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AN ANALYSIS OF COMMUNITY-BASED BREAST CANCER CONSULTATION AND SUPPORT ON REMOTE ISLANDS IN OKINAWA, JAPAN

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INTRODUCTION

Breast cancer survivorship involves continuing physical, psychological, social, and informational needs beyond diagnosis and initial treatment (Fan et al., 2023; Khajoei et al., 2024). Such needs may include information about treatment, symptom management, follow-up care, family life, work, and the reorganisation of everyday life. Therefore, places where survivors can ask questions, share concerns, and connect with people who understand the experience of living with breast cancer are important.

Japan is an archipelagic country composed of many islands. Okinawa Prefecture is a particularly island-based region, with 38 designated inhabited remote islands where approximately 8.8 percent of the prefectural population lives (Okinawa Prefectural Government, 2026). In many remote island communities in Japan, health care is provided through small-scale clinics with limited staffing, and cancer-specific specialist services are therefore constrained (Shimoyama et al., 2023). Consequently, cancer patients living on remote islands need to travel by ferry or airplane to medical institutions outside their home islands for specialist cancer treatment and follow-up care that are not available locally (Takahashi et al., 2000). Breast cancer patients living on remote islands have reported difficulties travelling while experiencing treatment-related side effects, financial burdens related to travel and accommodation, and difficulties obtaining support from family members and health professionals (Oshiro et al., 2025). In addition, unmet information needs among cancer survivors have been reported in small island and rural settings (Mori & Kamizato, 2016; Rowe et al., 2023). Lack of anonymity is also a challenge in small island communities (Oshiro et al., 2025; Swan & Hobbs, 2017). Against this background, breast cancer survivors living on remote islands have limited opportunities for local consultation and peer interaction (Oshiro et al., 2025). Therefore, developing community-based places where breast cancer survivors can seek consultation and share their experiences is important in remote island communities.

In response to these challenges, the author has worked with a breast cancer patient association to develop community-based places for breast cancer consultation and support in Okinawa's island communities (Oshiro & Yogi, 2026). These initiatives aimed to create local opportunities where breast cancer survivors and residents could obtain cancer-related information, ask questions, share concerns, and connect with others in ways that were accessible and safe within their own communities.

This article presents a retrospective, practice-based comparative analysis of breast cancer consultation and support initiatives undertaken in three remote island communities in Okinawa, Japan, between 2020 and 2024, drawing on project records. The development process differed across the three islands examined in this study. On two of the islands, consultation and support activities gradually developed through collaboration with local survivors, supporters, health care professionals, administrative actors, and a breast cancer patient association. On the third island, although support needs were recognised and repeated coordination efforts were made, the initiative did not develop into sustained local activity. Including a non-formation case is important for examining challenges that may be less apparent when only formation cases are analysed.

The aim of this study is to compare the trajectories of formation and non-formation of community-based places for breast cancer consultation and support, explore conditions associated with these trajectories, and draw context-specific implications for developing such support.

METHODS

Project context

The consultation and support initiatives were developed through collaboration between a breast cancer patient association and the author. This collaboration was grounded in a pre-existing relationship of trust that had been built through more than five years of breast cancer-related research and patient-association activities. The initiatives were developed in response to concerns that breast cancer survivors living in island communities had limited opportunities for consultation, peer interaction, and cancer-related learning. Activities included public lectures, small study sessions, informal exchanges, individual consultation opportunities, and coordination with health care, administrative, and community stakeholders.

The three island communities are anonymised as Islands A, B, and C. On Islands A and B, the initiatives progressed to an initial period of practice-development support involving learning opportunities, relationship building, and support for developing a local operating arrangement. On Island C, a public lecture and an exchange meeting were held, and coordination with local health services was undertaken, but a local operating arrangement for ongoing activities was not established. Islands A and B are therefore formation cases, whereas Island C is a non-formation case.

Definition of terms

Formation case: A case in which breast cancer consultation and support activities were implemented under an established local operating arrangement, with island-based organisers holding primary responsibility for planning, local coordination, and implementation.

Non-formation case: A case in which support needs had been recognised and the patient association on Okinawa's main island and the author had implemented activities and coordinated with island-based stakeholders, but the formation criteria described above had not been met.

Continued advice, learning opportunities, materials, or occasional support from the external patient association or the author did not preclude classification as a formation case, provided that island-based members held defined operational roles and responsibilities.

Formation was assessed on the establishment and operation of the local arrangement rather than on a predetermined minimum duration. Continuation after formation was examined separately using practice records and publicly available materials through May 2026.

Approach and materials

This article presents a retrospective, practice-based comparative analysis of community-based breast cancer support initiatives. The author was involved in the development, coordination, and documentation of the initiatives and subsequently conducted the retrospective comparative analysis of initiatives on the three islands: two formation cases and one non-formation case.

For each island, the analysis used existing project and activity records, reflective field notes, meeting and communication records, lecture and study-session materials, and coordination notes prepared by the author concerning activities undertaken between 2020 and 2024, together with relevant publicly available materials. For Island A, the materials comprised a public lecture, study sessions, online learning sessions, informal exchanges, and related coordination. For Island B, they comprised a study session, a public lecture, online learning sessions, informal exchanges, and related coordination. For Island C, they consisted of a public lecture, a gathering involving patients and health professionals, hospital visits, meetings with nursing managers, and related coordination.

The main periods of active support by the author and the patient association were 2023 for Island A, 2024 for Island B, and 2020–2022 for Island C. Formation status was assessed for all three islands as of May 2026. For the formation cases, publicly available activity reports through May 2026 were additionally used to examine the continuation of activities after formation. Differences in timing and the stage reached in each case were considered when interpreting the cross-case findings.

Analytical process

The retrospective comparative analysis was informed by the case study approach described by Crowe et al. (2011). Each island initiative was treated as a case. The author first organised the materials for each case chronologically and prepared a case summary describing the starting context, sequence of activities and coordination, actors involved, operational roles, and stage reached.

The cross-case comparison was organised around five perspectives, informed by literature on community-based activities and rural nursing (Gholipour et al., 2023; Jagosh et al., 2015; Kondo, 2019; Winters, 2021) and practical knowledge shared through discussions with an experienced leader of the breast cancer patient association. These perspectives were: shared understanding of activity purpose and roles; island-based organisers and operational responsibility; lack of anonymity and attention to psychological safety; inter-organisational collaboration and participation routes; and resources and operational adjustments supporting continuation.

The three cases were arranged in a comparison matrix to identify similarities and differences in their contexts, processes, operational roles, and stages reached. Interpretations were checked against the source records. Table 2 presents the cross-case findings.

To support the credibility of the analysis, one nursing academic with expertise in island nursing reviewed the cross-case findings and their interpretation. The academic's comments were used to check that the interpretations were consistent with the documented activities and island contexts.

Ethical considerations

This manuscript presents a retrospective, project-level comparative analysis of community-based practice development initiatives. The analysis used existing project records and publicly available materials concerning activity implementation, coordination, and local operating arrangements. Individual-level clinical data, medical records, questionnaire responses, and individual consultation accounts were not analysed. The islands are referred to as Islands A, B, and C, and project collaborators and participating institutions are described by their roles or types without naming them. Relevant project collaborators agreed to public reporting of the project.

RESULTS

Case contexts and trajectories

Needs for breast cancer-related information and local consultation and support were expressed by survivors in all three cases. Table 1 summarises the community contexts and main activities.

Characteristic	Island A	Island B	Island C
Case classification	Formation case	Formation case	Non-formation case
Approximate population	50,000	50,000	7,000
Local health care provision	Hospitals and clinics were available, but no breast specialist was based on the island. Radiotherapy required off-island travel.	Hospitals and clinics were available, but no breast specialist was based on the island. Radiotherapy required off-island travel.	Breast specialist care and radiotherapy required off-island travel.
Context at the outset	A local breast cancer patient association already existed, but its activities had been largely suspended because of the ageing of members and the COVID-19 pandemic.	A local breast cancer patient association had suspended its activities during the COVID-19 pandemic. Only a small number of members were actively involved at the outset.	Existing networks enabled contact with only a small number of breast cancer survivors.
Main period of initial activities	2023	2024	2020–2022

Table 1. Community context and project activities in the three island cases.
Note: Population figures are rounded counts based on the 2020 Population Census for the island on which each initiative was based. The periods shown refer to the main start-up activities.

Applying the formation criteria described in the methods section, Islands A and B were classified as formation cases, whereas Island C was classified as a non-formation case.

Island A: Public lecture as an entry point for developing a consultation and support place

On Island A, the main period of active support by the author and the main-island patient association was 2023. Island A had an existing breast cancer patient group, although its activities had largely ceased because of member ageing and the effects of COVID-19.

An island-based member had already expressed an interest in helping organise activities. The initiative began with a public lecture as the first step toward developing a community-based place

for breast cancer consultation and support, with the aim of broadening participation beyond the existing patient group. The lecture was open not only to breast cancer survivors but also to family members, health professionals, and other residents, and was attended by 51 people. This broad framing allowed the purpose of the initiative to be shared publicly and may have reduced the likelihood that attendance would be interpreted as indicating a breast cancer diagnosis.

Following the lecture, two on-site breast cancer learning sessions were held, with approximately 20 participants in each session. Weekly online learning sessions for Pink Ribbon Advisor certification were also organised. These repeated learning opportunities provided occasions to learn about breast cancer, discuss the purpose of the initiative, and interact with patient-association members and external supporters.

Informal exchanges after formal activities included small gatherings held in the homes of breast cancer survivors and provided further opportunities for relationship building. Initially, the main-island patient association and the author planned and coordinated activities with island-based core members. Additional island-based members gradually became involved in preparations, including decisions about dates, venues, and publicity. Island-based members subsequently assumed primary responsibility for planning, local coordination, and implementation, and carried out breast cancer consultation and support activities under this local operating arrangement.

After formation, links with health-care institutions on the island were also established, through which information about learning opportunities was shared with the local patient group. Island-based members secured activity funds following consultation with local politicians. The main-island patient association and the author continued to provide advice and support when needed, while primary operational responsibility remained with island-based members. Publicly available activity reports documented that activities under this arrangement had continued through May 2026.

Island B: Gradual learning sessions to build trust and develop a consultation and support place

On Island B, the main period of active support by the author and the main-island patient association was 2024. Island B also had an existing breast cancer patient group, but its activities had largely ceased and only a small number of older members remained involved. Local operating capacity was limited at the initial stage.

Because the number of locally active organisers and initial operating capacity were limited, the project team used a gradual strategy. The initiative started with an on-site breast cancer learning session attended by 36 people. This learning session provided an opportunity for participants to learn about breast cancer, discuss the need for local consultation and support, and become familiar with the purpose of the initiative, with priority given to building relationships with existing members.

After this initial process, the activity expanded into a public lecture attended by 35 people, with the aim of broadening participation. Weekly online learning sessions for Pink Ribbon Advisor certification were also organised, creating repeated opportunities for participants to learn, interact, and maintain contact with patient-association members and external supporters. Informal exchanges after formal activities provided further opportunities for relationship building among participants.

Initially, the main-island patient association and the author planned and coordinated activities with island-based core members. Through repeated learning opportunities and informal exchanges, local survivors and supporters became connected to patient-association members, health care

actors, and other community stakeholders. Existing members re-engaged, and additional island-based members became involved in preparation and delivery. Island-based members subsequently assumed primary responsibility for planning, local coordination, and implementation, and carried out breast cancer consultation and support activities under this local operating arrangement.

After formation, the island-based group continued volunteer activities within a feasible scope while keeping operating costs low. The main-island patient association and the author continued to provide advice and support when needed, while primary operational responsibility remained with island-based members. Publicly available activity reports documented that activities under this arrangement had continued through May 2026.

Island C: Staged engagement that did not lead to a locally organised consultation and support place

On Island C, initial activities and coordination took place from 2020 to 2022. A public lecture for residents was conducted in 2020 as an initial opportunity to provide cancer-related information and raise awareness. In 2021, engagement continued through participation in a gathering involving health care professionals from Okinawa's main island, health care professionals on the island, and patients. In 2022, hospital visits and meetings with nursing managers were conducted to explore the possibility of local collaboration. Through these contacts, support needs were recognised, and the possibility of developing a community-based place for breast cancer consultation and support was explored.

However, an island-based operating arrangement did not develop. An island-based nurse explained that many cancer patients received care outside the island, making it difficult to identify breast cancer survivors living on the island. Only a very small number of survivors were identified during the coordination process. A preference not to disclose illness was also expressed, requiring attention to the possibility that taking a visible organising role could reveal a survivor's diagnosis. With few potential organisers, there was also concern that operational roles and responsibilities could place a disproportionate burden on an individual.

Although the island-based nurse assisted with local coordination, routine workload and organisational constraints limited their capacity to sustain an operating role. A local operating arrangement in which island-based members held primary responsibility for planning, local coordination, and implementation was not established, and consultation and support activities under such an arrangement had not begun.

Factors identified through the comparison

The comparison suggests that recognised support needs were a starting point, but may not be sufficient on their own for the formation of community-based consultation and support places.

On Islands A and B, repeated learning opportunities and informal exchanges appeared to help translate shared purposes into joint preparation and coordination. Entry routes were adapted to local circumstances, and public learning opportunities and informal gatherings offered different ways to participate. Island-based core members connected residents and organisations, while additional members gradually became involved in organising activities. These processes suggest that shared learning, opportunities to participate in planning and coordination, and connections with supporting organisations may have contributed to the development of locally led activities.

On Island C, support needs were recognised, but few potential island-based organisers were identified. Concerns about illness disclosure and the risk of concentrating responsibility on an individual may have further constrained opportunities to broaden local involvement and share operational roles. Although an island-based nurse assisted with coordination, routine workload and organisational constraints limited their capacity to take on an ongoing operating role. Together, these constraints may have contributed to non-formation despite recognised support needs.

For continuation after formation, Islands A and B adopted different approaches to securing funds and keeping costs low. This suggests that adapting resource arrangements and the scope of activities to local capacity, together with continued patient-association support, may have helped sustain activities. Table 2 summarises the observations underpinning these interpretations.

Comparative perspective	Island A: Formation case	Island B: Formation case	Island C: Non-formation case
Shared understanding of activity purpose and roles	Shared understanding through learning and informal exchanges: In response to needs expressed by survivors, local members discussed activity directions and roles through learning sessions and informal exchanges following the public lecture.	Shared understanding through discussions with existing members: In response to needs expressed by survivors, existing members discussed activity directions during learning sessions. A subsequent public lecture aimed to broaden participation.	Recognition of needs without agreement on operational roles: Survivors' needs were recognised, but responsibility for leading and coordinating ongoing local activities remained unresolved.
Island-based organisers and operational responsibility	From joint planning to locally led activities: Alongside those coordinating locally from the outset, additional members became involved in arranging dates, venues and publicity through repeated exchanges. Island-based members subsequently assumed responsibility for planning and delivery.	Broader involvement in preparation and delivery: Building on coordination with local core members, preparations and delivery of learning sessions and the public lecture were shared. Island-based members subsequently took responsibility for activities.	Externally led planning and delivery: One public lecture and one exchange meeting were held, mainly planned and coordinated by the main-island patient association and the author. Ongoing local arrangements for sharing operational responsibilities were not established.
Lack of anonymity and attention to psychological safety	Open participation and small-group exchanges: The public lecture was open to survivors, families, health professionals and other residents. Learning sessions and informal gatherings, including meetings at a survivor's home, offered opportunities for small-group interaction.	Participation opportunities extending beyond existing members: Learning sessions with existing members were complemented by a public lecture open to residents and health professionals.	Concerns about illness disclosure: A public lecture and an exchange meeting were held, but concerns were raised that taking a central organising role could reveal a survivor's diagnosis.

Inter-organisational collaboration and participation routes	Wider connections with local stakeholders: Invitations to the public lecture and related outreach established contacts with administrative and health care stakeholders and local politicians. After formation, island-based health services also shared information about learning opportunities with the local patient association.	Wider participation through the existing patient association: Existing members collaborated with the main-island patient association, creating contacts with additional participants through learning sessions and the public lecture.	Coordination through an island-based nurse: An island-based nurse assisted with local coordination. Hospital visits and meetings with nursing managers provided further opportunities to discuss collaboration, but an ongoing operating arrangement involving residents was not established.
Resources and operational adjustments supporting continuation	Securing funds and drawing on external support: After formation, activity funds were secured following consultation with local politicians. Advice and support from the main-island patient association and participation in its annual activity-reporting meeting continued.	Keeping costs low and drawing on external support: After formation, volunteer activities continued within locally manageable limits. Support from the main-island patient association and participation in its annual activity-reporting meeting continued.	Workload and organisational constraints: An island-based nurse assisted with activity coordination, but routine workload and organisational constraints limited their capacity to take on ongoing operational responsibilities.

Table 2. Cross-case comparison of the formation and non-formation of community-based breast cancer consultation and support activities.

Note: Initial activities on all three islands used grant funding secured by the author's project team and received support from the patient association on Okinawa's main island and the author.

DISCUSSION

In these three cases, recognition of support needs alone was insufficient for developing community-based places for breast cancer consultation and support. For island nursing and community health practice, it is important to coordinate support arrangements with stakeholders both on and beyond the island, taking account of survivors' preferences and privacy and the roles that island-based organisers can undertake. Figure 1 presents a heuristic model summarising the formation and non-formation trajectories observed in the three cases and the practical implications derived from their comparison.

Trust and repeated interaction may have contributed to the trajectories of the formation cases. On Islands A and B, public lectures or breast cancer learning sessions were followed by repeated learning opportunities, informal exchanges, and ongoing communication with patient-association members and local stakeholders. Island-based members gradually became more involved in preparing and coordinating activities. This progression suggests that repeated interaction and opportunities to develop activities together may have contributed to shared understanding and the establishment of local operating arrangements. This interpretation is consistent with community-based participatory research literature, which emphasises trust building, partnership synergy, and sustained relationships as mechanisms supporting continued collaboration (Jagosh et al., 2015; Yamashiro & Kita, 2023).

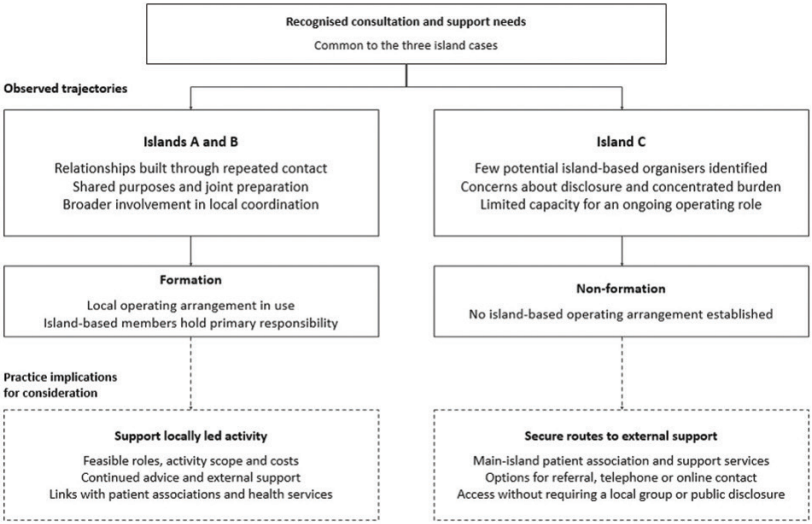


Figure 1. A heuristic model of formation and non-formation of community-based breast cancer support.

Continuation after formation also involved mobilising resources and adapting activities to local circumstances. Island A secured activity funds following consultation with local politicians, whereas Island B continued volunteer activities while keeping costs low. On both islands, island-based members undertook activity planning, coordination, and implementation, while the main-island patient association provided advice and support as needed. Continued connections with the patient association may have helped island-based members sustain locally led activities. This interpretation is consistent with research identifying information sharing and relationships with supporting organisations as factors associated with the continuation of community activities (Shimokoshi & Miyazaki, 2018).

A key contribution of this study is its inclusion of a non-formation case. On Island C, few potential island-based organisers were identified. Relying on breast cancer survivors to take central organising roles raised concerns about concentrating the workload on a small number of people and making their illness known to others through these activities. These disclosure concerns can be understood in relation to the concept of lack of anonymity in rural nursing (Swan & Hobbs, 2017). The nurse who assisted with coordination also faced difficulties taking on ongoing operational responsibilities alongside routine work. Non-formation should therefore not be interpreted as community failure. It provides an opportunity to reconsider whether the proposed operating arrangement is manageable for island-based members and respects their privacy preferences.

Where it is difficult to find people able to organise consultation and support activities on the island, arrangements are needed to enable continuing access to support beyond the island, without relying solely on local organisers. This could involve collaboration with the main-island patient association and cancer support services to establish clear points of contact, communication channels, and referral arrangements. Telephone-based education and support have been delivered to rural breast cancer survivors (Meneses et al., 2020), providing a precedent for support that

does not depend on attendance at a local group. The acceptability and feasibility of options such as telephone consultation and online participation require further examination on Island C.

Limitations

This article has several limitations. First, the comparison is based on three island cases in Okinawa. The cases differed in local characteristics and the timing of activities. COVID-19 may have affected opportunities for interaction and local coordination differently across the activity periods. These differences should be considered when assessing the applicability of the findings to other settings.

Second, the analysis relied on existing practice records, which may not fully capture how the initiatives developed. The author's involvement provided insight into the context and coordination processes, but may have influenced which events were documented, the emphasis given to them, and the subsequent interpretation of formation and non-formation.

Third, further follow-up is needed to assess the long-term sustainability of the activities, including their continuation and changes in local operating arrangements.

CONCLUSION

The comparison of formation and non-formation across three islands suggests that collaboration and shared operational responsibility may support the development of locally led breast cancer consultation and support activities. Support arrangements should reflect survivors' preferences, privacy concerns, and the roles local members can undertake. Where establishing a local operating arrangement is difficult, routes to offer support beyond the island warrant consideration.

AI statement

Generative AI was used to support language drafting, structural editing, and formatting. The author reviewed, revised and approved the final manuscript and is responsible for its content.

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