1. **Personal experiential theme tables per participant**

**Ann**

|  |  |
| --- | --- |
| **Personal experiential theme title** | **Experiential statements** |
| Given capacity to consider breast cancer | *Affected relative acting as a gate keeper to the realities of breast cancer*  *Not in control of considering the significance of breast cancer – shielded*  *Stoical personalities of affected women influencing personal significance attributed to breast cancer*  *Breast cancer not fatal (not cause of death)*  *Age and competing personal priorities vs accessing significance of breast cancer* |
| Internal conflict in defining causal attributions for breast cancer | *Unable to align ‘healthy living’ with breast cancer prevention*  *Internal model of a women with BC vs physical instances – incongruent (health)*  *Lacks confidence in defining breast cancer cause and effect*  *Breast cancer does not discriminate*  *Breast cancer is random*  *Conflict over choice and control over breast cancer onset*  *Trajectory unpredictable* |
| Futility of reflecting on behaviours of past self | *Damage of past health behaviours unavoidable in the present*  *Powerless to control past self*  *Duty to self in the present*  *Absolved personal responsibility of past self*  *Doesn’t do to dwell* |
| Risk notification lacked personal impact | *Lack of confidence in recall exact risk result*  *Unsurprised by result, expectations reflected appraisals*  *Consultation made little lasting impression*  *Risk notification is not diagnostic*  *Perseveration of mental health priority*  *Doesn’t do to dwell or identify too deeply with risk* |

**Jill**

|  |  |
| --- | --- |
| **Personal experiential theme title** | **Experiential statements** |
| Limited exposure to breast cancer and affected relative’s journey | *Physically distance from affected relative*  *Non-active care role for affected relative*  *Vague knowledge of Aunt’s breast cancer*  *Relationship define as not a particularly close one* |
| Disassociating/disconnecting with breast cancer | *Cause of death in relative more significant than breast cancer diagnosis (dementia)*  *Breast cancer not in her life plan (not destined to develop)*  *Does not associate with the cancers in her family*  *Personal breast lump journey, yet breast cancer not meant for her*  *Breast lump did not invoke thoughts of a diagnosis*  *Breast cancer pre-determined for some, but not for her* |
| Difficulties in defining a concrete pattern for a breast cancer diagnosis | *Healthy living has protective value, or does it?*  *Breast cancer is pre-determined*  *Breast cancer is random and does not discriminate*  *Unhealthy women get breast cancer?*  *Genetically predisposed?* |
| Clinically-derived risk taken at face value | *Risk as reasonable – not thought of too closely*  *Identifies with those who live healthily not necessarily those at increased’ risk*  *Risk made no emotional impact*  *Hierarchy of disease worry employed – breast cancer not necessarily near the top*  *Self-preservation and mental health valued more* |
| Risk notification an encouraging reminder for continued engagement in positive health behaviours | *Encouraged breast awareness and vigilance*  *Personal responsibility to remain ‘healthy’* |

**Michelle**

|  |  |
| --- | --- |
| **Personal experiential theme titles** | **Personal experiential statements** |
| Breast cancer a strong identifying feature in family life | *Breast cancer as a constant companion*  *Breast cancer is a shared family experience*  *Collective concern within the family*  *Breast cancer is a defining feature in family life*  *Breast cancer bonds the family*  *Rely on family members to discuss and support*  *Openness in the family helps manage the threat*  *Family communication valued* |
| Breast cancer a natural part of life | *Breast cancer so natural does not require conscious thought*  *Risk is there but doesn’t invade consciousness*  *Breast cancer a natural feature of life* |
| No definitive reasons for a breast cancer diagnosis | *Breast cancer is random*  *Breast cancer doesn’t discriminate*  *No blame attributable to those diagnosed*  *No pattern to breast cancer*  *Breast cancer is inevitable for some – no control, no preventatble* |
| Personal risk attributable to a genetic predisposition? | *Expectation of risk based on family history links*  *Feels genetically predisposed*  *Appraisal of risk based on level of family history*  *A ‘genetic plan’ – predetermined*  *Breast cancer potentially non-preventable due to genetics* |
| Risk notification caused an unexpected journey | *Risk caused shock despite family history knowledge BUT expectations met*  *Risk notification as a wake-up call, sit up and take notice*  *Offer of prevention drug caused shock*  *Unknowingly embarked on a new risk journey*  *Needing to be physical engaged in the risk notification context to place it in her life*  *Risk needed time to process* |
| Careful deliberation of Tamoxifen use | *Risk prevention drug considered in the context of current health concerns (menopause and HRT use)*  *Managing menopausal symptoms current priority*  *Quality of life concerns if remove HRT*  *Deep thought required regarding tamoxifen use*  *Natural HRT considered carefully* |

**Sue**

|  |  |
| --- | --- |
| **Personal experiential theme titles** | **Personal experiential statements** |
| Limited ability to support others with cancer | *Limited exposure to breast cancer in others*  *Physically distanced from affected friend*  *Physically distanced from father’s cancer diagnosis*  *Own priorities took precedence* |
| Personal autonomy and control over health behaviours | *Empowered by own autonomy over lifestyle*  *Conflict over level of control if genetically predisposed*  *Risk notification is an opportunity to change, a diagnosis is final*  *Dubious about women’s health information* |
| Personal risk perplexing | *Contributors to risk estimate perplexing*  *Cannot understand by certain risk factors contributed to an increase risk*  *Risk notification unexpected*  *No reason to disbelieve but not convinced*  *Conflict in self with identifying with the risk estimate.* |
| Unhelpful to dwell on breast cancer risk | *Cannot dwell on uncertainties*  *Futile to use years to worrying*  *Breast cancer is random* |

**Lindsey**

|  |  |
| --- | --- |
| **Personal experiential theme titles** | **Personal experiential statements** |
| Limited personal exposure to breast cancer | *Breast cancer does not feature in life*  *Cancer not a defining feature of family life*  *Breast cancer is not front of mind*  *Direct experience said to perhaps influence her awareness more*  *Breast cancer has not ‘touched’ her life*  *Breast cancer not thought with regularity*  *Susceptibility not considered often* |
| Difficulty aligning ‘healthy living’ with a breast cancer diagnosis | *Positive health behaviours should have protective value*  *Difficulty aligning health behaviours with a breast cancer diagnosis*  *Healthy women get breast cancer but some unhealthy women don’t*  *A breast cancer diagnosis should be for those typically unhealthy?* |
| No rhyme or reason to breast cancer | *Breast cancer is ultimately random*  *Breast cancer is unpredictable*  *Breast cancer diagnosis is bad luck*  *Genetic ‘elements’ can contribute*  *No pattern to getting breast cancer* |
| Accepts but does not identify with risk | *Risk notification caused surprise*  *Cannot legitimise surprise as had no preconceived ideas of personal risk*  *Lack of family history indicator of not identifying as increased risk*  *Lifestyle does not fit with someone at ‘increased risk’*  *Risk notification not distressing*  *Does not identify with her version of someone at increased risk*  *Contributing risk factors suprising* |
| Risk notification caused a state of prevention limbo | *Confusion as to what more can be done to reduce risk*  *Helpless state that she cannot do anymore regarding her health behaviours*  *Defeatist – cannot alter risk*  *A limit of what she can do to prevent breast cancer*  *No answers on how to reduce risk*  *Does not identify as someone eligible for preventative medication* |

**Bev**

|  |  |
| --- | --- |
| **Personal experiential theme titles** | **Personal experiential statements** |
| Breast cancer is not a death sentence | *Breast cancer is treatable*  *Colleague successful overcame breast cancer*  *Breast cancer not the biggest disease concern*  *A ‘normal’ life is possible after a diagnosis* |
| Difficulty aligning ‘health behaviours’ with women diagnosed with breast cancer | *Colleague not a ‘typical’ example of a woman with breast cancer*  *Colleague not a ‘candidate’ for the disease*  *Women with breast cancer have unhealthy lifestyles?*  *Breast cancer ought to happen to those with multiple risk factors* |
| Maintaining at state of nativity over breast cancer | *Favours a state of nativity over breast cancer*  *Better to preserve mental health*  *Purposefully avoids thinking about breast cancer risk*  *Chooses not to dwell on breast cancer risk* |
| Breast cancer not in her future | *Breast cancer diagnosis unlikely*  *Lack of family history has protective value*  *Does not identify with main breast cancer risk factors*  *Does not identify with her ideas of a woman at increased risk/diagnosed with breast cancer* |
| Maintaining a low risk appraisal | *Identifies as ‘lowish risk’*  *Perceives self to be below population risk*  *Inaccurate recall of actual risk estimate*  *Risk notification made no lasting impression*  *Unperturbed/unfazed by clinical risk*  *Does not identify with ‘risky behaviours’*  *Not a candidate for preventative medication* |
| Breast cancer risk not a personal priority | *One risk among many*  *More to life than disease risk*  *Breast cancer risk doesn’t feature highly on list of health concerns*  *Breast cancer risk should not be considered in isolation of other health issues*  *Preservation of mental wellbeing takes priority* |

**Yvonne**

|  |  |
| --- | --- |
| **Personal experiential theme titles** | **Personal experiential statements** |
| Cruelty of cancer inflicting those who are young | *Diagnosis of cancer at young age hits differently*  *Confusion as to why breast cancer can happen in young women*  *Breast cancer should be an older woman’s disease* |
| Cancer is fated | *Cancer is sneaky*  *Cancer will seek you out, if it is in your life plan*  *Cancer is already written*  *Cancer cannot be controlled or stopped* |
| A lack of family history is protective | *Breast cancer not a priority as no family history*  *Lack of family history drives a low risk appraisal*  *Breast cancer risk not considered closely* |
| Unperturbed by risk notification | *Inaccurate recall of risk notification*  *Risk notification made not lasting impression*  *No need to make lifestyle changes*  *Risk appraisal unaltered by risk notification* |

**Dawn**

|  |  |
| --- | --- |
| **Personal experiential theme titles** | **Personal experiential statements** |
| Overwhelming experiences of mother’s breast cancer | *Intrusive memories define family life*  *Emotional toll of mother’s breast cancer still felt*  *Trauma from mother’s breast cancer required recovery time*  *Anxiety peaked when reaching the age of mother’s death*  *Anxiety transferred to daughter and granddaughter* |
| Overwhelming sense of duty toward mother’s care | *Very active care role throughout mother’s breast cancer diagnosis*  *Internal pressure to care and protect*  *Physically exhausted by care duties*  *Mother’s care permeated all areas of life* |
| Breast cancer does not discriminate | *No fairness in who is ‘chosen’ to develop breast cancer*  *Breast cancer is random, no patterns or reasons*  *Conflict between ‘unhealthy’ living and ‘healthy’ women developing breast cancer* |
| External factors associated with mother’s breast cancer | *Mother’s breast cancer caused by external stresses*  *Mother had ‘difficult’ life – contributed to breast cancer*  *Genetic causes of mother’s cancer an after-thought* |
| Risk notification a call to action | *Risk notification led to ways to reduce/prevent cancer risk*  *Risk notification enabled control*  *Did not hesitate to reduce risk with medication*  *Risk notification awakened awareness* |
| Risk notification needed to time to process | *Time aids acceptance of risk*  *Risk expected but still caused shock*  *Physical notification made risk real* |
| Breast cancer not the only health priority | *Breast cancer not thought in isolation of other illnesses*  *Breast cancer competes for ‘top spot’ in illness hierarchy*  *Other immediate health concerns require attention*  *Breast cancer is in the background* |