

*Review articles (systematic or scoping)*

# The Impact of Prostate Cancer on Patients' Lives: a Scoping Review

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### Abstract

Prostate cancer is a serious disease. It is the most common cancer and second leading cause of death in men. We conducted a scoping review following the protocols proposed by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews to map the impact of prostate cancer on patients' lives. Searches were performed in May and June 2024 of the following databases: PubMed, Scopus and Web of Science. Fourteen articles were selected, and four main themes emerged: managing physical changes resulting from prostate cancer treatment and the crisis of hegemonic masculinity; care team-patient miscommunication; support from family and groups going through similar experiences and spirituality; and the link between prostate cancer and aging and finitude. The findings highlight the challenges faced by patients in dealing with changes in their bodies and sexual function and maintaining their physical, social and psychological well-being.

*Keywords:* prostate cancer, pathological processes, coping, masculinity, aging

## O IMPACTO DO CÂNCER DE PRÓSTATA NA VIDA DOS PACIENTES: UMA REVISÃO DE ESCOPO

### Câncer de Próstata: uma Revisão de Escopo

#### Resumo

O câncer de próstata permanece como uma doença grave, destacando-se como o tipo de câncer mais comum entre homens e a segunda principal causa de morte nessa população. Este estudo teve o objetivo de mapear o impacto do adoecimento por câncer de próstata. Trata-se de uma revisão de escopo realizada seguindo as diretrizes do Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (Prisma-ScR). A busca nas bases de dados PubMed, Scopus e Web of Science foi realizada no período de maio a junho de 2024. Foram selecionados 14 artigos e os resultados apontam quatro categorias de análise: a gestão das alterações físicas decorrentes do tratamento e a crise da masculinidade hegemônica; as deficiências na comunicação da equipe profissional; apoio da família, de grupos com experiências semelhantes e a espiritualidade; conexão entre câncer de próstata, envelhecimento e finitude. O estudo mostrou os desafios dos pacientes em lidar com as alterações no corpo, na sexualidade e manter seu bem-estar corporal, social e psicológico.

*Palavras-chave:* câncer de próstata, processos patológicos, enfrentamento, masculinidade, envelhecimento

## EL IMPACTO DEL CÁNCER DE PRÓSTATA EN LA VIDA DE LOS PACIENTES: UNA REVISIÓN DE ALCANCE

### Cáncer de Próstata: una Revisión de Alcance

#### Resumen

El cáncer de próstata sigue siendo una enfermedad grave, destacándose como el tipo de cáncer más común entre los hombres y la segunda causa de muerte en esta población. El objetivo de este estudio fue mapear el impacto de la enfermedad del cáncer de próstata. Se trata de una revisión de alcance realizada siguiendo las directrices de los Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (Prisma-ScR). La búsqueda en las bases de datos PubMed, Scopus y Web of Science se llevó a cabo entre mayo y junio de 2024. Se seleccionaron 14 artículos y los resultados apuntan a cuatro categorías de análisis: la gestión de los cambios físicos derivados del tratamiento y la crisis de la masculinidad hegemónica; las deficiencias en la comunicación del equipo profesional; el apoyo de la familia, de grupos con experiencias similares y la espiritualidad; y la conexión entre el cáncer de próstata, el envejecimiento y la finitud. El estudio mostró los retos a los que se enfrentan los pacientes para lidiar con los cambios en el cuerpo y la sexualidad y mantener su bienestar físico, social y psicológico.

*Palabras clave:* cáncer de próstata, procesos patológicos, coping, masculinidad, envejecimiento

Globally, there were an estimated 20 million new cases of cancer and 9.7 million deaths from cancer in 2022 (OMS, 2024). Of the total number of new cases, 1.5 million, or 7.3% of all cases, were prostate cancer. The World Health Organization (OMS, 2024) estimates that cancer incidence will increase by about 77% by 2050, further straining health systems, families and communities. According to data from the National Cancer Institute (INCA, 2023), there will be an estimated 704,000 new cases of cancer annually in Brazil during the three-year period 2023–2025. Prostate cancer is the second most common type of cancer among men in Brazil, behind non-melanoma skin cancer. For the three-year period 2023–2025, there will be an estimated 71,730 new cases annually in the country, mainly affecting the population aged over 60 (INCA, 2023). According to the Ministry of Health Department of Informatics (DATASUS), 657,596 new cases of cancer were diagnosed in Brazil in 2023. Of this total, 43,080 were cases of prostate cancer, half of which were in the country's southeast region<sup>1</sup>.

Prostate cancer is commonly associated with advancing age, usually affecting men aged 65 and over (Coutinho et al., 2018). Besides age, risk factors include being overweight or obese, family history of the disease and disruption of sex steroid hormones metabolism (Calista et al., 2020; INCA, 2022). Early diagnosis, which facilitates disease management and treatment, can be achieved through a digital rectal examination and measurement of prostate-specific antigen (PSA) levels (Coutinho et al., 2018; INCA, 2022). To confirm a suspected diagnosis of cancer, tests such as magnetic resonance imaging and ultrasound need to be performed, together with anatomopathological analysis of a biopsy specimen (Silva et al., 2022). After confirmation of the diagnosis and disease severity, treatment begins, which may have side effects.

The side effects of surgical and hormone treatment and radiation therapy include erectile dysfunction, loss of libido and urinary incontinence, also affecting body image and understanding of socially constructed masculinity (Bowie et al., 2022; Chambers et al., 2018). Hegemonic masculinity emphasizes characteristics such as virility, emotional resilience, heterosexuality, domination and strength (Coutinho et al., 2018; Farrington et al., 2020). The loss of the ability to have penetrative sex can cause some patients to feel not worthy and less of a man, leading them to use aids to regain sexual function (Bowie et al., 2022). Prostate cancer therefore calls into question the dominant view of masculinity and challenges men to discover new ways of perceiving their bodies and identity (Campbell et al., 2014; Martins & Modena, 2016).

Bodily changes resulting from treatment and limitations on activities and sex life were also seen as natural consequences of the aging process (Bowie et al., 2022). Another drawback reported by studies was limited and insufficient healthcare professional communication about prostate cancer treatment side effects, causing uncertainty and distress (Chambers et al., 2018). Partner emotional support and sharing experiences with other people with the disease was fundamental for patients to broaden the scope of physical and mental health care (Hyde et al., 2017; Ruiz-Rodríguez et al., 2022).

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1 For further details, see [http://tabnet.datasus.gov.br/cgi/dhdat.exe?PAINEL\\_ONCO/PAINEL\\_ONCOLOGIABR.def](http://tabnet.datasus.gov.br/cgi/dhdat.exe?PAINEL_ONCO/PAINEL_ONCOLOGIABR.def)

The impact of cancer diagnosis and the challenges of coping with the disease have been the subject of several studies. However, Korfage et al. (2006) point out that psychological and existential impacts are often underestimated at diagnosis, potentially having consequences for patient mental health and engagement in treatment. The literature also suggests that patient quality of life tends to decline in the first 1–2 years after diagnosis (Cuyppers et al., 2018; Reeve et al., 2012). Valuing patients' experiences of health care and how it impacts their life can provide insights into illness experiences, helping healthcare professionals understand how patients engage in treatment and experience its consequences (Carel & Kidd, 2014). This aspect of understanding seems to be particularly relevant in the case of cisgender men, who are imbued with the hegemonic idea of masculinity, which often impacts engagement in health actions and behaviors. In this respect, men have historically shown lower utilization of health services, which can compromise longevity, posing a major public health challenge (Barbosa et al., 2023; Gomes et al., 2007).

A previous study by Chambers et al. (2017) showed that limitations of research on the impacts of prostate cancer diagnosis included poorly developed theoretical and context-specific measurement approaches, few quantitative empirical or prospective studies and social factors such as demographics, sexual orientation and treatment type were rarely considered. In view of this situation, this scoping review aimed to map the impact of prostate cancer on patients' lives and identify specificities experienced by different groups and possible gaps in this field. The study also sought to identify ethical and existential challenges arising from the experience of prostate cancer. This review can contribute to new studies of multidisciplinary treatments and interventions for prostate cancer patients, including actions to promote engagement in prevention and treatment.

### Method

We conducted a scoping review following the protocols proposed by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (Prisma-ScR) (Tricco et al., 2018). Scoping reviews seek to map the available literature on a given topic with the aim of presenting evidence and identifying gaps in the discussion of the topic (Cordeiro & Soares, 2019).

#### Eligibility criteria

The eligibility criteria were freely available online peer-reviewed articles addressing the impact of prostate cancer on patients' lives published between 2019 and 2024 and without language restrictions. Both qualitative and mixed-method studies were included in order to explore different aspects of prostate cancer. Systematic reviews, longitudinal studies and articles that did not specifically address prostate cancer or investigated other types of cancer and studies addressing the family and partners of prostate cancer patients were excluded because they did not cover the review's target population.

### Search strategies

Searches were performed of the PubMed, Scopus and Web of Science databases on May 21, 2024. The latter was accessed via the Capes Journals portal. The search strategies were discussed by two authors and subsequently refined. The final results of the searches were exported to the Rayyan review platform, a free online application developed by QCRI (Qatar Computing Research Institute) (Ouzzani et al., 2016).

The descriptors used in the searches were selected from Medical Subject Headings (MeSH) and *Descritores em Ciências da Saúde* (DeCS, Health Sciences Descriptors). The PCC (Population, Concept, and Context) framework was used to identify the key research elements (Mattos et al., 2023). For the purposes of this review, population (P) was men with prostate cancer; concept (C) was the impact of prostate cancer; and context (C) was not applicable in this case. The search strategy was built around the PCC framework and organized into the following items: extraction, conversion, combinations, construction and use (Oliveira Araújo, 2020; Mattos et al., 2023).

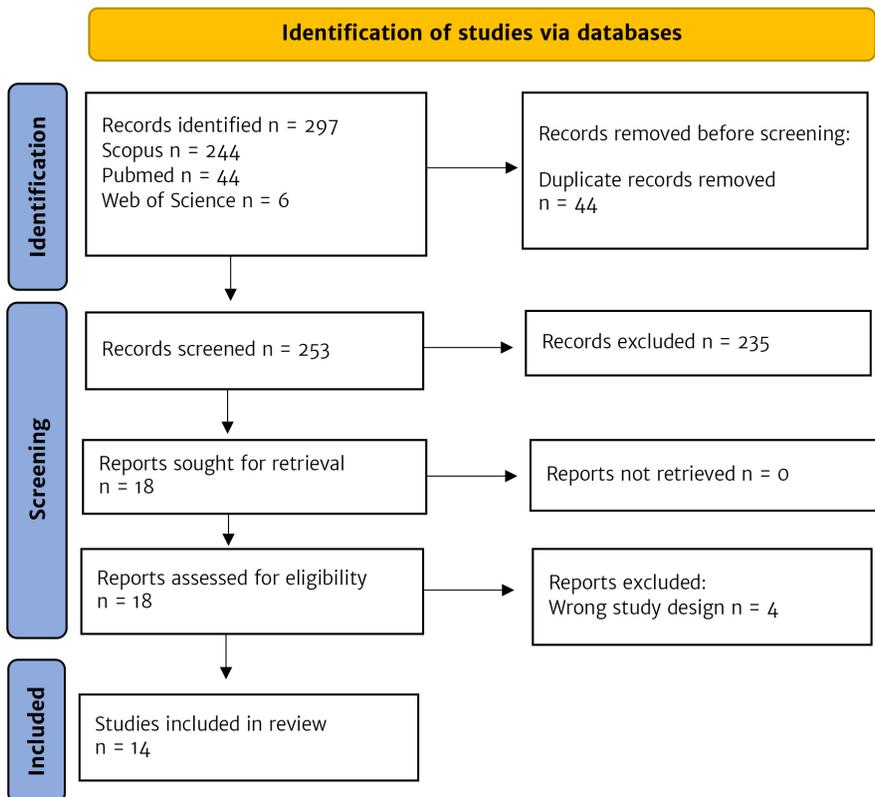
The Boolean operators OR and AND were used together with wildcard characters to construct the search strategies for each database using the following descriptors: (“prostatic neoplasms” OR “prostatic cancer” OR “prostate tumors” OR “prostatic tumors”) AND (“pathologic processes” OR “life change event\*” OR “coping skills” OR “coping\*” OR “life experience\*”).

A total of 297 articles were retrieved: 244 from Scopus, 47 from PubMed and six from Web of Science. The articles were exported to Rayyan to identify duplicate studies and begin screening. Forty-four duplicate articles were excluded, resulting in 253. The titles and abstracts of these articles were blindly screened by three reviewers. Articles with doubts were reserved for further group discussion.

On June 25, 2024, after each of the three reviewers had made their initial selection, an online meeting was held to discuss disagreements and decide which articles should be included or excluded. Five of the 253 articles were included directly by the three evaluators and 223 were directly excluded because they did not meet the eligibility criteria. The other 25 were marked as doubtful by at least two reviewers, 13 of which were included and nine excluded after discussion, resulting in a total of 18 articles. Four of these were excluded after reading the full-text versions of the articles: two because they were longitudinal studies; and two because they did not specifically address the study topic, resulting in the inclusion of 14 articles for the final analysis, as shown in Figure 1.

**Figure 1**

*Prisma-ScR flowchart showing the article selection process.*



The full-text versions of the 14 selected articles were read and analyzed by the three reviewers, who entered detailed information about the studies into a shared spreadsheet. The extraction table included the following data: reference and access link, author(s), country, year of publication, method, objectives, study population characteristics, results and discussion. The collected data were analyzed by the researchers and systematized into the categories of analysis presented in the results.

### Results

A total of 297 publications were identified via the selected databases. Screening based on the eligibility criteria resulted in the inclusion of 14 studies. Article information was organized into the following items: author(s), year and country of study, population, objectives and results, as shown in Table 1.

**Table 1**  
Data Compiled from the Articles for Analysis.

Authors, year and country of study	Population	Study objective	Results
Margariti et al., 2019, England.	Eight African Caribbean men aged between 51 and 75; five married, three living alone; five retired, two employed and one unemployed.	To understand the experiences of African-Caribbean men with respect to their discharge to primary care following successful prostate cancer treatment and the challenges associated with survivorship.	Three overarching themes were developed: 1) Discharge – misconceptions and uncertainties; 2) Survivorship – challenges and ways of coping; 3) Black men and prostate cancer: real and potential discrimination.
Danemalm Jägervall et al., 2019, Sweden.	Eleven self-identifying gay men aged 58–81.	To determine specific concerns of gay men's post-treatment sexual practices.	Three themes emerged: 1) physical changes (orgasm and erectile problems); 2) identity (physical changes and aging); 3) relations (erectile dysfunction, physical and emotional intimacy).
Matheson et al., 2020, England.	Twenty-eight men from the UK aged between 46 and 87; 24 were heterosexual and four were homosexual or bisexual.	To explore the experiences of men with prostate cancer identified as having psychological distress and to identify factors influencing distress.	The findings were divided into two themes: 1) perceptions of loss (physical, self, control and vulnerability factors); 2) Maladaptive strategies for coping with distress (emotional concealment, help-seeking avoidance and withdrawal).
Fernández-Sola et al., 2020, Chile, Spain, England and Luxembourg.	Sixteen heterosexual Spanish men aged 59–74; all were in a relationship and 11 were married.	Explore men's experiences of social support after non-nerve-sparing radical prostatectomy.	Two main themes, each with two subthemes, emerged: 1) The partner as a source of support and conflict after a prostatectomy; 2) The importance of social and professional circles.
Schultze et al., 2020, Germany.	Forty-two German men; 35% came from large cities, 25% from small cities and 40% from rural areas.	To capture a diverse range of experiences of having and having had prostate cancer in Germany.	Two themes emerged: 1) Participants charted an unknown terrain – meaning and perception of changes; 2) Attributing changes as part of ageing and/or cancer.
Owens et al., 2021, United States.	Thirty men from the United States with an average age of 68; 17 were African American and 13 were European American; 24 (80%) were married and retired.	To explore experiences of African Americans and European Americans in relation to their diagnostic and treatment decision-making processes, prostate cancer treatment and outcomes.	Twelve themes emerged, highlighting the following: 1) Patient emotions after diagnosis; 2) Spirituality as a protective factor; 3) Family support matters; 4) No regrets in relation to treatment choices.
Juul Søndergaard et al., 2021, Norway.	Ten Norwegian men aged between 50 and 80; six had five years of study and three had seven to nine years of study after primary school. Four were employed, five retired and one on rehabilitation.	To explore men's perceptions of information and their possible emotional strain in the diagnostic phase of prostate cancer.	Three themes emerged: 1) Different needs and perceptions of information; 2) A discovery of not being alone; 3) Worries about cancer and mortality.
Rönningås et al., 2022, Sweden.	Eleven Swedish men aged between 60 and 89 (average age 75).	To illuminate the experience of signs and symptoms in relation to disease progression in men with metastatic castration-resistant prostate cancer.	The overarching theme was "The experience of an uncertain illness in progression", with four subthemes: 1) Symptoms triggering thoughts about disease progression; 2) Making sense of signs without symptoms; 3) Making sense of symptoms; 4) Progression triggering thoughts about the remainder of life.

(continue)

**Table 1**  
*Data Compiled from the Articles for Analysis. (continued)*

Authors, year and country of study	Population	Study objective	Results
Vyas et al., 2022, England and United Arab Emirates.	Nineteen heterosexual men aged between 53 and 78; 15 were White British, two Black British, one Black African and one Black British–Caribbean.	To explore the lived experiences of men who underwent radical treatment (prostatectomy or radiotherapy), and its psychosocial impact.	Three main themes emerged: 1) mental wellbeing (diagnosis and an uncertain future and reflective journey); 2) social wellbeing (emotional repercussions, social networks and advocacy); 3) physical wellbeing (natural process of ageing).
Wang et al., 2022, China and Hong Kong.	Thirteen men with an average age of 69.2; all participants had been married for between 28 and 54.	To explore men's experiences of sex and intimacy after prostate cancer treatment in China.	Four themes emerged from the interview data: 1) encountering altered sexuality; 2) communication and sexual adjustments; 3) maintenance of quality intimate relationship; 4) lack of sexual health support.
Kazımoğlu et al., 2023, Turkey.	Fifteen Turkish men aged between 29 and 69; 13 were married, seven were retired, and seven lived with their spouses and children.	To examine in depth the perceptions of postoperative symptom management and coping experiences of individuals with prostate cancer.	Five main themes emerged: 1) pain management, pharmacological treatment; 2) The use of complementary and herbal products; 3) Practices to cope with symptoms and improve quality of life; 4) Individual coping; 5) Interpersonal relationships.
Daniels et al., 2023, United States.	Twelve homosexual or bisexual men from the United States and Canada aged between 55 and 74.	To explore patients' and partners' experiences during prostate cancer diagnosis and treatment.	Three themes emerged: 1) Sexuality and identity; 2) Treatment uncertainty and decisional regret; 3) Miscommunication and a lack of partner prostate cancer education.
Peloso–Carvalho et al., 2023, Brazil.	Thirty men aged between 53 and 87 from Brazil (Minas Gerais); most were married (60%), had not completed elementary education (60%) and were Catholic (70%).	To understand the social representations of prostate cancer by men undergoing follow-up at an in-hospital oncology service.	Six central ideas emerged: 1) A curable disease; 2) Nothing, something normal/common; 3) A minor ailment that didn't shake me; 4) Worry, fear, annoyance and sadness; 5) Loss/impairment of sex; 6) Something/disease that is bad, difficult, serious, intense, dangerous, that ends life and kills.
Alexis & Worsley, 2023, England.	Twenty black men from England aged between 48 and 57.	To examine black men's experiences of support following prostate cancer treatment in England.	Six themes emerged: 1) Dealing with the treatment effect; 2) Support from loved ones; 3) Support from individuals and organizations; 4) Healthcare support; 5) Spirituality; and 6) Positivity.

Year of publication ranged from 2019 to 2024, with a greater number of studies being published in 2023. Studies were conducted predominantly in the Global North, including Europe, Asia, and North America. Only one study was conducted in Brazil (Peloso–Carvalho et al., 2023). However, some studies analyzed specific populations, including Afro–Caribbeans and black people. Participant age ranged from 28 to 87, with an average age of 60. The study populations included a variety of types of marital status, including single and married individuals. The samples were made up of heterosexual, bisexual and gay men.

With regard to study objectives, most of the studies concentrated on men's experiences of diagnosis and treatment. The studies also investigated how partner support impacted the process, representations of physical and psychological changes and the connection between these processes and uncertainties and perceptions of loss in different areas. Most of the studies explored patients' perspectives of concepts related to experiences with prostate cancer, ranging from diagnosis (illness, uncertainty, miscommunication and assigning meaning to signs and

symptoms) to the various stages of treatment (social support, caregiver support, loss of sex and masculinity, spirituality and resignification) up to discharge and return to daily life (dealing with the effects of treatment and resuming life in different social spheres).

### Discussion

In comparison to a previous study by Chambers et al. (2017), no upward trend in the number of publications on the topic was observed, which can be explained by the different search strategies used by each review. In line with the study by Chambers et al. (2017), most of the studies on the impacts of diagnosis and coping experiences were qualitative. In contrast with previous findings, our results show a growing interest in understanding the experiences of specific populations, such as black people and LGBTQIAPN+ individuals. It is also interesting to note that only one study examined the Brazilian population (Peloso-Carvalho et al., 2023). Further research is required to determine whether this is a gap in the literature in this country or down to the search strategies employed.

This discussion is structured around four qualitative categories that emerged after reading and analyzing the 14 articles: 1) Managing physical changes resulting from prostate cancer treatment and the crisis of hegemonic masculinity; 2) Care team-patient miscommunication; 3) Support from family and groups going through similar experiences and spirituality; and 4) The link between prostate cancer and aging and finitude.

#### **Managing physical changes resulting from prostate cancer treatment and the crisis of hegemonic masculinity**

Many participants reported difficulty coping with the side effects of prostate cancer treatment, including urinary incontinence, erectile dysfunction and no longer ejaculating (Alexis & Worsley, 2023; Danemalm Jägervall et al., 2019; Margariti et al., 2019; Owens et al., 2021; Peloso-Carvalho et al., 2023; Schultze et al., 2020), which contribute to feelings of failure, inadequacy and distress (Matheson et al., 2020). The studies show that sexual side effects cause distress among prostate cancer patients (Quijada et al., 2017). In a study by Araújo et al. (2019), semen was seen as a measure of male identity, with its loss causing embarrassment and compromising social interaction. A study in France with 437 patients found that urinary incontinence and sexual dysfunction was persistent in 48.8% and 82.8% of men, respectively, two years after treatment (Bessaoud et al., 2016).

Problems with sexual functioning was the worst impact according to prostate cancer patients, since sexual virility is one of the key elements of hegemonic masculinity (Matheson et al., 2020; Peloso-Carvalho et al., 2023). The impacts of physical changes resulting from treatment were described by almost all studies; however, the study in Brazil reported that some participants underplayed the significance of the disease, explaining low adherence to treatment (Peloso-Carvalho et al., 2023). The authors suggested that underplaying the disease could be largely explained by the socially constructed idea of male identity.

The physical changes resulting from treatment, in particular erectile dysfunction and loss of ejaculation, have a strong impact on culturally constructed male identity (Danemalm Jägervall et al., 2019; Peloso–Carvalho et al., 2023). Research supports the theory that some patients who have their prostate removed feel as if they have been castrated and see themselves as sexually useless, negatively affecting their socially constructed sense of masculinity (Araújo et al., 2019; Bowie et al., 2022; Farrington et al., 2020). Another study reported that patients felt their bodies failed to conform to standards of hegemonic masculinity after cancer treatment, impacting their identity and mental health (Kelly, 2009). Other studies reveal that prostate cancer patients become more flexible in relation to their understanding of masculinity, envisioning new ways of understanding and experiencing it (Martins & Modena, 2016).

### **Care team–patient miscommunication**

The accounts of some men with prostate cancer show that healthcare teams found it difficult to openly discuss the consequences of radical treatments and the resulting changes to sexual function, raising doubts about the most appropriate treatment (Danemalm Jägervall et al., 2019; Kazımoğlu et al., 2023; Wang et al., 2022). Other patients reported being fearful of being misinterpreted if they asked professionals questions about how treatment would affect sexual function (Fernández–Sola et al., 2020). Other studies also reveal that healthcare professionals were unprepared and reluctant to answer patients' questions about sexual function (Silva et al., 2022). In this respect, the needs of black and gay men tend to be more neglected than those of other groups.

Studies also show that disclosing sexual orientation to healthcare providers was not beneficial for everyone, with some patients reporting that healthcare teams did not adapt discussions about the effects of prostate cancer to the needs of homosexual and bisexual men (Alexis & Worsley, 2023; Daniels et al., 2023). The literature confirms the finding that gay and bisexual men have reservations about talking about their sexual orientation to health professionals for fear of being discriminated against, depriving them of the chance of obtaining important information for making treatment decisions. Studies also highlight these patients' dissatisfaction with not receiving information from care providers about the sexual side effects of the treatments received (Hoyt et al., 2020; Ussher et al., 2017).

A study conducted in Brazil highlighted gaps in treatment and how unprepared health professionals are to deliver care to LGBT patients (Silva et al., 2018). In concordance with Peloso–Carvalho et al. (2023), they point to patient–healthcare team communication difficulties when it comes to issues related to sexuality, highlighting the need for public policies to address these issues in Brazil. Although we live in a supposedly sexually liberated country, important taboos still prevail when it comes to this matter.

### **Support from family and groups going through similar experiences and spirituality**

Studies show that the presence of family members during medical appointments, when receiving the diagnosis and during treatment was fundamental for maintaining patient self-esteem and emotional well-being (Fernández-Sola et al., 2020; Kazımoğlu et al., 2023; Owens et al., 2021; Vyas et al., 2022). In this respect, family support, especially from spouses, children, and other relatives, is crucial to help patients cope more effectively with problems arising from treatment, encouraging them to seek psychological and psychiatric help (Alexis & Worsley, 2023; Juul Søndergaard et al., 2021; Matheson et al., 2020). In line with these findings, some studies have shown that social support, especially family support, acts as a mitigating factor for psychological distress caused by adverse experiences during prostate cancer treatment (Hyde et al., 2017; Jones et al., 2011). One study with a sample of black patients highlighted that family support plays an important role as a source of emotional, physical and social support (Jones et al., 2011).

Support from groups of patients with similar experiences contributed to exchanging experiences of coping with prostate cancer by sharing more effective strategies among patients (Juul Søndergaard et al., 2021). This is because interaction with people and groups with similar experiences leads to a sense of identification and affinity, encouraging sharing of information and experiences that contribute to acceptance, respite from worry and treatment adherence (Alexis & Worsley, 2023; Juul Søndergaard et al., 2021). In the same vein, prostate cancer patient focus groups that discussed side effects and bodily dysfunction using humor and sarcasm had beneficial effects for those undergoing treatment. Being able to laugh at their sexual dysfunction, for example, became a way of regulating emotions and better coping with emotional suffering (Andreasson & Danemalm Jagervall, 2023).

Many patients reported that religiosity/spirituality was a protective factor and source of support and hope for coping with and seeking a cure for prostate cancer (Owens et al., 2021; Peloso-Carvalho et al., 2023). This was a prominent aspect in the study conducted in Brazil, with participants reporting that “medical treatment, associated with divine providence, would be capable of leading to a cure” (Peloso-Carvalho et al., 2023, p. 6). This is an important aspect to be explored by future research and addressed by healthcare teams, given that Brazil is a particularly religious country.

After diagnosis and at the onset of treatment, seeking a source of existential support through spirituality can provide greater peace of mind to deal with the process as a whole (Porto et al., 2016). From this perspective, religious practices and the beliefs that underpin them can provide coping mechanisms that enable patients to develop confidence without exacerbating the distress caused by the diagnosis (Serafim et al., 2017).

People diagnosed with prostate cancer who had religious experiences showed greater acceptance of treatment and a more positive attitude during the course of the disease (Ferreira et al., 2020). Expressions of faith through prayer, meditation and participation in rituals helped strengthen patients' connection with the sacred, helping them to deal with the adverse situation

in a more flexible manner (Serafim et al., 2017). Religiousness and spirituality positively influence the biopsychosocial health of cancer patients and contribute to stress and fatigue reduction (Ferreira et al., 2020). Spirituality therefore not only provides emotional support but also facilitates patient engagement in social support networks, enabling them to participate in groups that provide care and support in times of greatest suffering (Bache et al., 2012; Porto et al., 2016).

### **The link between prostate cancer and aging**

For some participants in the studies analyzed by this review, ensuring survival, well-being and quality of life overrode the sexual side effects of prostate cancer treatment, which are also associated with the natural aging process (Danemalm Jägervall et al., 2019; Peloso-Carvalho et al., 2023; Rönningås et al., 2022; Vyas et al., 2022; Wang et al., 2022). Studies have confirmed that aspects of aging influence the experience of prostate cancer (Maliski et al., 2008), with increased vulnerability and changes in sexual functioning being seen as normal effects of the aging process (Chambers et al., 2018; Ussher et al., 2017). In contrast, studies involving gay men revealed a weaker association between prostate cancer and aging, with the maintenance of erectile functioning being seen as essential for continuing sexual relationships (Ussher et al., 2017).

Diagnosis prompts reflection on acceptance and survival in the face of a potentially lethal disease (Juul Søndergaard et al., 2021; Peloso-Carvalho et al., 2023). In consonance with the literature (Macedo Neto et al., 2020), some prostate cancer patients expressed fear of death, questioning why they had developed the disease and fearing its impact on their families (Rönningås et al., 2022; Vyas et al., 2022). Some authors presented similar results showing that participants viewed prostate cancer as a serious, aggressive and incurable disease that causes fear and suffering (Chambers et al., 2017; Martins & Modena, 2016).

In the study conducted in Brazil, in addition to the impact of understanding that the disease can kill, participants mentioned symptoms of depression, anxiety and suicidal tendencies, which were less prominent in the other studies. According to Peloso-Carvalho et al. (2023), the externalization and verbalization of feelings reveal a break in hegemonic masculinity patterns, which may suggest that certain patterns lose their strength when faced with the overwhelming news of the diagnosis, causing some patients to break down in tears.

### **Final Considerations**

This review identified and mapped the main concepts present in the experiences of men with prostate cancer during the processes of illness, diagnosis, treatment and post-treatment. The findings highlight the ethical, sexual, physical and existential challenges arising from the experience of prostate cancer. A large number of patients reported difficulty coping with their new body and sexual identity, the different phases of the disease and the challenges related to their physical, social and psychological well-being. The analysis also highlighted that patients perceived certain protective factors, including family, partner and spousal support, support from

other patients with similar experiences and spirituality. Further research is required to assess the complexity of coping with prostate cancer and its impact on physical and mental health.

The review findings also highlight the scarcity of this type of research at national level, as only one of the studies was conducted in Brazil. However, our results provide a comprehensive and multifaceted insight into how prostate cancer impacts the lives of men around the world. Using a variety of samples from different cultural contexts, the studies show that disease diagnosis and treatment is not simply a medical event but rather a process involving the experience and resignification of masculinity. The physical and emotional changes caused by the disease deeply influence how men perceive and experience being a man, with some accounts emphasizing the challenge of maintaining virility and masculine identity.

Family support and religiosity emerge as fundamental pillars of coping for many patients, especially in the face of the suffering and uncertainties experienced during the illness. The diversity of perspectives captured by studies from different parts of the world underscores the complexity of coping with prostate cancer, which is intertwined with the existential psychosocial and cultural aspects of masculinity, transcending the purely biological dimension.

The findings of the international studies and the Brazilian study provide valuable insights that can inform current health practices and treatments in Brazil. The identification of recurring themes, such as the reframing of masculinity and role religiosity plays in coping, can serve to help Brazilian health professionals develop more sensitive and culturally appropriate approaches. These should go beyond medical treatment, considering existential the psychosocial impact of the disease, offering psychological, emotional and social support that addresses issues related to male identity and exploring the spiritual dimension when relevant to the patient. In other words, understanding how men from different cultures deal with the challenges of prostate cancer can improve communication and support and help develop effective support networks, resulting in more comprehensive and humanized care for Brazilian men experiencing the disease.

This scoping review has some limitations. Some of the included studies presented a more succinct description of how the different stages of prostate cancer can affect the perception of this experience and treatment. This reveals the importance of improving the quality of the description of these processes in future articles. While there is a gap in research at the national level, the variety of countries and study samples captured by this review highlights the relevance of studies on this topic and the challenges this issue poses for research.

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\* Texts analyzed in the scoping review.

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