Ref ID	First author	Study design and sample size	Mode of delivery	Brief name of intervention and targeted population (and cancer staging if available)	Rationale of an intervention	Who was conducting an intervention?	How	Study length	Tailoring of an intervention	Participant recruitment setting	At what point in patient's care intervention was done?
1	Rust et.al, 2015 USA	Randomised pilot study, 48 African American Women	In person	Medication adherence skills training (MST) workshop (2hours long) targeted at breast cancer survivors (no staging information provided) who were members of breast cancer support groups that provided social support, education and access to resources. Participants were within one year of treatment.	What was the level and role of health literacy, with respect to medication adherence and self-efficacy among African-American breast cancer survivors? What impact did skills intervention have on medication adherence, health literacy, and self-efficacy among African-American breast cancer survivors?	Pharmacist and a social worker	Data was collected pre and post intervention. Questionnaires were administered to measure patient self-efficacy in medication usage, medication adherence, and a three-question measure for health literacy. These measures were given preintervention (baseline) and at 4–6 months post-intervention, via face-to-face interviews.	One day training workshop	Recruitment was undertaken by minority women diagnosed with cancer	Three urban areas of a southeastern state.	Participants were eligible only within one year of treatment for breast cancer
2	Rosenzweig et.al., 2011 USA	Randomised pilot study, 24 African American Women	Digital (+ in person component)	The Attitudes, Communication, Treatment, and Support (ACTS) intervention is a 45-minute one-on-one session targeted at Breast cancer, receiving first adjuvant therapy for breast cancer (any stage).	To test the effect of a supportive, one-time psychoeducational intervention on treatment adherence among African American women receiving first adjuvant therapy for breast cancer.	Face-to-face meeting with an African American woman with recently diagnosed breast cancer and recommended to undergo chemotherapy. Race matched recruiters.	Data was collected at four points during an intervention: at baseline and three time points corresponding to chemotherapy completion: 50%, 75%, and 100%. All intervention sessions were recorded, and the audiotape was reviewed by the principal investigator for protocol fidelity	Not mentioned, one off intervention	Race matched interventionist was conducting interviews	Two urban sites of the Comprehensive Breast Program in the University of Pittsburgh Cancer Institute, a National Cancer Institute	Intervention was developed to address the issues most likely to affect treatment adherence and is timed to reach women at a vulnerable point in decision making (after medical oncology visit).
3	Cykert et.al., 2019 USA	Non-Randomised controlled clinical trial, 302-for the intervention component, African Americans and White cancer patients	Digital	Real time registry combined with feedback targeted at early-stage breast or lung cancers.	The purpose of this study was to improve the treatment completion rates of surgery, recommended radiation and chemotherapy for each patient.	Nurse navigator and physician champion	Data was collected at baseline, then monthly contact was scheduled, usually by telephone, to assess progress in addition to any patient initiated communications.	5years	Staff providing an intervention had to attend 2-day racial equity training workshop that included components on the culture and history of racism, institutional aspects of racism, the role of implicit bias, and systematic approaches to establish “anti-racism”. Race-matched feedback was provided	Two cancer centres	When a patient either missed a scheduled appointment or did not reach an expected milestone in care.

4	Loi et.al., 2016 USA	Randomised controlled clinical trial, 219 Hispanic/Latino patients (newly diagnosed with cancer)	Digital	Self-administered stress management training targeted at newly diagnosed cancer patients (Staging of cancers not mentioned)	The purpose of this study was to examine the efficacy of a culturally and linguistically tailored Self-administered stress management training (SSMT) in improving QOL and reducing psychological distress among Hispanic patients receiving cancer chemotherapy.	Patients themselves. Three stress management techniques were adopted in this study: active relaxation (progressive muscle relaxation training and guided imagery) [21], abdominal breathing [22], and positive thinking (coping self-statements) [16] delivered through a videocassette/DVD, audiocassette/CD and a brochure.	Data was collected over four chemotherapy cycles. At baseline, participants completed demographic and disease/treatment information through the use of a standard self-report questionnaire and the Bidimensional Acculturation Scale for Hispanics (BAS). At the final follow-up, participants were asked to provide the frequency of use and to rate the helpfulness of each stress management technique on a 0–4 scale (0=not at all helpful and 4=extremely helpful)	3months	SSMT materials were provided in Spanish language	Local community oncology practices (N =17) across the U.S. and Puerto Rico that were collaborating with a National Cancer Institute funded Community Clinical Oncology Program Research Base at a public state university.	Prior to the chemotherapy cycles (4)

5	Turbes et.al, 2015 USA	Mixed-method study, 1442 African American women	Digital	Web-Based Programme using interviews, online screener and post-use survey targeted at Breast cancer women, <45y (diagnosed with cancer before this age), stage not mentioned.	The purpose of this study was to assess implementation and fidelity; identify barriers and facilitators to implementation; and explore audience access, use, and perceived value of the YSI (young sisters initiative).	Eligible interviewees were people recommended by SNI because of their participation in YSI recruitment or implementation.	Data collection was done at baseline and post-implementation of an intervention. Qualitative evaluation data sources included baseline interviews with staff and partners. Phone interviews (30–45 minutes) were conducted with SNI staff members. Quantitative data sources included web metrics collected from the YSI site, a demographic screener for the site, and a brief post-use survey.	4.5 months	Intervention materials were "culturally appropriate," that is, that they reflected: (1) the cultural values of the target group (i.e., African-American YBCSs); (2) group attitudes, expectancies, and norms; and (3) the behavioural preferences and expectations of group members as revealed in formative research. Translation of materials into other languages not mentioned.	For baseline interviews participants were recruited from Anderson Cancer Center, Cancer Treatment Centers of America, and Cancer Support Community.	Intervention was conducted at any point during patients breast cancer diagnosis, treatment, and follow-up care
6	Sheppard et al., 2013 USA	Non-randomised pilot study, 76 African American	In person	Peer-Led decision support intervention targeted at breast cancer (any stage) Women with recurrent breast cancer or second primary cancers were excluded, as decision making is more complex in this group	The purpose of this study was to assess the acceptability of the intervention as measured by women's satisfaction with their interactions with their survivor coach, decision support print materials, and overall rating of intervention; examine the impact of the intervention on patient-reported outcomes of: (a) self-efficacy in communicating with providers, (b) decision making, treatment knowledge; and (3) assess improvements in patient-centred care	Trained supervisor coach, who used culturally appropriate guidebook and decision-making model-TALK BLACK!	Data collection points: baseline and follow up three months later. Initial telephone interview, then was scheduled face to face coaching session, conducted baseline and telephone follow up interviews after 3months. After the intervention coaches completed a brief contact form, capturing the start and end of the session, observed mood of participants and made referrals if necessary. Satisfaction with survivor coaches was also measured. Satisfaction with print materials was also measured. Interventions were of various lengths: 30-120min (m=60min). Most participants attended alone (74%), 20% brought family/friends.	3months	The coachused a culturally appropriate guidebook and decision-makingmodel —TALK Back! Interpreter not mentioned in this intervention.	Washington DC area. The brochures that described the study were emailed to local support groups, cancer providers and mammography clinics. The actual intervention took place in various settings: coffee shops, participant's homes, hospitals)	Women were recruited after confirmed diagnosis of breast cancer, recruitment was happening primarily from cancer surgeons.

7	Perez et al., 2020 USA	Randomised pilot study, 107 African American	Digital	Interactive cancer-communication video program targeted at newly diagnosed breast (stage 0 and stages I-III) cancer patients	To examine the feasibility and acceptability of an interactive video program of African American breast cancer survivor stories, we explored story reactions among African American women with newly diagnosed breast cancer and associations between patient factors and intervention use.	None of the study coordinators happened to be African American, but they did receive special training. Participants were viewing videos of African American breast cancer survivors telling their stories about being diagnosed and living with breast cancer.	Data was collected at baseline, 1month, 6months, 12 months. Baseline/Pre-intervention interview. Video intervention and completed post-intervention interview.	12months	Non-English-speaking patients were excluded from the study, translation services were not relevant in this study. Cognitively impaired patients were also excluded. Cancer survivors in the videos were African American.	Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine (WUSM) and Saint Louis University School of Medicine.	One of the inclusion criteria in this study was women who planned to receive unilateral mastectomy or breast-conserving surgery.
8	Thompson et al, 2021 USA	Randomised controlled clinical trial, 228 African American	Digital	Viewing survivor stories targeted at non-metastatic breast cancer patients.	To determine whether viewing survivor stories improved newly diagnosed African American breast cancer patients' QoL.	Research team members did not self-identify as African Americans	Three exposures to interventions were mentioned in this study: at baseline, three weeks later and another three weeks later. Participants were provided with printed user guide and in-person training to properly use the tablet and navigate video program.	12months	Culturally targeted video narrative intervention for African American breast cancer patients.	Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine (WUSM) and Saint Louis University School of Medicine. (the above study was a pilot study).	One of the inclusion criteria in this study was women who planned to receive unilateral mastectomy or breast-conserving surgery.

9	Im et. al., 2023 USA	Randomised controlled clinical trial, 199 Asian American Women	Digital	A culturally tailored virtual programme targeted at breast cancer survivors (on average 3.65years since diagnosis).	This study aims to determine the efficacy of a culturally tailored virtual information and coaching/support program (TICAA) in improving AABC's survivorship experience	Research team, not mentioned specifically	Data was collected at baseline, 4 weeks, 12weeks. The women were then asked to fill out the questionnaire (T0) and provided with IDs and passwords that were randomly assigned by the researchers. Both groups were provided with the link to the ACS website and were asked to use the website for 12 weeks. Both groups were also asked to maintain their usual information searches through existing resources. The intervention group used TICAA for 12 weeks. The research team sent biweekly reminders and thanked-you emails to both groups. Women were asked to complete the same questionnaires (excluding the questions on background characteristics) at T1 and T2.	12weeks	All the information on the website was available in multiple languages (Asian languages)	The recruitment settings included both online and offline cancer support groups and communities/ groups for Asian Americans across the U.S. A total of 1313 cancer support groups and communities/ groups were contacted, and 314 among them actually posted the study announcements	Initially within 5years of diagnosis, but later was changed to any stage BC due to recruitment issues, specific time in patient's journey not mentioned