

# Social Media Use for Cancer Support Among Young Adults with Cancer

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**Purpose:** Social media can facilitate peer support among young adults with cancer; however, information is needed about what social media are used, by whom, and how to inform resource and intervention recommendations.

**Methods:** In December 2021, we conducted an online survey with 396 young adults with cancer, ages 18–39, with any diagnosis ages 15–39. Participants reported their social media use to connect with other young adults with cancer, including frequency of use, type of support, and affect (positive to negative) when using to connect with cancer peers.

**Results:** Participants were on average 31 years old (SD=5.2), with an average age of 27 at diagnosis (63.4% male, 62.1% non-Hispanic White). Almost all (97.5%) reported using social media to connect with other young adults with cancer. Many (48.0%) used three or more social media platforms for cancer support, including Facebook (44.4%), YouTube (43.6%), Instagram (43.4%), Snapchat (36.9%), and Twitter (36.9%). Daily use for cancer support was common (32.9%–60.9%) among those who used social media, particularly among those who were younger; are not transgender; live in urban areas; or had brain, gynecologic, or testicular cancers. Across social media platforms, young adults with cancer reported seeking and sharing emotional support (88.9%), informational support (84.1%), and making connections (81.3%).

**Conclusion:** Young adults with cancer use social media to connect with cancer peers for support. Commonly used existing social media (e.g., Facebook, YouTube, Instagram) should be prioritized in interventions to reach young adults who desire more age-appropriate resources to improve their psychosocial health.

**Keywords:** psychosocial, social media, social support, survivorship, young adult

## Introduction

YOUNG ADULTS DIAGNOSED WITH CANCER between the ages of 15 and 39 have unique psychosocial health challenges.<sup>1,2</sup> In addition to the physical burdens of cancer, young adults experience greater social isolation and distress than their noncancer peers.<sup>3–5</sup> Cancer during young adulthood often includes debilitating life disruptions and few

opportunities to be with other young adults while undergoing treatment and into survivorship.

Connecting with peers is key to improving support among young adults with cancer. Young adults consistently rate sharing with other young adults with cancer as a top support need,<sup>6–9</sup> and those with greater social support have better psychosocial health and quality of life.<sup>10</sup> Young adults seek digital options for cancer support,<sup>11,12</sup> beyond what is

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available in-person, as their schedules, location, and competing time demands (e.g., education, caregiving for young children) require flexibility for when and where to connect, seek, and share support.

Social media can be useful for young adults to connect for peer cancer support. Young adults in the United States, ages 18–39, widely own or access smartphones (>95%)<sup>13</sup> and use social media (98%), with many checking at least one social media platform daily.<sup>14</sup> Young adults with cancer may use social media similarly, although to meet different cancer support needs. Authentic and responsive social media use is often beneficial for young adults with cancer and psychosocial support needs, despite evidence that social media use, broadly, can have mixed outcomes.<sup>15–18</sup> For those with cancer, there is growing evidence that benefits outweigh the downsides when using social media for peer support.<sup>19–22</sup> Young adults with cancer use social media specifically for medical information support (e.g., coping with uncertainty about treatments, advice for managing side effects) and, more broadly, navigating life with cancer.<sup>19</sup> Although some young adults delay using social media for peer-to-peer cancer support until after treatment, many wish in retrospect they had done so sooner.<sup>20</sup>

Knowing what social media platforms are being used and with what frequency by young adults with cancer is key to developing better strategies to reach and potentially address their unique psychosocial needs.<sup>23,24</sup> Understanding whether particular groups defined by demographic or cancer characteristics use social media in unique ways can help meet them where they are—online. Insights for why or how (e.g., types of support) young adults with cancer use various social media allows researchers, practitioners, and clinicians to better develop and tailor interventions for specific support needs (e.g., discussing personal topics vs. providing survivorship resources).<sup>25</sup> As adolescent and young adult oncology increasingly use social media in interventions and care, we need to match our resource investments with current experiences on social media among young adults with cancer.<sup>9,23,24</sup>

We conducted an online survey of young adults with cancer to understand their social media use to connect with cancer peers. Specifically, we asked the following research questions: (1) What social media platforms are young adults with cancer using, with what frequency, and what is their affect with use? (2) Does social media use or frequency of use differ by sociodemographic or cancer characteristics? and (3) What types of support are young adults with cancers seeking or sharing on social media?

## Methods

### Participants

Participants ( $N=396$ ) were recruited by Opinions for Good (Op4G) and their partner network, Slice MR. Op4G sent out invitations through their established panel. All young adult participants were eligible if they were between 18 and 39 years old and had any cancer diagnosis between ages 15 and 39. Op4G allows participants to give back some of their incentive to benefit their organization of choice, encouraging recruitment and retention of individuals in partnerships with nonprofit and advocacy organizations. Recruitment took approximately two weeks in December 2021. Our study was approved by the University of North Carolina Institutional Review Board (No. 19-2715).

### Procedure

After accessing the survey link, participants answered eligibility questions (current age, cancer diagnosis between ages 15 and 39) and provided informed consent. This survey was part of a larger study about support needs of young adults with cancer. Following an experiment with a peer support app prototype, participants completed this survey on their social media use.

We first asked participants about their social media use to connect with other young adults with cancer to assess which platforms, if any, they use. Participants then reported frequency, types of support, and affect for up to three social media apps or platforms they use. If participants reported use of more than three platforms, three platforms were randomly shown for (1) frequency of use, (2) types of support, and (3) affect per platform to reduce participant burden. Last, we asked participants about their demographic and cancer characteristics.

### Measures

**Social media use to connect with young adults with cancer.** To assess what social media, if any, are being used, we asked: “Which of the following apps or platforms do you use to connect with other young adults with cancer? Select all that apply.” Response options were use or no use of Facebook, Instagram, Snapchat, Twitter, YouTube, TikTok, GRYT app, CaringBridge, other (with text entry), and a mutually exclusive option that they do not use any of these social media. See Appendix Table A1 for exact wording.

**Frequency of social media use.** For up to three platforms participants reported using, we assessed frequency of use with the item: “How often do you use [platform] to connect with other young adults with cancer?” Response options included daily use with “several times a day” or “about once a day”; weekly use of “a few times a week”; less than weekly use with “every few weeks” or “less often”; or “don’t know.”

**Types of support.** To assess types of support on specific social media, we asked: “Which of these are reasons you use [platform] to connect with other young adults with cancer? Please select all that apply.” Response options were 12 types of support based on our previous research for cancer support through social media<sup>19,20,26</sup> and analyses of health-related social media use.<sup>27–29</sup> Types of support included emotional support (e.g., “to [get/give] encouragement from others”), informational support (e.g., “share information and resources,” “get information about life after treatment”), and connections (e.g., “to socialize,” “to make close friends”). Types of support were either selected or not selected for each platform.

**Affect.** To assess if social media was having a positive or negative impact, we asked about affect with the item: “How does using [social media platform] for cancer support make you feel?” The 7-point scale ranged from “very bad” to “very good,” with the midpoint of “neither good nor bad.”

TABLE 1. PARTICIPANT SOCIODEMOGRAPHIC AND CANCER-RELATED CHARACTERISTICS (N=396)

	n	%
Age at survey		
Mean (SD)	31.1	(5.2)
Median (IQR)	32	(8)
18–24 years old	45	11.4
25–29 years old	90	22.7
30–34 years old	121	30.6
35–39 years old	132	33.3
Age at diagnosis		
Mean (SD)	26.8	(5.1)
Median (IQR)	27	(8)
Gender		
Male	251	63.4
Female	131	33.1
Nonbinary, gender queer, or questioning	2	0.6
Transgender		
No, not transgender	345	87.1
Yes, transgender	38	9.6
Race or ethnicity		
Non-Hispanic White	246	62.1
Black or African American	95	24.0
Hispanic, Latino, or Spanish	26	6.6
Asian	9	2.3
American Indian or Alaska Native	8	2.0
Some other race or ethnicity	2	0.5
Multiracial	10	2.5
Relationship status		
In a relationship, living with partner, or married	232	58.6
Single	159	40.2
Other	4	1.0
Sexual orientation		
Straight or heterosexual	E	91.9
Gay or lesbian	12	3.0
Bisexual or pansexual	17	4.3
Rural/urban		
Urban	222	56.1
Suburban	124	31.3
Rural	48	12.1
Diagnosis <sup>a</sup>		
Brain tumor	62	15.7
Breast cancer	32	8.1
Cervical cancer	30	7.6
Colon cancer	30	7.6
Hodgkin lymphoma	18	4.5
Leukemia	37	9.3
Lung cancer	85	21.5
Non-Hodgkin lymphoma	2	0.5
Ovarian cancer	15	3.8
Rectal cancer	28	7.1
Sarcoma	6	1.5
Testicular cancer	32	8.1
Thyroid cancer	20	5.1
Uterine/endometrial cancer	14	3.5
Other cancer(s)	9	2.3
Stage <sup>a</sup>		
I	140	35.4
II	188	47.5

(continued)

TABLE 1. (CONTINUED)

	n	%
III	54	13.6
IV	16	4.1
Treatment status <sup>a</sup>		
In treatment	160	40.4
Ongoing therapies	139	35.1
In/out of treatment	15	3.8
Completed treatment	81	20.5
Not yet started treatment	11	2.8
Chemotherapy		
No	144	36.4
Yes, chemo only	55	13.9
Yes, chemo with other treatments	197	49.7
Radiation therapy		
No	153	38.6
Yes, radiation only	55	13.9
Yes, radiation with other treatment	188	47.5
Surgery		
No	209	52.8
Yes, surgery only	41	10.4
Yes, surgery with other treatment	146	36.9
Transplantation		
No, did not receive transplantation	356	89.9
Yes, did receive transplantation	40	10.1

<sup>a</sup>Most (95%) participants reported one diagnosis; 20 participants reported between 2 and 4 diagnoses along with the relevant stage, treatment status, and treatments received for each diagnosis.

#### Data analyses

We analyzed descriptive statistics for all outcomes. To analyze demographic and cancer-related predictors of social media use for the most used platforms and daily use of any platform, we used univariable logistic regression to estimate odds ratios (ORs) and 95% confidence intervals (CIs). Predictors explored included age at survey, age at diagnosis, gender, transgender, race and ethnicity, relationship status, rural/urban residence, diagnosis, treatment status, and stage at diagnosis. Use among the most common platforms was defined as any use of that specific platform, regardless of frequency of use. Daily use of any platform was defined as use “several times a day” or “about once a day” across any social media. We ran exploratory age-adjusted regression analyses for two predictors (relationship status, cancer diagnosis) with *a priori* associations with age. We present the unadjusted findings below and the age-adjusted results in Appendix Table A2. SPSS version 28 and SAS version 9.4 were used for analysis. Data are publicly available at <https://doi.org/10.17615/b97q-4053>.

#### Results

Young adult participants (N=396) were, on average, age 31 (SD=5.2) and age 27 at diagnosis (SD=5.1; Table 1). More participants identified as male (63.4%) than female (33.1%). Almost 1 in 10 participants were transgender (9.6%). Participants identified as White (62.1%); Black or African American (24%); or Hispanic, Latino, or Spanish (6.6%). Participants were from all 50 United States (99%) and Canada, with more than half (56.1%) living in urban areas. More participants reported being in a relationship,

living with a partner, or married (58.6%) than being single (40.2%).

Participants reported diagnoses of lung cancer (21.5%), brain tumors (15.7%), leukemia (9.3%), breast cancer (8.1%), and testicular cancer (8.1%), among others. Cancers were most often reported as stage II (47.5%). One in five participants had completed treatment for at least one diagnosis (20.5%). Participants were also in treatment (40.4%), receiving ongoing therapies (35.1%), and in and out of treatment (3.8%) for one or more diagnoses. A few participants had not yet started treatment (2.7%). Chemotherapy (49.7%) and radiation therapy (47.5%) in combination with other treatments were the most common experiences, while some received only chemotherapy (13.9%), radiation therapy (13.9%), or surgery (10.4%).

#### *Social media use for cancer support and frequency of use*

Most young adults with cancer (97.5%,  $n=386$ ) reported using social media to connect with other young adults with cancer (Table 2). About half (49.5%) of young adults with cancer use one or two different social media platforms; however, many (48.0%) use three or more unique social media platforms for cancer support ( $M=2.6$ ,  $SD=1.5$ ). More than one in three participants reported using popular social media, including Facebook (44.4%), YouTube (43.6%), Instagram (43.4%), Snapchat (36.9%), and Twitter (36.9%), to connect with young adults with cancer. One in five participants also reported using TikTok (22.5%) for cancer connections. Some young adults reported using cancer-specific social media, including GRYT app (24.5%) and CaringBridge (10.6%). No participants reported using other social media platforms to connect with young adults with cancer.

Participants often use social media to connect with cancer peers daily. About half (48.6%–60.9%) report daily use on the most common platforms—Facebook, YouTube, Instagram, Snapchat, Twitter, and GRYT app. TikTok and CaringBridge were used daily by about a third of young adults who use these social media for cancer support (32.9%–39.4%).

#### *Predictors of social media use for cancer support*

Facebook, YouTube, Instagram, Snapchat, and Twitter use for cancer support, and daily use of any platform for cancer support varied by sociodemographic and cancer characteristics (Table 3). Young adults 25–29 years of age were consistently less likely to use any of the most common platforms for cancer support compared with those 35–39 years of age. Females were less likely to use YouTube for cancer support ( $OR=0.48$ , 95%  $CI=0.31-0.75$ ), but more likely to use Snapchat ( $OR=1.60$ , 95%  $CI=1.04-2.47$ ). Young adults living in rural areas were less likely to use Facebook ( $OR=0.35$ , 95%  $CI=0.17-0.69$ ) and Instagram ( $OR=0.33$ , 95%  $CI=0.16-0.69$ ) compared with those in urban areas. Higher use of Facebook and Instagram for cancer support was observed among young adults with brain or gynecologic cancers, and lower use of Snapchat was observed among those with brain, breast, or hematologic cancers. Additionally, use of Instagram and Twitter for cancer support was higher among young adults with stage III or IV cancers.

TABLE 2. SOCIAL MEDIA USE TO CONNECT WITH OTHER YOUNG ADULTS WITH CANCER

	n	%
<b>Social media use, <math>N=396</math></b>		
Any social media use ( $M=2.6$ , $SD=1.5$ )	386	97.5
Facebook	176	44.4
YouTube	173	43.6
Instagram	172	43.4
Snapchat	146	36.9
Twitter	144	36.9
GRYT app	97	24.5
TikTok	89	22.5
CaringBridge	42	10.6
Do not use social media to connect with other young adults with cancer	9	2.3
<b>Frequency of use, sample size varies by social media<sup>a</sup></b>		
Facebook, $n=151$		
Daily use	92	60.9
Weekly use	35	23.2
Less than weekly use	23	15.2
YouTube, $n=139$		
Daily use	76	54.7
Weekly use	24	17.3
Less than weekly use	38	27.3
Instagram, $n=148$		
Daily use	72	48.6
Weekly use	49	33.1
Less than weekly use	27	18.2
Snapchat, $n=127$		
Daily use	72	56.7
Weekly use	25	19.7
Less than weekly use	30	23.6
Twitter, $n=120$		
Daily use	63	52.5
Weekly use	27	22.5
Less than weekly use	30	25.0
GRYT app, $n=79$		
Daily use	43	54.4
Weekly use	16	20.3
Less than weekly use	20	25.3
TikTok, $n=70$		
Daily use	23	32.9
Weekly use	21	30.0
Less than weekly use	25	35.7
CaringBridge, $n=33$		
Daily use	13	39.4
Weekly use	14	42.4
Less than weekly use	6	18.2

<sup>a</sup>Participants reported frequency for up to three social media apps or platforms they use. If participants reported use of more than three social media apps or platforms, three social media were randomly shown to report frequency of use, types of support, and affect for that platform to reduce participant burden. Because of this randomization, the sample size reporting frequency of use per platform is smaller than the sample size reporting use of that platform.

Although young adults 25–29 years of age at the time of the survey were generally less likely to have used any commonly used platforms, those who did use were more likely to be daily users compared with those 35–39 years of age ( $OR=1.74$ , 95%  $CI=0.99-3.05$ ), as were young adults

TABLE 3. PREDICTORS OF COMMONLY USED SOCIAL MEDIA AND DAILY USE OF ANY SOCIAL MEDIA TO CONNECT WITH OTHER YOUNG ADULTS WITH CANCER (N=396)

	Facebook use		YouTube use		Instagram use		Snapchat use		Twitter use		Daily use vs. less frequent use or nonuse of any social media	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Age at survey												
18-24 years old	<b>0.43</b>	<b>0.21-0.87</b>	0.71	0.36-1.40	0.73	0.37-1.44	1.12	0.57-2.22	0.54	0.26-1.11	<b>2.42</b>	<b>1.13-5.19</b>
25-29 years old	<b>0.28</b>	<b>0.15-0.50</b>	<b>0.42</b>	<b>0.24-0.74</b>	<b>0.41</b>	<b>0.24-0.72</b>	<b>0.48</b>	<b>0.27-0.86</b>	<b>0.57</b>	<b>0.33-0.99</b>	1.74	0.99-3.05
30-34 years old	0.89	0.54-1.46	0.63	0.38-1.04	0.70	0.43-1.15	0.81	0.49-1.35	<b>0.56</b>	<b>0.33-0.93</b>	1.31	0.79-2.16
35-39 years old (ref)	1.		1.		1.		1.		1.		1.	
Age at diagnosis <sup>a</sup>												
15-24 (ref)	1.		1.		1.		1.		1.		1.	
25-29	1.34	0.79-2.25	1.04	0.61-1.75	0.95	0.57-1.60	1.48	0.87-2.51	1.26	0.74-2.16	<b>0.50</b>	<b>0.29-0.87</b>
30-34	<b>2.01</b>	<b>1.21-3.35</b>	<b>1.82</b>	<b>1.10-3.02</b>	1.22	0.74-2.02	1.17	0.69-1.98	1.31	0.77-2.21	<b>0.41</b>	<b>0.24-0.71</b>
35-39	0.50	0.16-1.62	0.80	0.28-2.26	0.86	0.31-2.36	1.29	0.47-3.56	1.74	0.64-4.74	<b>0.34</b>	<b>0.12-0.92</b>
Gender												
Female	1.32	0.86-2.02	<b>0.48</b>	<b>0.31-0.75</b>	1.39	0.91-2.12	<b>1.60</b>	<b>1.04-2.47</b>	0.98	0.63-1.52	1.15	0.74-1.79
Male (ref)	1.		1.		1.		1.		1.		1.	
Transgender	1.		1.		1.		1.		1.		1.	
No, not transgender (ref)	0.81	0.41-1.61	1.21	0.62-2.36	1.74	0.89-3.41	1.82	0.93-3.67	1.04	0.52-2.07	<b>0.27</b>	<b>0.13-0.54</b>
Yes, transgender	0.78	0.48-1.26	<b>0.58</b>	<b>0.36-0.94</b>	0.89	0.55-1.43	1.19	0.73-1.94	0.70	0.43-1.16	0.80	0.49-1.29
Race or ethnicity												
Non-Hispanic Black or African American	0.62	0.27-1.44	<b>0.23</b>	<b>0.08-0.62</b>	0.43	0.18-1.06	1.31	0.58-2.97	2.08	0.92-4.72	2.44	0.89-6.69
Hispanic	1.		1.		1.		1.		1.		1.	
Non-Hispanic White (ref)	<b>0.49</b>	<b>0.32-0.75</b>	0.95	0.63-1.43	0.96	0.64-1.45	0.71	0.47-1.09	0.88	0.57-1.33	1.31	0.86-2.01
Relationship status	1.		1.		1.		1.		1.		1.	
Single	1.		1.		1.		1.		1.		1.	
In a relationship, living with partner, or married (ref)												
Rural/urban												
Urban (ref)	1.		1.		1.		1.		1.		1.	
Suburban	<b>0.59</b>	<b>0.38-0.93</b>	0.68	0.43-1.06	0.93	0.60-1.44	1.53	0.98-2.41	0.75	0.47-1.18	<b>0.40</b>	<b>0.26-0.64</b>
Rural	<b>0.35</b>	<b>0.17-0.69</b>	1.40	0.75-2.63	<b>0.33</b>	<b>0.16-0.69</b>	1.09	0.57-2.10	0.56	0.28-1.12	0.55	0.29-1.04
Diagnosis <sup>a</sup>												
Lung (ref)	1.		1.		1.		1.		1.		1.	
Brain	<b>2.35</b>	<b>1.16-4.73</b>	0.74	0.37-1.47	<b>2.19</b>	<b>1.09-4.41</b>	<b>0.25</b>	<b>0.12-0.54</b>	0.59	0.29-1.20	<b>2.22</b>	<b>1.09-4.53</b>
Breast	1.78	0.76-4.19	0.56	0.24-1.35	1.78	0.76-4.19	<b>0.38</b>	<b>0.15-0.93</b>	0.60	0.25-1.46	1.63	0.69-3.84
Colon/rectal	1.29	0.62-2.68	<b>0.34</b>	<b>0.16-0.74</b>	1.19	0.57-2.48	0.49	0.24-1.03	0.68	0.33-1.42	1.63	0.79-3.36
Gynecologic (cervical, ovarian, uterine/endometrial)	<b>2.32</b>	<b>1.13-4.76</b>	0.81	0.40-1.63	<b>2.15</b>	<b>1.05-4.40</b>	0.62	0.31-1.26	0.73	0.36-1.50	<b>4.66</b>	<b>2.04-10.62</b>

(continued)

TABLE 3. (CONTINUED)

	Facebook use		YouTube use		Instagram use		Snapchat use		Twitter use		Daily use vs. less frequent use or nonuse of any social media	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Hematologic (Hodgkin lymphoma leukemia, non-Hodgkin lymphoma)	0.97	0.46–2.04	0.58	0.28–1.20	0.74	0.35–1.59	<b>0.33</b>	<b>0.15–0.71</b>	<b>0.41</b>	<b>0.19–0.90</b>	1.43	0.70–2.92
Testicular	0.44	0.16–1.22	1.95	0.81–4.71	1.36	0.57–3.22	0.58	0.25–1.38	0.60	0.25–1.46	<b>3.56</b>	<b>1.36–9.29</b>
Thyroid	1.78	0.63–5.02	1.22	0.43–3.42	2.22	0.78–6.30	0.70	0.25–1.97	1.21	0.43–3.38	2.82	0.91–8.69
Treatment status <sup>a</sup>	1.		1.		1.		1.		1.		1.	
In treatment or in/out of treatment (ref)	1.50	0.86–2.64	0.95	0.60–1.50	1.29	0.81–2.05	0.75	0.47–1.20	0.72	0.45–1.17	0.79	0.49–1.28
Ongoing therapies	0.90	0.56–1.44	0.59	0.33–1.06	1.16	0.66–2.04	0.55	0.30–1.01	0.91	0.51–1.61	0.61	0.34–1.09
Completed treatment	1.		1.		1.		1.		1.		1.	
Stage <sup>a</sup>	0.99	0.57–1.73	1.38	0.80–2.39	<b>1.80</b>	<b>1.03–3.13</b>	1.51	0.87–2.63	<b>2.27</b>	<b>1.30–3.97</b>	0.81	0.46–1.42
Stage I/II (ref)												
Stage III/IV												

Statistically significant associations are shown in bold font.

<sup>a</sup>Analyses of cancer-related variables (age at diagnosis, diagnosis, treatment status, and stage) only included participants who reported one diagnosis ( $n = 376$ ); 20 participants who reported between 2 and 4 diagnoses were excluded.

18–24 years of age (OR=2.42, 95% CI=1.13–5.19). Similarly, those 15–24 years of age at diagnosis were the age group most likely to be daily users of any platform. Daily users were less likely to be transgender (OR=0.27, 95% CI=0.13–0.54), or live in a suburban (OR=0.40, 95% CI=0.26–0.64) or rural area (OR=0.55, 95% CI=0.29–1.04); and were more likely to have brain cancer (OR=2.22, 95% CI=1.09–4.53) or gynecologic cancer (OR=4.66, 95% CI=2.04–10.62) compared with lung cancer.

#### Types of support and affect

Most (88.9%,  $n = 352$ ) young adults with cancer reported using social media for emotional support. One of two young adults reported using social media to get (55.6%) or give (54.3%) encouragement, see others' positive stories (55.1%), or share about their good and bad experiences (50.3%) on at least one platform (Table 4).

Many (84.1%) young adults reported using social media for informational cancer support. Across social media, participants reported getting information about treatment (e.g., side effects; 50.8%), sharing information and resources (49.7%), getting information about life after treatment (48.5%), or information without jargon (47.7%) on at least one platform.

Simply connecting with peers was also reported by many young adults with cancer (81.3%). Participants used at least one social media for various connections, ranging from meeting people with diverse backgrounds worldwide, including with rare diagnoses (52.3%), to making close friends (46.2%), to simply being with others (44.9%) or socializing (44.2%).

Across all social media, participants reported feeling positive about their experiences when using the platforms for cancer support. All reported affect, on average, was above a 5 on a 7-point scale, indicating feeling good or very good: Facebook ( $M = 5.88$ ,  $SD = 0.96$ ), YouTube ( $M = 5.99$ ,  $SD = 0.94$ ), Instagram ( $M = 5.89$ ,  $SD = 1.04$ ), Snapchat ( $M = 5.87$ ,  $SD = 1.14$ ), Twitter ( $M = 5.96$ ,  $SD = 0.94$ ), GRYT app ( $M = 6.08$ ,  $SD = 0.93$ ), TikTok ( $M = 5.66$ ,  $SD = 1.11$ ), and CaringBridge ( $M = 5.74$ ,  $SD = 0.93$ ).

#### Discussion

Young adults with cancer have unique psychosocial support needs that could be met by connecting with peers on social media. Almost all young adults in this study use one or more social media to connect with other young adults with cancer, with about half of participants reporting daily use for common, established social media (Facebook, YouTube, Instagram, Snapchat, Twitter). Daily use was particularly high among young adults who were 18–24 years of age or 25–29 years of age, are not transgender, and live in urban areas. While overall use was common, the social media platforms and types of support sought and shared varied, indicating many participants in this study are creating their own unique social media experience to meet their needs.

Young adults with cancer are using established platforms—Facebook, YouTube, Instagram, Snapchat, and Twitter. Young adults with cancer likely benefit from joining large, active online populations, where access to more people makes social media more useful.<sup>19,30–32</sup> Some young adults also reported turning to relatively new social media (e.g.,

TABLE 4. TYPES OF SUPPORT BY SOCIAL MEDIA PLATFORM

	<i>Any social media (%)</i> N = 396	<i>Facebook (%)</i> n = 151	<i>YouTube (%)</i> n = 139	<i>Instagram (%)</i> n = 148	<i>Snapchat (%)</i> n = 127	<i>Twitter (%)</i> n = 120	<i>GRYT app (%)</i> n = 79	<i>TikTok (%)</i> n = 70	<i>CaringBridge (%)</i> n = 33
<b>Emotional support<sup>a</sup></b> (overall)	88.9	83.4	77.0	81.9	83.5	76.7	86.1	82.9	85.3
Get encouragement from others	55.6	33.1	34.5	38.9	36.2	39.2	45.6	45.7	58.8
Seeing others' positive stories	55.1	42.4	35.3	35.6	34.6	31.7	41.8	40.0	38.2
Give encouragement to others	54.3	38.4	33.1	35.6	39.4	34.2	36.7	27.1	35.3
Sharing about my experiences (good or bad)	50.3	39.1	24.5	41.6	27.6	30.8	35.4	24.3	41.2
<b>Informational support<sup>a</sup></b> (overall)	84.1	72.8	70.5	73.8	70.9	84.2	79.7	75.7	76.5
Get information about treatment (e.g., side effects)	50.8	29.8	24.5	34.2	33.9	35.8	46.8	32.9	50.0
Share information and resources	49.7	31.8	23.7	33.6	31.5	40.8	36.7	32.9	41.2
Get information about life after treatment	48.5	33.1	29.5	36.2	30.7	31.7	38.0	30.0	32.4
Get information without the jargon	47.7	30.5	33.1	30.9	26.8	30.0	26.6	38.6	29.4
<b>Connections<sup>a</sup></b> (overall)	81.3	70.2	74.8	74.5	74.8	66.7	84.8	68.6	70.6
Meet people from diverse backgrounds all over the world (including people with rare diagnoses)	52.3	35.8	29.5	32.9	40.2	30.0	40.5	32.9	35.3
Make close friends	46.2	25.8	26.6	29.5	35.4	27.5	46.8	28.6	26.5
Be with others	44.9	23.2	30.2	32.2	23.6	20.8	32.9	25.7	17.6
Socialize	44.2	27.8	27.3	32.2	26.8	23.2	27.8	22.9	38.2

Participants reported types of support for up to three social media apps or platforms they use. If participants reported use of more than three social media apps or platforms, three social media were randomly shown to report frequency of use, types of support, and affect for that platform to reduce participant burden. Because of this randomization, the sample size reporting frequency of use per platform is smaller than the sample size reporting use of that platform.

<sup>a</sup>Emotional support, informational support, and connections overall are the percent of participants who select one or more of the types of support for that category.

TikTok) for cancer support. TikTok is increasingly used for health information seeking and sharing,<sup>33,34</sup> and popular cancer support videos have the potential to be viewed by millions.<sup>35</sup> For example, TikToks with peer breast cancer support addressing body images, stigma, and other topics have been viewed over 365 million times.<sup>36</sup> From this study and others, we consistently see that we need to incorporate both established and emerging social media in cancer care to offer the consistency of large groups and the novelty that is attention-getting and relevant for younger populations.

Regardless of which social media, daily use was more common among those who are younger, not transgender, and living in urban areas. Associations between age and rural/urban residence for social media use align with U.S. trends; adults 18–29 years of age<sup>37</sup> and in urban areas<sup>38,39</sup> report the most use of social media, which may be in part because of internet accessibility. Despite research indicating young adults who are transgender would have greater use of social media to receive support,<sup>40</sup> our findings show less daily use among these individuals. It is possible young adults with cancer who are transgender have problematic interactions on social media with downstream negative effects.<sup>41</sup> Notably, social media use for cancer support was similar across race and ethnicity in this diverse sample. Our findings contribute to emerging evidence that Black and Hispanic young adults with cancer also rely on social media support, although in unique ways, along with support from friend, family, and religious networks.<sup>19,42</sup>

Young adults in this study reported using social media for at least one type of emotional, informational, and social (connection) support, indicating they are using social media to meet a variety of psychosocial needs. These social media interactions appear to meet support needs, given the overall positive affect felt when using to connect with other young adults with cancer. Participants reported using social media to feel less alone, cope with their cancer identity during or after treatment, or seek and share treatment information, as suggested by other research.<sup>31,32,43</sup> Young adults have also shared their top priority is connecting with cancer peers to feel less alone and hear about similar challenges.<sup>8,26</sup> Young adults with cancer desire peers who will listen empathetically and have honest, validating conversations without pity.<sup>44</sup> Our findings suggest social media is a resource for these peer connections and support needs; however, we do not know if motivations for support led young adults to using social media or, rather, if young adults were using these social media platforms first and then figured out ways that are most helpful. Other study designs are needed to parse out causal relationships, if any, for the role of social media for support and connections from initial diagnosis and through survivorship.

### Limitations

While this study included a large, diverse sample of young adults with cancer, research among young adults with other sociodemographic or cancer characteristics, recruited from other sources, or with more variability in their sharing online may yield different results. We also did not ask about use of other support resources (e.g., support groups, institutional information); doing so would help illuminate how access to other resources may (or may not) influence social media use.

We did not specify a window of time for social media use; it is possible participants thought of different timelines (e.g., past few weeks vs. months). We did not have sufficient sample sizes to conduct regression analyses on the less common platforms. Additional investigations would help us understand emerging and cancer-specific social media use. Despite these limitations, these findings reveal insights about the landscape of social media use for peer cancer support among those who do—our intended audience.

### Conclusion

Young adults with cancer are using social media to connect with cancer peers often through existing, general audience platforms (e.g., Facebook, YouTube, Instagram) for emotional, informational, and social cancer support. About half of young adult participants who use social media for peer cancer support do so on a daily basis. We should prioritize established social media in intervention designs, while experimenting with novel, attention-getting platforms, to reach young adults with cancer where they are—online. Social media could be used to deliver content and connect peers for specific support needs among those who desire more age-appropriate resources to improve their psychosocial health.

### Authors' Contributions

Conceptualization: A.J.L., C.M., M.K.R.C., R.N.V., C.B., C.G.V., and B.L. Methodology: A.J.L., C.M., M.K.R.C., and B.L. Formal analysis: A.J.L. and C.M. Data curation: A.J.L., C.M., and R.N.V. Writing—original draft: A.J.L. and C.M. Writing—review and editing: A.J.L., C.M., M.K.R.C., R.N.V., C.B., C.G.V., and B.L. Supervision: A.J.L. Funding acquisition: A.J.L.

### Disclaimer

The content is solely the responsibility of the authors and does not necessarily represent the official view of the American Cancer Society.

### Author Disclosure Statement

Dr. B.L. is a cofounder and Chief Culture Officer of GRYT Health, a mobile health company. Dr. C.B. is on the Board of Stupid Cancer and research advisor to GRYT Health. All other authors do not have any conflicts to disclose.

### Funding Information

This project was supported by the American Cancer Society (133694-PEP-19-154-01-PCSM).

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APPENDIX TABLE A1. SOCIAL MEDIA USE SURVEY ITEMS

<i>Construct</i>	<i>Item</i>	<i>Response options</i>
Prompt	In this section, we will ask you about other apps or social media platforms you may or may not use for support.	
<b>[Page break]</b>		
Social media use for cancer support	Which of the following apps or platforms do you use to connect with other young adults with cancer? Select all that apply.	1 = Facebook 2 = Instagram 3 = Snapchat 4 = Twitter 5 = YouTube 6 = TikTok 7 = GRYT app 8 = CaringBridge 9 = Other, please enter 10 = I don't use any of these apps to connect with other young adults with cancer [mutually exclusive]
<b>[Page break. The following items only shown if platform was selected in social media use for cancer support. If more than 3 platforms were selected in social media use for cancer support, participants were shown the following items for 3 randomly selected used platforms.]</b>		
Frequency of use	How often do you use <b>[social media platform piped in]</b> to connect with other young adults with cancer?	1 = Several times a day 2 = About once a day 3 = A few times a week 4 = Every few weeks 5 = Less often 6 = Don't know
Types of support	Which of these are reasons you use <b>[social media platform piped in]</b> to connect with other young adults with cancer? <b>Please select all that apply.</b>	1 = Get information about treatment (e.g., side effects) 2 = Get information about life after treatment 3 = Get information without the jargon 4 = Sharing about my experiences (good or bad) 5 = Seeing others' positive stories 6 = To get encouragement from others 7 = To give encouragement to others 8 = To share information and resources 9 = To socialize 10 = To be with others 11 = To make close friends 12 = To meet people from diverse backgrounds all over the world (including people with rare diagnoses) 13 = Other, please describe [allow text entry] 14 = None of these reasons apply to me
Affect	How does using <b>[social media platform piped in]</b> for cancer support make you feel?	1 = Very bad ... 4 = Neither good nor bad ... 7 = Very good

Programming notes are shown in brackets.

(Appendix follows →)

APPENDIX TABLE A2. AGE-ADJUSTED PREDICTORS OF COMMONLY USED SOCIAL MEDIA AND DAILY USE OF ANY SOCIAL MEDIA TO CONNECT WITH OTHER YOUNG ADULTS WITH CANCER (N=396)

	<i>Facebook use</i>		<i>YouTube use</i>		<i>Instagram use</i>		<i>Snapchat use</i>		<i>Twitter use</i>		<i>Daily use vs. less frequent use or nonuse of any social media</i>	
	<i>OR</i>	<i>95% CI</i>	<i>OR</i>	<i>95% CI</i>	<i>OR</i>	<i>95% CI</i>	<i>OR</i>	<i>95% CI</i>	<i>OR</i>	<i>95% CI</i>	<i>OR</i>	<i>95% CI</i>
Relationship status												
Single	0.70	0.44–1.12	1.15	0.72–1.82	1.20	0.75–1.90	0.74	0.46–1.20	0.99	0.61–1.59	1.12	0.70–1.79
In a relationship, living with partner, or married (ref)	1.		1.		1.		1.		1.		1.	
Diagnosis <sup>a</sup>												
Lung (ref)	1.		1.		1.		1.		1.		1.	
Brain	<b>2.43</b>	<b>1.18–5.00</b>	0.78	0.38–1.58	<b>2.25</b>	<b>1.10–4.58</b>	<b>0.25</b>	<b>0.11–0.53</b>	0.58	0.28–1.20	<b>2.19</b>	<b>1.07–4.50</b>
Breast	1.76	0.73–4.22	0.57	0.24–1.39	1.73	0.72–4.12	<b>0.34</b>	<b>0.13–0.86</b>	0.60	0.24–1.46	1.53	0.64–3.67
Colon/rectal	1.67	0.78–3.61	<b>0.42</b>	<b>0.19–0.93</b>	1.43	0.66–3.04	0.55	0.26–1.18	0.72	0.34–1.53	1.40	0.66–2.94
Gynecologic (cervical, ovarian, uterine/endometrial)	<b>2.33</b>	<b>1.10–4.92</b>	0.98	0.47–2.04	<b>2.45</b>	<b>1.17–5.16</b>	0.59	0.29–1.23	0.83	0.40–1.73	<b>4.09</b>	<b>1.77–9.44</b>
Hematologic (Hodgkin lymphoma, leukemia, non-Hodgkin lymphoma)	1.30	0.59–2.88	0.82	0.38–1.77	0.93	0.42–2.07	<b>0.37</b>	<b>0.17–0.82</b>	0.50	0.22–1.12	1.13	0.53–2.39
Testicular	0.48	0.16–1.45	<b>3.02</b>	<b>1.17–7.82</b>	1.74	0.70–4.33	0.56	0.22–1.40	0.73	0.29–1.85	2.56	0.95–6.91
Thyroid	1.78	0.59–5.36	1.21	0.41–3.58	2.20	0.74–6.53	0.66	0.22–1.94	1.04	0.36–3.05	2.54	0.80–8.01

Statistically significant associations are shown in bold font.

<sup>a</sup>Analyses of diagnosis only included participants who reported one diagnosis ( $n=376$ ); 20 participants who reported between 2 and 4 diagnoses were excluded.

OR, odds ratio; CI, confidence interval.