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FACTORS AFFECTING STIGMA AMONG BREAST CANCER PATIENTS: A LITERATURE REVIEW

Asep Sukandar*, Johan Budhiana, Waqid Sanjaya
Bachelor's Degree Program in Nursing, Sekolah Tinggi Ilmu Kesehatan Sukabumi, JL. Karamat No. 36, Karamat, Sukabumi, West Java 43122, Indonesia
*asepsukandar58971@gmail.com

ABSTRACT
Breast cancer causes physical, psychological, and social impacts, including stigma related to body image changes, treatment experiences, limited social support, and negative societal perceptions. Stigma may worsen psychological well-being and hinder patients' adaptation during treatment. This review aims to identify factors influencing stigma among breast cancer patients. A literature review was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Searches were performed in Google Scholar, PubMed, ScienceDirect, and Taylor & Francis Online using the keywords "Breast Cancer" AND "Stigma" AND ("Determinants" OR "Factors"). Articles published between 2021 and 2025 in English or Indonesian were screened by title and abstract, followed by full-text assessment based on predetermined inclusion and exclusion criteria. Study quality was assessed using the Joanna Briggs Institute (JBI) critical appraisal tools. Of 3,645 identified articles, 11 met the inclusion criteria. Stigma was influenced by interacting individual, clinical, social, and cultural factors. Body image changes and limited family and social support were associated with higher stigma, while internalized negative views of cancer reinforced self-stigma. Stigma is a multidimensional issue shaped by individual, clinical, and sociocultural factors. Reducing stigma requires education, psychological support, family involvement, and greater public understanding to promote adaptive treatment experiences.

Keywords: body image; bresat cancer; psychosocial factors; self stigma; social support; stigma

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INTRODUCTION

Breast cancer is a malignant neoplasm originating in breast tissue due to uncontrolled abnormal cell growth. Cancer cells can invade surrounding tissues and spread to other organs through the lymphatic system or bloodstream, potentially leading to serious complications or even death if not properly treated (WHO, 2026). Breast cancer remains a global health issue due to its high incidence and mortality rates, as well as its impact on patients' lives. The burden of the disease extends beyond physical health to include psychological and social challenges that can affect patients' psychosocial functioning and quality of life.

In 2024, an estimated 2.4 million women worldwide were diagnosed with breast cancer, and approximately 694,000 women died from the disease (WHO, 2026). Differences in the burden of breast cancer based on human development levels indicate that access to health care, early detection, treatment, social resources, and health information all influence patients' experiences. In Indonesia, breast cancer is the most commonly diagnosed cancer among women and is one of the leading causes of cancer-related deaths. GLOBOCAN 2020 recorded 68,858 new cases representing approximately 16.6% of all new cancer cases in Indonesia with more than 22,000 deaths (Kemenkes, 2022). This trend is also evident in West Java, as reflected in the estimated number of women aged 30–50 years suspected of having breast cancer during the 2019–2023 period (Dinas Kesehatan, 2024)

The impact of breast cancer is inextricably linked to the significance of the breasts in relation to femininity, identity, body image, sexuality, and women's self-perception. Changes resulting from the disease or treatment such as breast loss, scarring, hair loss, and fatigue can affect patients' self-confidence and emotional adjustment (Putri et al., 2025). These changes in appearance may also raise concerns about social roles and relationships with others. Patients' psychological experiences may further relate to how they view themselves and how they feel they are perceived by those around them (Tisnasari et al., 2022). Post-surgical conditions can also affect the self-confidence and social experiences of women with breast cancer (Tripathi et al., 2017).

One of the psychosocial issues that can arise in such circumstances is stigma. Stigma encompasses negative labeling, stereotypes, devaluation, and social judgment of a person due to a specific condition. In breast cancer patients, stigma can manifest as feelings of shame, concerns about changes in body image, fear of rejection, and reluctance to disclose their condition to others (Khamidah et al., 2019). Other findings indicate that stigma can also serve as a psychosocial burden related to a patient's ability to accept changes in themselves and their condition (Putri et al., 2025). Stigma does not originate solely from the environment but can develop when negative perceptions of cancer are internalized as part of one's self-concept. This situation can cause psychological distress even if the patient does not experience direct discrimination (Nakash et al., 2020)

Experiences of stigma are also related to how patients view their bodies and their illness. Physical changes resulting from breast cancer and its treatment can alter perceptions of the body, lower self-esteem, and increase anxiety about others' judgments (Tisnasari et al., 2022). The loss of a breast following a mastectomy can be a significant experience because it relates to perceptions of femininity and a woman's attractiveness (Tripathi et al., 2017). Furthermore, the belief that cancer is synonymous with death, is difficult to cure, or leads to social and personal loss can reinforce internalized stigma (Zhang et al., 2022) Thus, stigma arises not only from environmental treatment but also from how patients interpret the bodily changes and illness they experience.

Clinical factors can also influence the experience of stigma among breast cancer patients. Pain, physical limitations, treatment-related side effects, and changes following surgery or therapy can increase vulnerability to psychosocial issues (Daryaafzoon et al., 2020);These experiences can persist both during and after treatment, thereby affecting patients' adaptation process (Solikhah et al., 2020) On the other hand, the social environment plays a role in either reinforcing or reducing stigma. Support from family, friends, healthcare providers, and the community can help patients adapt, whereas negative comments, social avoidance, and misconceptions about cancer can reinforce feelings of being different or unvalued (Litvin et al., 2023). Social pressure to always maintain a positive attitude during and after treatment can also influence how women interact and express their experiences (Trusson & Pilnick, 2017)

Various studies have examined breast cancer stigma from the perspectives of body image, disease perception, treatment experiences, and social responses. Previous research indicates that stigma is associated with various patient conditions; however, these findings remain scattered across different populations, contexts, and variables (Khamidah et al., 2019)The relationship between stigma and quality of life and clinical experiences has also been examined in other studies (Nakash et al., 2020)Meanwhile, experiences of stigma and discrimination among breast cancer survivors in Indonesia indicate that stigma is also associated with social experiences following diagnosis (Tisnasari et al., 2022) Research on comorbidities indicates that certain health conditions may also be associated with the level of stigma experienced by breast cancer survivors (Zhang et al., 2022) However, these various findings have not yet provided a fully integrated picture of the individual, clinical, social, and cultural factors that shape breast cancer stigma.

Given these circumstances, this study was conducted to synthesize the results of previous research on the factors influencing stigma among breast cancer patients. The novelty of this study lies in its effort to integrate these various factors to provide a more comprehensive understanding of stigma as a multidimensional psychosocial phenomenon. The results of this synthesis are expected to help healthcare professionals identify patients who are vulnerable to stigma and serve as a foundation for developing psychosocial support through education, psychological support, family involvement, and increased public understanding of breast cancer. Therefore, this study aims to identify and synthesize the factors that influence stigma in breast cancer patients based on previous research findings as a foundation for developing more responsive strategies for psychosocial support and stigma reduction.

METHOD

This study employed a literature review design following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to identify, appraise, and synthesize research findings on factors influencing stigma among breast cancer patients. The literature review involved an examination of relevant primary research articles to provide a comprehensive overview of individual, clinical, social, and cultural factors associated with stigma among breast cancer patients. The literature search was conducted using four electronic databases: Google Scholar, PubMed, ScienceDirect, and Taylor & Francis Online. The search was limited to articles published between 2021 and 2025 that were available in full-text format and written in either English or Indonesian. The search strategy was developed based on the main components of the study, namely breast cancer, stigma, and determinants or associated factors. The keywords used included “Breast Cancer,” “Stigma,” “Determinants,” and “Factors.” The keywords were combined using Boolean operators AND and OR to identify articles relevant to the research focus. The search strategy used was “Breast Cancer” AND “Stigma” AND (“Determinants” OR “Factors”).

Study selection was conducted in several stages, beginning with the screening of titles and abstracts, followed by full-text assessment of potentially relevant articles. Articles retrieved from all databases were screened to identify and remove duplicate publications. The titles and abstracts were then reviewed based on the relevance of the population, stigma variable, and factors influencing stigma among breast cancer patients. Articles that met the initial screening criteria were subjected to full-text assessment to determine their final eligibility. The identification, screening, eligibility assessment, and inclusion processes were conducted in accordance with the PRISMA guidelines. The inclusion criteria were: (1) research articles involving breast cancer patients as the study population; (2) studies examining stigma or self-stigma among breast cancer patients; (3) studies identifying determinants, factors, or variables associated with stigma; (4) studies employing quantitative, qualitative, or mixed-methods designs; (5) articles published between 2021 and 2025; (6) articles written in English or Indonesian; (7) articles available in full-text format; and (8) articles published in academic journals. Articles were excluded if they: (1) did not involve breast cancer patients as the study population; (2) did not examine stigma or self-stigma; (3) did not report factors or determinants associated with stigma; (4) were literature reviews, systematic reviews, or other review articles; (5) were duplicate publications; (6) were not available in full-text format; or (7) were published outside the 2021–2025 period.

Data extraction was performed systematically for each article that met the inclusion criteria. The extracted information included the authors, publication year, study design, population and sample characteristics, study setting, stigma-related variables, factors or determinants examined, main findings, and conclusions. The extracted data were organized into a table to facilitate comparison of the characteristics and findings across studies. The findings were subsequently compared and narratively synthesized to identify patterns in the individual, clinical, social, and cultural factors associated with stigma among breast cancer patients. The methodological quality of the included articles was assessed using the appropriate Joanna Briggs Institute (JBI) Critical Appraisal Tools

according to the study design. The methodological quality of the included articles was assessed using the appropriate Joanna Briggs Institute (JBI) Critical Appraisal Tools according to the research design of each study. Different JBI appraisal tools were applied, including the JBI Critical Appraisal Checklist for Analytical Cross-Sectional Studies for cross-sectional studies, the JBI Critical Appraisal Checklist for Studies Reporting Prevalence Data for descriptive quantitative studies, the JBI Critical Appraisal Checklist for Qualitative Research for descriptive qualitative and phenomenological studies, and the JBI Critical Appraisal Checklist for Qualitative Research for studies using Focus Group Discussion (FGD). The results of the JBI appraisal were used to evaluate the methodological quality of the included studies and to support the interpretation of the findings in the narrative synthesis.

RESULT

In the initial stage of the literature search, 3,645 articles were identified using relevant keywords from various databases. Next, duplicates were removed, resulting in the elimination of 791 articles. After removing duplicates, the titles and abstracts were screened, resulting in 866 articles relevant to the research topic. Of these 75 articles, 51 were inaccessible or did not have full-text versions available. Subsequently, 24 articles were further evaluated through a full-text review; however, 13 articles did not meet the inclusion criteria or were not aligned with the research objectives. Thus, the 11 articles that met the criteria were used as the primary sources in this literature review, as shown in Table 1.

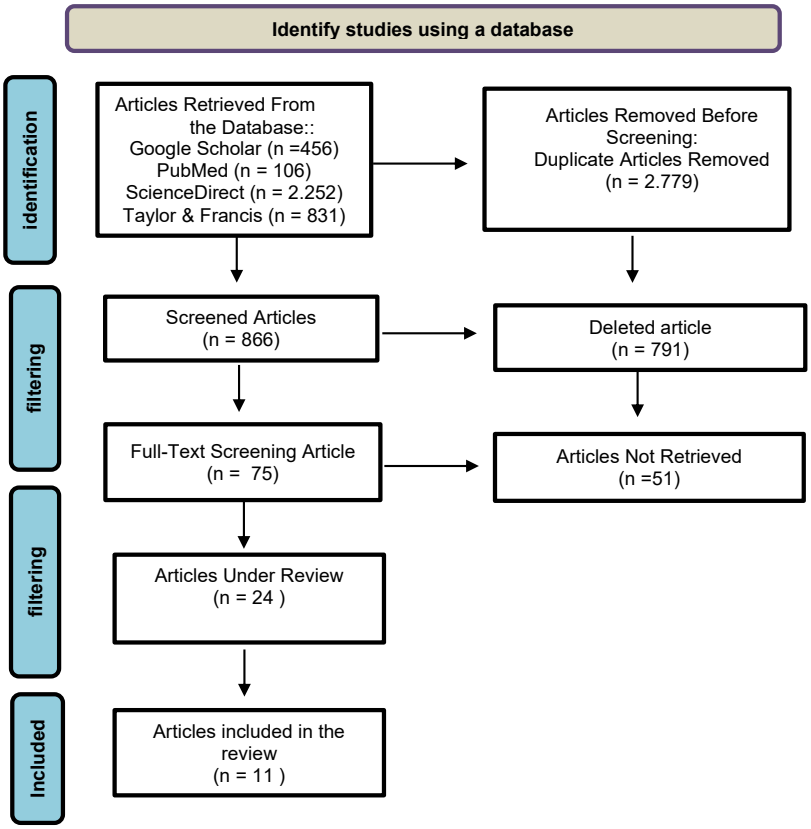


Figure 1. PRISMA Flowchart

Table 1.
Characteristics of the Articles Analyzed

Author Name and Title	Research Design	Result	Conclusions
Saleh et al., (2025) Pilot Study Assessing Stigma in Kenyan Women With Breast Cancer	Cross-Sectional.	The analysis used penalized logistic regression and linear regression. The mean stigma score was 39.8 ± 14.9. Approximately 25% experienced anxiety, and 13.3% showed signs of	The stigma associated with breast cancer is linked to anxiety, depression, and a lower quality of life.

Author Name and Title	Research Design	Result	Conclusions
		depression.	
Zhang et al., (2022) The association between comorbidities and stigma among breast cancer survivors	Cross-Sectional.	Nearly 70% of respondents had ≥1 comorbidity. Survivors who had experienced a stroke, a digestive disorder, or a musculoskeletal disorder faced higher levels of stigma. The more comorbidities a person had, the higher the level of stigma.	Comorbidities are associated with higher levels of stigma
Tripathi et al., (2017) Stigma Perceived by Women Following Surgery for Breast Cancer	Cross-Sectional.	High stigma in the multivariate analysis was associated with lower educational attainment (p=0.02) and breast-conserving surgery (p<0.001).	Women with lower levels of education and those who undergo breast-conserving surgery are more likely to experience stigma.
Nakash et al., (2020) Association Between cancer stigma, pain and Quality of life in breast cancer	Cross-Sectional.	Cancer stigma is associated with a lower quality of life and higher pain intensity in women with breast cancer. Pain intensity was found to partially mediate the relationship between cancer stigma and quality of life (p < 0.05).	The results show that stigma is associated with a lower quality of life.
Cho et al., (2013) Association between cancer stigma and depression among cancer survivors: a nationwide survey in korea	Cross-Sectional.	The study found that among 466 cancer patients, stigma was common and associated with depression.	Cancer stigma is significantly associated with depression. Addressing stigma should be an integral part of psychosocial care throughout the cancer treatment process.
Litvin et al., (2023) Stigma related to breast cancer among women and men: The case of the Druze minority in Israel	Cross-Sectional.	The analysis used an independent samples t-test. Men scored significantly higher than women on the four dimensions of breast cancer stigma.	The stigma surrounding breast cancer is influenced by gender and the cultural context of minority groups.
Putri et al., (2025) Stigma Sebagai Beban Psikososial Pada Pasien Kanker Payudara: Studi Deskriptif	Descriptive Quantitative.	Descriptive analysis showed that 39.6% had high stigma, 25.4% had moderate stigma, and 35% had low stigma.	Stigma remains a significant psychosocial issue for breast cancer patients.
Khamidah et al., (2019) Gambaran Stigma Pada Pasien Kanker Payudara Di Rsud Arifin Achmad Provinsi Riau	Descriptive Quantitative.	The results of the study show that the average age of the respondents was 41.4 years; the majority of respondents had a high school education (25 people, or 47.2%); 50 people (94.3%) were homemakers; 25 people (47.2%) had been diagnosed with stage II cancer; and 28 people (52.8%) experienced stigma.	Most breast cancer patients at Arifin Achmad Hospital in Riau Province face stigma.
Trusson & Pilnick, (2017) Between stigma and pink positivity: women's perceptions of social interactions during and after breast cancer treatment	Descriptive Qualitative.	Women with breast cancer face the pressure of stigma and the expectation to always stay positive, so many hide their suffering in order to remain accepted.	The social experiences of breast cancer patients are shaped by a combination of stigma, excessive positive norms, and the need to maintain social acceptance.
Tisnasari et al., (2022) Stigma and discrimination against breast cancer survivors in Indonesia: an interpretive phenomenology study	Phenomenology.	The study identified three main themes: short survival time, being labeled as a sufferer, and social discrimination. Overall, the findings indicate that breast cancer survivors still face stigma and discrimination that affect their life experiences.	Breast cancer survivors still face stigma related to their cancer diagnosis, being labeled as "sufferers," and social discrimination
Solikhah et al., (2020) Breast cancer stigma among	Focus Group Discussion.	Stigma, fear, shame, financial constraints, and a belief in alternative	The results indicate the presence of fear and shame

Author Name and Title	Research Design	Result	Conclusions
indonesian women: a case study of breast cancer patients		treatments can hinder the pursuit of medical care and contribute to delayed diagnosis.	regarding breast cancer.

DISCUSSION

An analysis of 11 journals shows that stigma among breast cancer patients is a multidimensional issue related to individual, clinical, social, and cultural factors. These factors do not exist in isolation but are interrelated in shaping patients' experiences of stigma. Changes in self-image and body image, post-surgical conditions, experiences of discrimination, low social support, and negative perceptions of cancer are some of the aspects found to be associated with experiences of stigma among breast cancer patients. These conditions indicate that the experience of stigma can originate from how patients view themselves and their illness, and is then reinforced by clinical conditions as well as responses from the social and cultural environment.

At the individual level, the experience of stigma is related to how patients view themselves, their illness, and the changes that occur following diagnosis and treatment.Nakash et al., (2020) demonstrated a relationship between cancer stigma, pain, and quality of life in breast cancer patients. These findings suggest that stigma is part of the psychosocial burden that can be linked to patients' physical condition and quality of life. Furthermore, stigma can be internalized when patients adopt negative views or stereotypes about cancer and apply them to themselves. This internalization process can influence how patients view themselves and the illness they are experiencing. Zhang et al., (2022) demonstrated that stigma among women with breast cancer is associated with the acceptance of negative views regarding the disease and the various accompanying psychosocial impacts. Thus, perceptions of oneself and the illness become a crucial part of the stigma experience, particularly when these negative views intensify after patients undergo physical changes due to the disease and treatment.

These physical changes then highlight the interconnection between individual and clinical factors. From a clinical perspective, the nature of the disease and treatment experiences may be linked to the stigma experienced by breast cancer patients. Surgical procedures, in particular, can cause physical changes that affect patients' body image and psychosocial experiences. Tripathi et al., (2017) demonstrated that stigma is one of the issues women may face after undergoing breast cancer surgery. Changes in physical condition following treatment can influence how women view themselves and interact with their environment. In addition to surgical experiences, more complex health conditions also require attention. Meanwhile, Daryaafzoon et al., (2020) indicate that stigma can be identified and measured in women with breast cancer; therefore, clinical experiences must be understood in conjunction with patients' psychosocial aspects. Thus, physical changes and health conditions following diagnosis or treatment can be part of the experience related to stigma.

This experience is not only felt on an individual level but can also be shaped through patients' interactions with their social environment. Social factors play a significant role because stigma can arise through labeling, discrimination, differential treatment, or a lack of acceptance from the community. Tisnasari et al., (2022) found that breast cancer survivors experience stigma in the form of perceptions regarding a short life expectancy, being labeled as sufferers, and social discrimination. These findings indicate that the experience of stigma among breast cancer patients is also shaped by how others judge and treat them. Khamidah et al., (2019) demonstrated that the experiences of breast cancer patients are linked to the community's response to their condition. Support and acceptance from family and the community can help patients cope with their illness, whereas less positive social responses can reinforce feelings of stigma. This suggests that the individual and clinical challenges faced by patients can become even more burdensome when not accompanied by adequate social support.

In addition to direct social support and interaction, the way society views cancer also plays a significant role in the formation of stigma. The perception that cancer is a frightening, deadly disease associated with suffering can lead to negative judgments of patients. . Cho et al., (2013) found that stigma among women with breast cancer is linked to social perceptions of the disease and patients' experiences within their social environment. Saleh et al., (2025) also noted that the views and norms prevalent in society can influence patients' experiences of stigma. When cancer is viewed as a shameful or frightening disease, patients may worry about others' judgments and feel less comfortable disclosing their condition. Therefore, the social response to patients cannot be separated from the values and understandings that have developed in society; consequently, the experience of stigma is also linked to the cultural context.

The cultural context can influence how cancer is interpreted by both patients and their social environment. The values, norms, and beliefs that have developed within a particular community can determine how cancer is perceived and how patients are treated. Litvin et al., (2023), in a study of women from the Druze community, demonstrated the existence of experiences of breast cancer stigma related to the group's social context, including internalized stigma and experiences of discrimination. This indicates that experiences of stigma can be influenced by the social and cultural environment in which patients find themselves. In the Indonesian context, Solikhah et al., (2020) found that fear and shame regarding cancer can influence women's responses to the disease and their decisions regarding seeking treatment. These findings suggest that the social and cultural meanings attributed to cancer can shape patients' experiences in coping with the disease. Thus, cultural factors complement individual, clinical, and social factors in explaining the formation of stigma among breast cancer patients.

Based on a review of 11 journals, stigma among breast cancer patients is associated with individual, clinical, social, and cultural factors. Individual factors include self-perception, body image, and the internalization of negative views, while clinical factors encompass surgical experiences and physical changes. Social and cultural factors include labeling, discrimination, social support, as well as societal values, norms, and beliefs regarding cancer. Thus, stigma is a multidimensional issue that arises through the interaction between a patient's condition, clinical experiences, and social and cultural responses.

CONCLUSION

Based on a review of the literature, stigma among breast cancer patients is influenced by several factors, including individual, clinical, social, and cultural factors. Changes in body image, physical limitations, low levels of social support, and negative perceptions from the community can increase the stigma experienced by patients

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