

Personalized Oncology Nursing Interventions and Outcomes for Young Adult Females with Ovarian Cancer: A Systematic Literature Review (Bibliometric Analysis)

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Abstract: There are specific physical, psychological, reproductive, and social problems that affect young adult women with ovarian cancer, and these are not being addressed and are being generalized when women receive nursing care. The aim of this systematic literature review (SLR) was to identify and synthesize evidence of personalized oncology nursing intervention and its impact on health outcomes in young adult females (approximately 15-39 years old) diagnosed with ovarian cancer. This researcher conducted a literature search in electronic databases (PubMed, ResearchGate, Google Scholar, ScienceDirect) and in grey literature for interventions led by nurses or interventions including nurses in this population. The review followed the PRISMA 2020 statement and included articles analysed bibliometrically, which described the research landscape, such as publication trends, geographical distribution, institutional distribution, the author network, keyword co-occurrence, and others. There were 57 studies that were included. There has been strong interest in personalized oncology nursing care at an international level since 2022. Most of the studies included (74%) were quantitative, while a few were qualitative (24%) and a few were mixed methods (2%). Structured supportive care, psychological support, and psychoeducation were linked with reduced treatment-related symptoms, psychological distress, and improved quality of life, satisfaction, and self-management; while treatment-related symptom-management programs and digital self-management tools were linked with reduced treatment-related symptoms and psychological distress, and improved quality of life, satisfaction, and self-management. Most of the evidence was in high-income countries and in middle to older age groups, and included interventions with very variable content, outcome measures, and follow-up periods, and a very small number of studies in South Asian or other LMIC settings. Personalized oncology nursing interventions have potential to improve the management of symptoms, psychological well-being, and QoL for young women with ovarian cancer, but the evidence base is limited in size, heterogeneous, and has a short timeframe. It is important to be able to conduct research on a longitudinal, age-specific, mixed-methods approach, particularly in low-resource settings.

Keywords: Ovarian Cancer, Adolescent and Young Adult Oncology, Personalized Nursing Care, Oncology Nursing Interventions, Supportive Care, Quality of Life.

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I. INTRODUCTION

Ovarian cancer is one of the most serious gynecologic cancers in the world. In 2022, an estimated 20.0 million new cancer cases and 9.7 million cancer deaths occurred worldwide, and ovarian cancer was the third most common and most deadly gynecological cancer (1). While standard therapy (surgery and platinum-based chemotherapy) has

improved survival rates, it has significant and long-lasting side effects such as fatigue, nausea, neuropathy, constipation, and a high incidence of anxiety, depression, and fear of recurrence among survivors.

Increasingly, nursing care is seen as a vital role in women's coping with these effects. Clinician-supervised self-management and follow-up support, delivered by a nurse or

through an electronic platform, have been linked to fewer treatment complications, lower psychological distress, and higher levels of satisfaction and quality of life, with effects like those of physician-led services(2,3). However, these are not standard practice in many oncology settings, especially in less resource-rich countries, where supportive care needs are often unmet.

Adolescent and young adult (AYA) women with ovarian cancer have unique fertility, reproductive, body-image, and career considerations that are different from older women with ovarian cancer, but often nursing care is uniform and not age-specific. No systematic synthesis has examined the effects of personalization on outcomes in this population. This review had three aims: (1) to describe the most common trends and research methods and designs of the literature; (2) to map the geographic distribution and institutional and journal origins of the literature; and (3) to identify areas of commonality, gaps, and limitations in the literature to guide nursing practice and future research.

II. MATERIALS AND METHODS

➤ *Design and Reporting Standard*

This systematic literature review was developed and reported following the PRISMA 2020 (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) statement (6) with the 27-item checklist and flow diagram to document the identification, screening, eligibility assessment, and inclusion of studies. The included studies were also analyzed in a bibliometric way, using the same approach as successful bibliometric analyses of literature in oncology (7): publication trends, journal and publisher distribution, geographical and institutional distribution, network of authors and co-authors, and keyword co-occurrence were analyzed.

➤ *Search Strategy*

A combination of controlled vocabulary (MeSH, CINAHL headings) and free-text keywords was used in electronic databases (PubMed, ResearchGate, Google Scholar, ScienceDirect) and grey-literature sources, such as: ovarian cancer, ovarian carcinoma, young adult, adolescent and young adult, AYA, oncology nursing, nursing intervention, personalized nursing, fertility preservation, psychosocial support, symptom management, care coordination, survivorship, patient-reported outcomes, quality of life, treatment adherence. Boolean operators were used to combine these concepts, such as: ("ovarian cancer" OR "ovarian carcinoma") AND ("young adult" OR "adolescent and young adult" OR "AYA") AND ("oncology nursing" OR "nursing intervention" OR "personalized nursing") AND ("fertility preservation" OR "psychosocial support" OR "symptom management" OR "quality of life"). The initial screening stage did not restrict study design, and searches were limited to peer-reviewed, English-language studies published from 2016 to 2026.

➤ *Eligibility Criteria*

Studies included women aged 15–39 with ovarian cancer and included educational or psychosocial, preventative, symptom management, or digital interventions, delivered by a nurse or with a nurse's support in the context of oncology nursing care. Symptom burden, supportive care needs, psychological distress, quality of life, treatment adherence, and self-management were eligible outcomes. The studies could be conducted anywhere; studies in low- and middle-income contexts and in South Asian contexts were of particular interest, and only primary quantitative, qualitative, or mixed-methods studies reported in full text, in English, in peer-reviewed journal articles were included.

Studies were excluded if they were not focused on a nursing or nurse-supported intervention or patient-centered outcome; if the study population was not young adult women with ovarian cancer (only older adults, other cancer types, male patients, providers/caregivers); or if they were not a systematic review, meta-analysis, narrative review, editorial, or conference abstract or protocol, but rather primary research.

➤ *Study Selection and PRISMA Flow*

Titles and abstracts were screened by two independent reviewers, with disagreements resolved by consensus or referral to a third reviewer; then full texts were screened for eligibility against the eligibility criteria. The results of the studies selected are summarized in Figure 1.

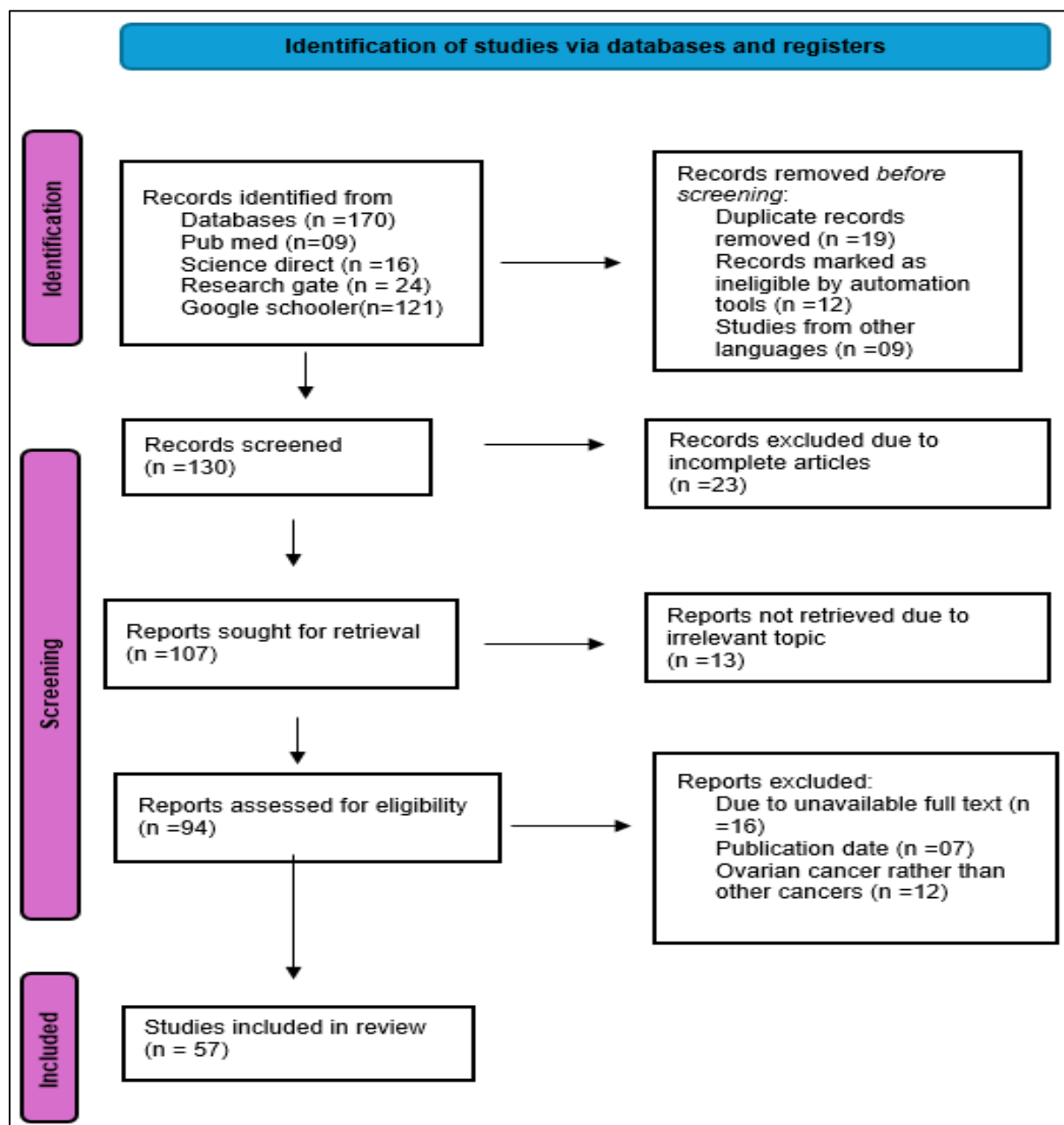


Fig 1 PRISMA 2020 Flow Diagram of Study Identification, Screening, Eligibility Assessment, and Inclusion.

➤ Quality Appraisal

The quality of studies was assessed using the Cochrane Risk of Bias tool (RoB 2) for randomized trials (8), ROBINS-I for non-randomized intervention studies (9) and the Critical Appraisal Skills Programme checklist for qualitative studies (10).

➤ Data Synthesis

If the studies were sufficiently similar in the population, intervention, and outcomes, then a random-effects meta-analysis was planned; otherwise, a structured narrative synthesis was conducted to summarise intervention types, how the interventions were delivered, and effects of the interventions on outcomes. The structure of the bibliometric features of the included literature (publication year, journal, country, institution, author and keyword) was examined using standard bibliometric and co-occurrence network methods.

➤ Ethics Statement

This is a systematic literature review, and no new data from human or animal subjects were collected; only data from previously published sources, which are publicly accessible, were used in this study; therefore, ethical clearance was not necessary. No original patient data were accessed, nor were there any informed consent procedures applicable.

III. RESULTS

➤ Study Selection

Fifty-seven studies met the eligibility criteria and were included in the review (Figure 1). Most (74%) had quantitative designs, 25% had qualitative designs, and the remaining one (2%) had mixed-methods designs (Figure 4 in Section 3.6).

➤ Publication Trends

No articles were published between 2016 and 2021, and only a few articles were published each year regarding personalized oncology nursing care for young female ovarian cancer patients. Growth accelerated from 2022 (2

publications) through 2023 (5) and 2024 (5), before increasing sharply to 10 publications in 2025 and 30 in 2026 (Figure 2). The pattern indicates that this age-specific field of oncology nursing is still in a dynamic state of new international research and is not mature.

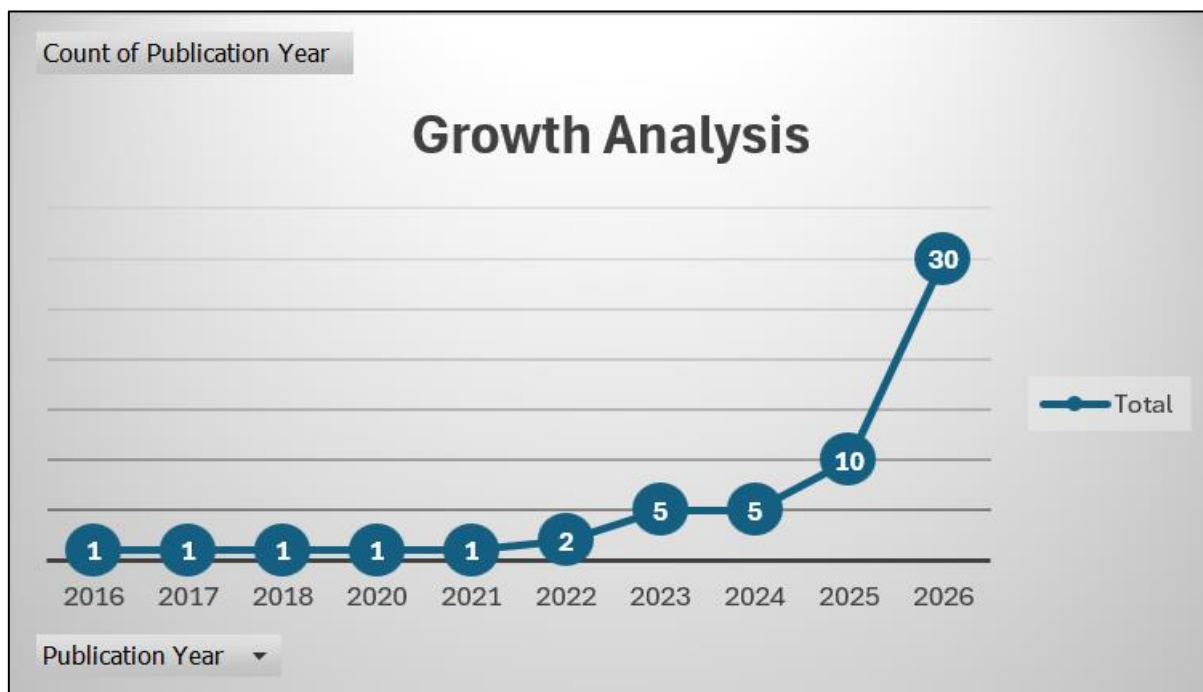


Fig 2 Annual Number of Included Publications on Personalized Oncology Nursing Interventions for Young Adult Women with Ovarian Cancer, 2016–2026.

➤ Distribution Across Journals and Publishers

Studies published in various journals from various fields of gynecologic oncology, general oncology, oncology nursing, and multidisciplinary science were included, reflecting the interdisciplinary nature of this topic. Table 1

shows the first and last journals that contributed to the articles identified by the journals' h-index and impact scores. The number of articles published by these publishers was highest for Elsevier and Springer/Springer Nature, followed by Wiley, Dove Medical Press, MDPI, and Wolters Kluwer.

Table 1 Leading Journals Contributing to the Reviewed Literature, Ranked by Bibliometric Indicators.

Journal	n	Subject area	H-index	Impact score
Nature Communications	1	Multidisciplinary	634	16.60
Advanced Science	1	Multidisciplinary/Medicine	253	14.06
Journal of Clinical Oncology	2	Cancer Research (Q1)	666	6.24
JNCI	1	Cancer Research/Oncology (Q1)	394	5.19
International Journal of Cancer	1	Cancer Research (Q1)	268	4.68

➤ Geographic and Institutional Distribution

Geographic distribution (Figure 3) indicated that the number of publications from China (13) and the United States (13) was high, followed by the Egyptian Republic (5) and Australia (4), and France and the United Kingdom (3 each), with one paper from various countries across Europe, the Middle East, Africa, and Oceania. Clinicians and academics

were predominantly located in North American academic and clinical contexts, and a smaller, more widely distributed group was located in Europe, the Middle East, South/East Asia, and Africa. This distribution is a result of a strong level of research in the high-income countries, and a relative absence in the South Asian countries like Sri Lanka.



Fig 3 Geographic Distribution of Studies Included in the Review.

➤ Contributing Authors and Collaboration Networks

Table 2 shows the most cited contributing authors across the literature based on the number of citations, H-index, and i10-index. Like the highly clustered publications

in Section 3.4, co-authorship network analysis revealed a small number of close-knit clusters of co-authors, but not an extensive international network.

Table 2 Most-Cited Contributing Authors Identified Across the Reviewed Literature (Top 5 of 10).

Author	Citations	H-index	i10-index
Guang Chen	84,023	123	943
Jenny L. Donovan	73,253	135	503
Robert Considine	41,235	87	177
Zhang Zhang	20,789	62	123
Cham Tat- Huei	14,156	56	96

➤ Study Designs

The distribution of research designs in the 57 studies included is summarized in Figure 4. Most of the designs were quantitative (42 studies, 74%), which were mainly used to evaluate measurable clinical results, treatment adherence, and

standardized patient-reported data. Interviews and thematic analysis were used to capture and analyze patient accounts and experiences, as part of the qualitative designs (24%, 14 studies). One study used a mixed-methods approach (MM) to both methods.

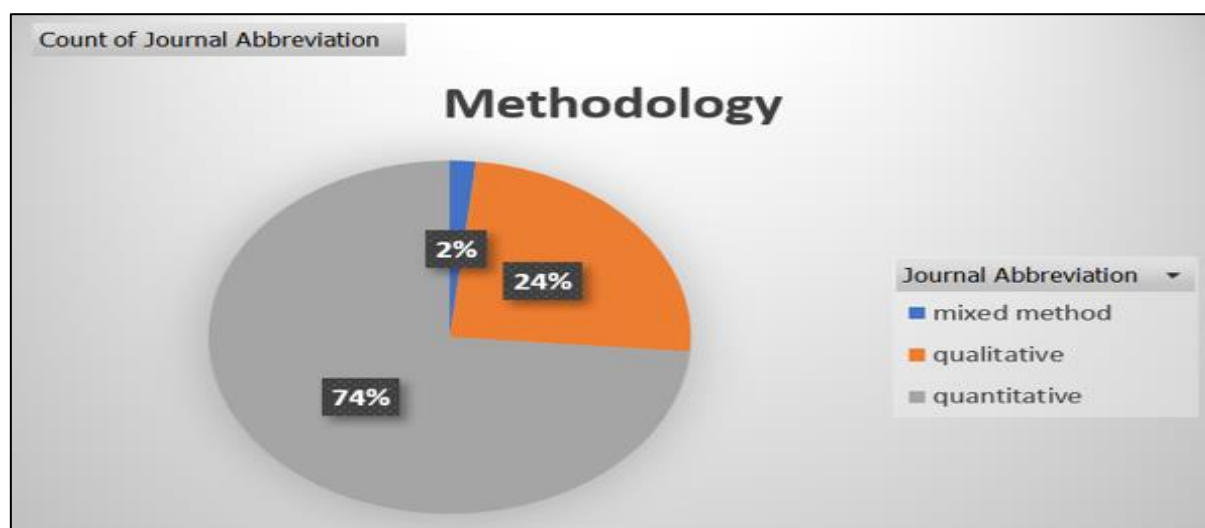


Fig 4 Distribution of Research Designs Across the 57 Included Studies.

➤ Thematic and Keyword Analysis

The literature that was part of the study, based on the co-occurrence analysis, was found to be divided into five thematic clusters: core disease terms, treatment-related terms, quality-of-life and diagnostic terms, and relationship terms (Figure 6, Table 3). Finally, a follow-up priority ranking exercise (Table 4) revealed that the most highly prioritized

research areas were the psychological effects of ovarian cancer, followed by the clinical effects, quality-of-life outcomes, and then the themes related to pharmacological and biological research, indicating the high priority for nursing-relevant, patient-centered research areas when compared to the emphasis on biomedical/pharmacological research areas identified in the literature (Table 3).

Table 3 Thematic Clusters Identified Through Keyword Co-occurrence Analysis of the Included Literature.

Cluster	Representative keywords
Theme 1	Ovarian Cancer, Ovarian Cancer patient
Theme 2	Advanced ovarian cancer, chemotherapy
Theme 3	Quality, Diagnosis
Theme 4	Treatment effect, Clinical outcomes
Theme 5	Relationship, ovary

Table 4 Priority Ranking of Research Themes Identified in the Included Literature (1 = Highest Priority).

Rank	Research theme
1	Psychological effects of ovarian cancer
2	Clinical effects
3	Patient outcomes
4	Pharmacological effects
5	Biological effects

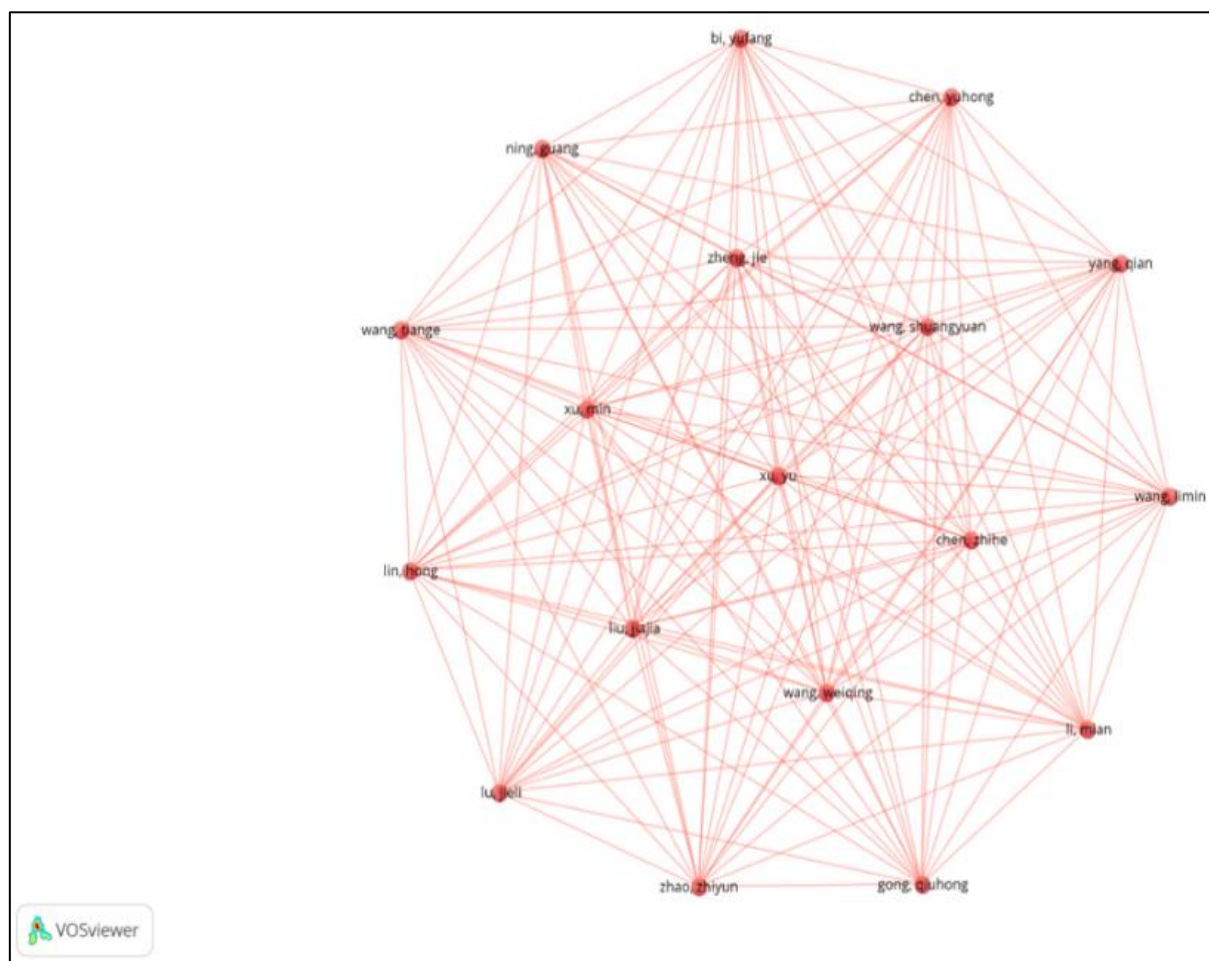


Fig 5 Co-Occurrence Network

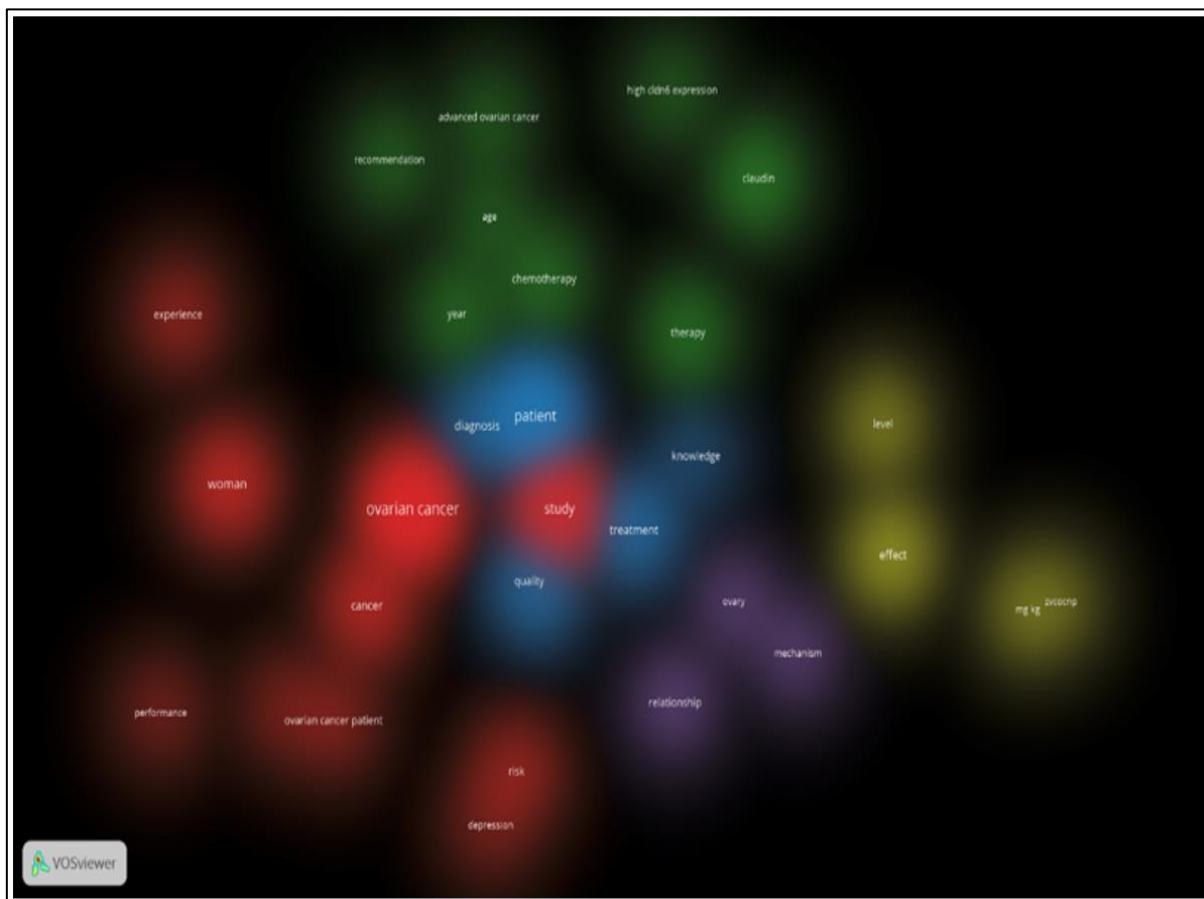


Fig 6 Thematic Analysis

➤ Radar Chart

This section presents the 1-5 priority ranking of the five research themes identified using a radar chart (Figure 7). The priority of Rank 1 is psychological effects, followed by

clinical effects at Rank 2 and patient outcomes at Rank 3. Secondly, there is Rank 4: Pharmacological effects and Rank 5: Biological effects of the ovaries with respect to cancer.

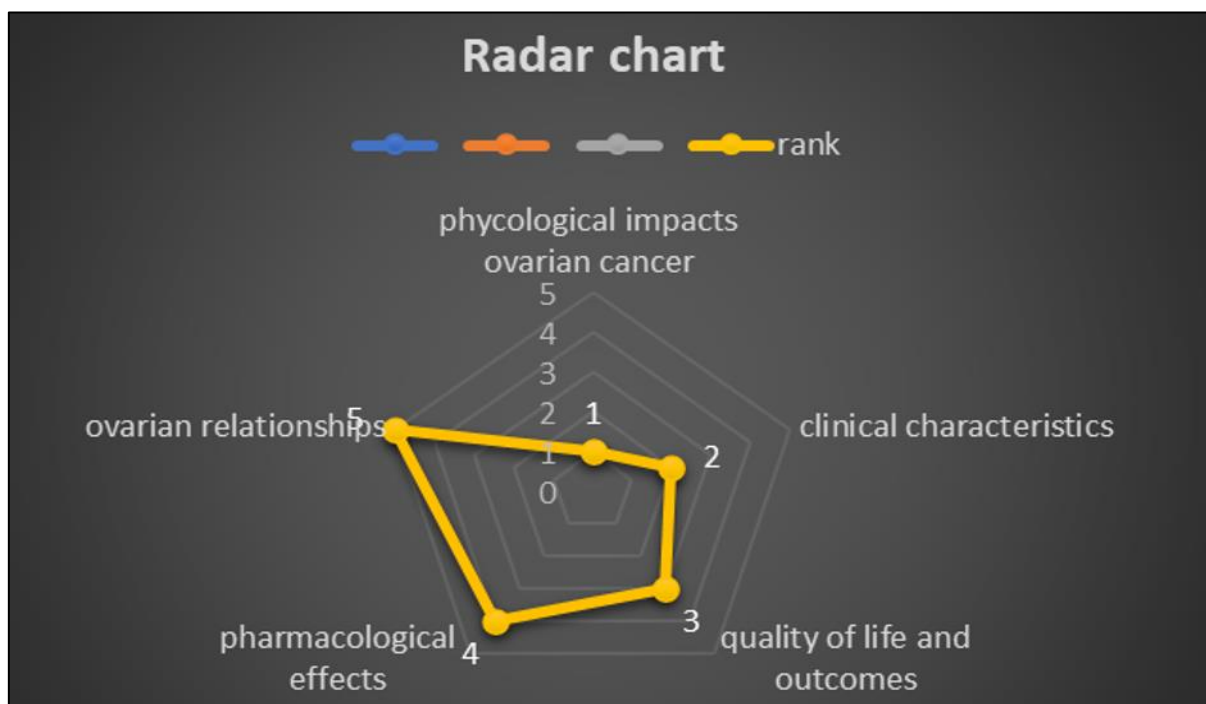


Fig 7 Radar Chart of Priority Rankings Across the Five Research Themes Identified in the Included Literature (1 = Highest Priority).

➤ *Synthesis of Intervention Effects*

Retrospective cohort study of the effect of nursing preventive interventions for ovarian cancer patients undergoing chemotherapy. For treatment-associated complications, further nursing services beyond treatment appear to be correlated with a reduction in the number of complications (5). The time to diagnosis of recurrence was not inferior to that provided by follow-up with cancer specialists, and psychological morbidity and quality of life were improved in the telephone follow-up group (nurse) (2).

The NRG Oncology/GOG-0259 trial is a large multicenter randomized controlled trial (RCT) comparing nurse-guided and self-directed web-based self-management interventions for symptoms to enhanced usual care in the management of symptoms in recurrent ovarian cancer. There were no differences between the two interventions in terms of symptom control, but both were superior to enhanced usual care (3). However, there is scope for self-management with the use of technology-assisted interventions to be sufficient nursing contact may provide benefit compared to no contact.

A case-control investigation of supportive care needs, coping strategies and quality of life in women diagnosed with ovarian cancer. The study showed that the more supportive care was required and the more maladaptive coping was used the lower the QOL (4). This means that there's an opportunity to consider supportive-care and coping interventions as an adjunctive treatment to the standard oncology treatment, but this is a possibility. A pilot, randomized waitlist control trial of a self-guided Internet-based fear-of-recurrence intervention (inquirer) for women who had been treated for ovarian cancer was also found to be feasible, acceptable and safe (11). Both these interventions suggest that there may be benefits to be gained from non-specialist, self-directed digital interventions, without the need for ongoing nursing support. Both, however, have the disadvantage of being pilot trials, which do not evaluate efficacy, but in the case of the two, test feasibility.

In all five studies, personalized oncology nursing interventions in either survivorship, preventative care or symptom management appeared to have an impact on a range of outcomes, such as the reduction of treatment-associated complications and the improvement of physical, psychological and overall quality of life. Treatment and measures are, however, very different and follow-up periods vary, so it is difficult to draw any conclusions about specific benefits. Usually, these trials were too small in number, and trials were not specifically conducted to examine young adult females as a subpopulation.

IV. DISCUSSION

In general, findings of this review indicate that nurse-led, or nurse-supported, individualized interventions could positively impact symptom control, mental health, and QOL in the acute treatment and survivorship phases of ovarian cancer treatment (2,5,11). Similar to the larger body of oncology nursing literature, this structured post-cancer treatment, and self-management has been shown to be

effective, with comparable results to those obtained within a physician-led care approach. There are three aspects of this evidence base that limit the generalizability of the findings to young adult women. There are three aspects of this evidence base that limit the generalizability of the findings to young adult women.

➤ *Empirical and Population Gaps*

Limited literature existed directly relevant to nursing interventions for ovarian cancer in low- and middle-income countries (LMICs), including South Asian and African countries, with the majority of research having been conducted in higher-income countries such as Australia, the United Kingdom, China and the United States. The majority of those participating were also middle-aged women or older women, and only a few studies reported on recruiting or outcomes in young women (<40 years). Nursing interventions are not designed to address concerns of young women with ovarian cancer, although they have different fertility, body, sexual, work, and family concerns than older, menopausal women.

➤ *Methodological Heterogeneity*

Outcome measures varied across studies, making comparison and evidence aggregation difficult. Most studies were quantitative (74%), with few qualitative or mixed-methods studies to understand the psychosocial and developmental aspects of young adult survivors. The design of the study was short- and intermediate-term, which means that long-term survivorship outcomes of nursing interventions are poorly understood.

➤ *Limitations of this Review*

These were the limitations of the study. Firstly, there were few eligible studies explicitly targeting young adult women with ovarian cancer. Secondly, the measures were based on patient- and nurse-reported outcomes, which might be subject to bias. Thirdly, the design, outcome measures, and follow-up periods were too inconsistent to perform a formal quantitative synthesis. A descriptive narrative was used instead. Fourthly, the review was conducted using English only and thus relevant papers published in other languages, particularly in Asia, might have been excluded. In addition, some relevant articles might not have been available for screening. It is important to consider these limitations when interpreting the resulting conclusions and implications mentioned below.

V. CONCLUSION

Personalized oncology nursing care activities, such as those targeted at a person's needs and concerns, can minimize psychological distress and treatment-related complications and enhance patients' quality of life. Despite its rapid increase in research since 2022 (Figure 2), the evidence available to date is largely from high-income countries, is quantitative, and does not focus specifically on young adult women, but on middle-aged and older adults.

Additional studies are warranted to: (1) evaluate interventions specifically with young adult women with ovarian cancer who are not included in samples of mixed age or older; (2) use long-term or mixed methods studies to capture individual experiences from the time of diagnosis through treatment and survivorship; (3) evaluate interventions in LMIC contexts, such as Sri Lanka, where structured supportive care is not standard; and (4) use standardized outcome measures for comparison across studies. Filling these gaps would enable the creation of culturally relevant, age-appropriate and cost-effective personalized nursing care interventions for young adult women with ovarian cancer.

➤ Author Contributions

G. A. Senuki Nethusa: Conceptualization, Methodology, Literature search, Data extraction, Formal analysis, Writing, original draft, Writing, review & editing. The sole author has read and agreed to the published version of the manuscript.

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➤ Funding

This research received no external funding.

➤ Conflicts of Interest

The author declares no conflict of interest.

➤ AI Use Declaration

Generative AI was used only for basic language editing (grammar, spelling, punctuation, formatting). All conceptual work, literature search, study selection, data extraction, synthesis, and writing were done solely by the author(s), who take full responsibility for the manuscript's accuracy and integrity.

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