Cancer is a leading cause of disease-related death in children and adolescents globally (Magrath et al., 2013; Siegel et al., 2014). However, the long-term survival rate of children with cancer is increasing, and the five-year survival rates across all cancer types in high-income countries exceed 80% (American Cancer Society, 2016; Hudson, Link, & Simone, 2014). Still, the burden of the disease and the intensive nature of cancer therapies are associated with acute toxicities and chronic health conditions that are often life-threatening (Hudson et al., 2013). During cancer treatment, children and adolescents with cancer experience a myriad of physical (e.g., pain, nausea, fatigue, hair loss) and psychosocial (e.g., stress, anxiety, depression, isolation) symptoms related to the disease, invasive procedures, and/or chemotherapy and radiation (Baggott et al., 2010; Dupuis et al., 2010; French et al., 2013; Zhukovsky et al., 2015). Children and adolescents with cancer are challenged to adhere to complex and often time-consuming treatment regimens, manage adverse effects, plan for the future (including transition to adult care or aftercare), and maintain a positive outlook (Zebrack & Isaacson, 2012).

Examination of the impact of cancer and its treatment from the patient’s perspective has been advocated for at national levels to complement traditional, medically focused outcomes and to provide a comprehensive picture of treatment effectiveness (Dueck et al., 2015; Reeve et al., 2013; Thornton, 2008). Qualitative research can provide detailed insight into the beliefs and experiences of individuals with cancer, including children, which can be used to shape clinical care and research (Sigurdson & Woodgate, 2015). A body of qualitative literature has explored the experiences of children with