of their physical, mental, and emotional well-being, which involves three basic elements. First, they aim to live mindfully, focusing on the present without dwelling on sickness of the past or uncertainty about the future. Second, AYAs strive to create a healthy, productive lifestyle by identifying as healthy individuals, practicing nutritious, hygienic habits, and engaging in typical adolescent activities. Lastly, they emphasize the importance of spending quality time with friends and family by having meaningful conversations and relationships. This composite empiric definition of living well is dynamic, complex, and thorough, comprised of components of living well (living mindfully, healthy living, and socializing) that are important to AYAs. Using these generalized categories as a guide, clinicians may initiate comprehensive conversations about living well with AYAs to more fully understand their values and priorities. These discussions may enhance AYA contributions to shared decision making and engagement in coproduction of health.

Study findings suggest numerous opportunities to influence the standard of care in pediatric oncology and palliative medicine by enhancing AYA involvement in coproducing their health. First, conversations about living well among AYAs who have experienced cancer gives them the opportunity to conceptualize and share their preferred standards for living and allows families and providers to hear and understand these preferences. Clinicians could ask a question such as, “How can I support you and help you to live well?” Such

inquiry is an opportunity to develop trust in the clinician-patient relationship, to facilitate information sharing with the care team, and ultimately to enable future discussions of health care choices.²⁵ Fostering trusting patient-provider relationships is a means of empowering AYAs to engage in treatment and care-related decision making.²⁶

Second, conversations to elicit AYA conceptualizations of living well also facilitate empowerment, which is closely related to AYA disease self-management. In a study of AYAs experiencing psychosocial comorbidities, AYA sense of empowerment was positively associated with participation in shared decision making. AYAs involved in patient-centered communication and information sharing with care teams reported reduction of psychosocial comorbidities and increased empowerment to engage in coproduction of their health. Facilitating an AYA's concept of living well may be an empowering intervention, which initiates information sharing between AYAs and clinicians, thereby supporting their engagement in care across a disease trajectory. AYAs have expressed their preference for discussing these topics in routine settings when they feel well.¹⁵ Conversations about living well provide opportunities to discuss their care "before it is too late" and they are unable to speak for themselves. This also supports the inclusion of survivors in this study because they continue to experience not only living with cancer but living with late effects, the threat of relapse or a new malignancy, as well as other negative health outcomes.

Third, in a typical outpatient provider visit, providers and patients primarily discuss physical aspects of health in the present moment. A discussion about living well may give AYAs an opportunity to discuss their mental and emotional health with their provider in addition to their physical health concerns. These conversations could be routinely incorporated into AYA outpatient visits to facilitate a holistic understanding of health status. These findings support the exploration of the concept of living well in routine oncology and palliative care.

In addition to benefits in routine care, conversations with AYAs about living well may serve as precursors to ACP discussions with AYAs and caregivers. Our findings may be used to open a discussion by stating that we understand the importance of living well to other AYAs who have experienced cancer, and then inquiring more specifically how a particular AYA understands living well. Such conversations may also provide opportunities to discuss "what if" circumstances, issues around regoaling, or deeper and more focused conversations about end-of-life preferences.^{27,28} In other words, delving into the concept of living well may be a mechanism to better understand the values of an AYA who has experienced cancer and their family and serve as a helpful precursor to future end-of-life discussions. Family and provider awareness of an AYA's thoughts about living well may ease the burden of making medical decisions about treatment options at the end of life. In this study, conversations about living well with AYAs who have experienced cancer served as a catalyst, creating an emotionally safe space during the interview to explore life goals and priorities in the context of daily living and critical future medical decisions. These discussions may empower AYAs to participate not only in coproduction of health on a daily basis, but also contribute to shared decision making regarding end-of-life care. Conversations about living well may be applicable to AYAs with other chronic illnesses, and may help establish their goals and priorities regarding treatment and end-of-life preferences in the future. Additionally, in the event that an AYA can no longer speak for themselves and their preferences remain

unknown, the empiric definition of living well derived from this study may be used to initiate and guide conversations about the AYA's preferences and potentially lessen the burden of difficult medical decision making for family members.

This study has the following limitations. There were several instances where the interviewer did not follow the script exactly. The question, "What does living well mean to you?" was occasionally replaced with an option intended as a prompt to be used in case the question was not understood, which ran, "If you could have a perfect day, what would that look like?" This alternative phrasing may have led a minority of participants to respond differently than those with whom the primary question was used. AYAs and families were interviewed together, which may have introduced a bias to provide socially desirable answers in some AYA responses if they were uncomfortable sharing their thoughts, feelings, and values in front of their families. There was wide variation among participants in the type of cancer, prognosis, elapsed time since diagnosis, and stage of illness (on or off treatment). Sample demographics may also limit generalizability, including a gender imbalance toward more AYA females, and limited racial and ethnic diversity.

Nonetheless, important conclusions may be drawn. This study focuses on the empowering concept of what living well means for an AYA who has experienced cancer, as well as the implications of these discussions in improving AYA engagement with coproduction of their health. This study presents data from four sites with geographic and socioeconomic diversity among participants, enhancing generalizability. Findings demonstrate the importance of eliciting AYA definitions of living well and should guide future clinical interventions, both in routine oncology care and pediatric ACP. Future research should examine the relationship between AYAs' sense of living well and their engagement in their own health care. This includes understanding what "living well" means at different points along the trajectory of diverse illnesses. By determining what "living well" means for AYAs who have experienced cancer, caregivers can support AYA contributions to critical health care decisions and facilitate AYA coproduction of their health. In pediatric ACP, conversations about living well invite providers and families to understand AYAs' priorities, relieve significant burden from families, and increase families' willingness to honor AYA preferences. Direct inquiry into an AYA's understanding of living well should be incorporated into routine oncology care and pediatric ACP.

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Abbreviations:

AYA	adolescent and young adult
FACE	Family CEntered advance care planning intervention

SD standard deviation

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TABLE 1

Clinical and demographic characteristics of AYA participants

Variable	Statistic
Age	
Mean (SD)	17.3 (1.7)
Median (range)	18 (14, 20)
Gender, n (%)	
Boy	11 (39)
Girl	17 (61)
Race, n (%)	
Asian	2 (7)
Black or African American	1 (4)
White	20 (71)
More than one race	4 (14)
Declined	1 (4)
Household Income, n (%)	
Equal to or below the federal poverty line	5 (18)
101% of federal poverty line	22 (79)
Declined	1 (4)
Diagnosis, n (%)	
Leukemia	9 (32)
Lymphoma	1 (4)
Solid tumors	12 (43)
Brain tumor	5 (20)
Other	1 (4)
Length of time patient has known diagnosis (months) (N = 27)	
Mean (SD)	84.2 (69)
Median (interquartile range)	69 (27, 148)
On active treatment?	
Yes	6 (21)
No	22 (79)

TABLE 2

Exemplary quotations from AYA participant interviews

Domain 1: Living mindfully

Major theme: Focusing on the present moment and living without depression or fear of the future, especially dwelling on the possibility of disease recurrence or treatment side effects; living purposefully and cautiously, and engaging in mindful, stress-relieving activities

- 1.1 So just going out and trying to live a happy life and try to make a full day or a good full day instead of just trying to cut your day short.
- 1.2 I've started adding yoga into a daily or every other day type of thing...It's very very relaxing. It's put me in this calm state recently that I don't really understand because it's stress-relief.
- 1.3 To have lived my life just to the fullest that I can and not have any regrets.
- 1.4 I'm hoping for permanence, hoping that nothing reoccurs and that I just stay healthy.
- 1.5 Oh, my saying is you live your best life everyday.
- 1.6 I just hope to like, successfully get somewhere in my life and like not always...or I don't know. Just successfully get somewhere in my life and not be put back by other things.
- 1.7 Um...I would be talking to just my friends and family. I would have a peace of mind that day, a sound mind. I would want to feel pretty productive that day, you know...
- 1.8 When all of this started I think I slipped into this weird depression that I didn't know I was in, if that makes sense, because it was just there. So I didn't want to do anything. I didn't want to get out of bed, I didn't want to paint, I didn't want to draw, I didn't even want to read. So I've been reading a lot more, because I love poetry and old stuff...

Major theme: Defining quality of life for oneself rather than having it defined by others; having both autonomy over one's body and having others respect that autonomy

- 1.9...that's one of those big things they keep trying to tell me, is quality of life, quality of life, quality of life. But they all have those conversations without me in the room.
 - 1.10 I want all of the opinions on my case possible, trust me. I don't like that the doctors are having quality of life conversations and they've never met me.
 - 1.11 I guess being able to make my own decisions and be able to function...I guess that's just not being on any extended form of life support.
- Major theme: The ability to make oneself happy, regardless of what others think
- 1.12 To me that means, well I guess, to just be happy, to be living not only healthily, but happily. I feel like the two kind of go hand in hand. To be comfortable I think is definitely important...to just be safe from illness or you know, harm's way.

1.13 I think living well just means being happy and enjoying everything that you're doing, not for like rewards that you're gonna get, just making yourself happy that you're doing something that makes you happy. You know, like you don't really care what other people are saying or doing or thinking about you...if you're making yourself happy then you can't really ask for much more.

- 1.14 Just relaxing, just enjoying life, not really worrying about anything. Just doing whatever I can that's making me happy and not worrying about anything else.

Domain 2: Living an identity as a healthy adolescent

Major theme: Not seeing oneself as a teenager with cancer

- 2.1 Quality of life is my biggest thing. I would like to just have a good quality of life...Living well for me is not going to the doctor four times a week and being poked and prodded and scans this and scans that.
- 2.2 And probably I think that's really it, pain management and just being left to be a person and not a patient...
- 2.3 Just grow up, have a normal job that I want, have kids, get a house, just normal stuff and not have to deal with anything that's illness-related.
- 2.4 To continue being healthy and live life as if I never had cancer.

Major theme: Consciously living a healthy lifestyle, including good nutrition, sleep hygiene, and the ability to be active in the absence of illness

- 2.5 Waking up and being able to eat something without getting nauseous...something healthy for me that will help with my bone strength, that will help with my weight, just anything.

2.6 I think being able to have a life where everything is going good, and being able to live healthy, it sort of gets rid of some of your worries, not only for yourself but for your friends and family that are around you. Less worries means a less stressful life means you are emotionally happy, and being happy is a great thing.

2.7 Trying to stay as healthy as possible. Sometimes people have health issues but living well is just keeping your body healthy and doing the best you can for it.

Major theme: The importance of productivity

2.8 A really good day to me is doing something productive, making myself feel as though I've done something productive and then spending the rest of the day with somebody I care about and just having a good, relaxed, laid-back time.

2.9 ...like doing something especially important in sports or learning something very interesting in school or doing something cool in a lab in science or something.

2.10 A good day is being productive, usually. So I can get things done and not be a grouch about it. Even though you want to be a grouch about it like most people, you still feel good when you do it. I'd say it's making plans with people because time is of the essence.

Major theme: Engaging in typical adolescent activities

2.11 Probably I would go to school, well currently I'd go to school, I like learning...I do like learning.

2.12 Staying in my room all day and playing video games and eating chips.

2.13 A good day would just be laying around, watching movies, just relaxing.

2.14 Well you know, like drawing, think about stories....

2.15 Um.... I'd be able to eat breakfast, and play with my, like walk my dog.

Domain 3: Spending time with friends and family

Major theme: Having emotionally deep conversations with people they feel closest to

3.1 Um...just...I'm trying to think. Um...I don't know, like having meaningful conversations with my friends...

3.2 Having a heart-to-heart with my mother.

3.3 Um...being with friends and being with family is a tremendous part of my life. And not being able to know who I'm talking to or what I'm talking about would...that would hurt. Not being able to talk to my mom, that wouldn't...

3.4 Just being with [my family and friends] and seeing them laugh and smile.

Major theme: Engaging in a wide variety of outdoor activities in all seasons, normally with family and/or friends

3.5 Mostly [my parents], or my friends. If it's summer we normally go swimming or we go on a walk, or we just go to our family's house and have a bonfire or something.

3.6 And we always go on vacation as a family every year. The places are beautiful, we always have fun, we snorkel every year now, I love that. And then we're going to be doing our trip out west and that's going to be fun.

3.7 Being able to run around and hike with my friends

Major theme: Developing, participating in, or reuniting relationships with friends

3.8 I hope to...maintain good friendships and not...and just remember how good life is with them and have a good time in life and forget...or not forget all the good memories I've had.

3.9 For everybody to get along. Because not all of my friends get along, and they're really important to me, and to have a day where everybody got along and was happy, that would be just a really good day to me.

3.10 I would probably be talking to my family, my close friends that I grew up with, my friends that I met over the years, just everybody that I'm close with...