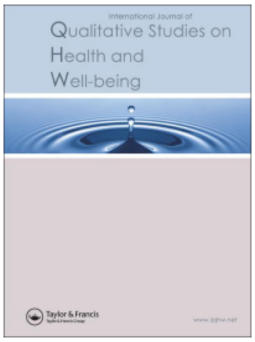

International Journal of Qualitative Studies on Health and Well-being

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/zqhw20

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To cite this article: Deborah Bekele & Angel Martínez-Hernáez (2025) Qualitative studies on men with prostate cancer: a systematic meta-synthesis, International Journal of Qualitative Studies on Health and Well-being, 20:1, 2436720, DOI: 10.1080/17482631.2024.2436720

To link to this article: https://doi.org/10.1080/17482631.2024.2436720

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INTERNATIONAL JOURNAL OF QUALITATIVE STUDIES ON HEALTH AND WELL-BEING
2025, VOL. 20, 2436720
https://doi.org/10.1080/17482631.2024.2436720

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Qualitative studies on men with prostate cancer: a systematic meta-synthesis

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ABSTRACT

Purpose: Prostate cancer (PCa) is the second most common cancer among men. Despite advancements in clinical interventions and improvements in public health outreach, a multidimensional lack of understanding of the lived experiences of men diagnosed with PCa continues. Improving the quantity and quality of knowledge about this subject could guide clinical decisions and interventions for this group.
Methods: This paper reviews qualitative studies focusing on PCa patients using the Critical Appraisal Skills Programme tool (CASP), synthesizes the data, and maps the overarching themes through a systematic meta-synthesis.
Results: The authors identified 3546 manuscripts, of which 103 met the inclusion criteria. Six themes were identified that addressed: support needs, diagnosis, and treatment experiences, lived experiences, information accessibility, care, and threats to masculinity.
Conclusion: Treatment side-effects caused a re-configuration and re-evaluation of masculine ideologies. Men mainly relied on close family and support groups to cope with their feelings of stigma, uncertainty, and recovery. Professional healthcare and consultation quality eased their anxiety concerning long-term treatment and other factors associated with their condition. The studies were socio-demographically heterogeneous. Thus, researchers could use qualitative research to explore knowledge gaps in the following interconnected themes: masculinity care, masculinity support, masculinity information, and incorporating a more diverse socio-demographical sample.

ARTICLE HISTORY
Received 2 July 2024
Accepted 27 November 2024

KEYWORDS
Men; prostate cancer; qualitative studies; review; meta-synthesis; critical appraisal skills programme tool

Introduction

Prostate cancer (PCa) is the second most commonly diagnosed cancer in men worldwide (Sung et al., 2021). Despite advancements in screening and prostate health strategies (Ilic et al., 2013), the global burden of PCa (Xia et al., 2022) is projected to grow over the next 15 years (Culp et al., 2020), with significant regional variations influenced by differences in clinical practices, healthcare resources, and health-seeking behaviours. A key contributor to these disparities was the widespread introduction of the prostate-specific antigen (PSA) test in the 1990s (Catalona, 2014). This non-invasive diagnostic tool transformed early detection efforts but sparked debates about its efficacy and the potential negative impact on patients' quality of life (Kim & Andriole, 2015).

Masculine ideologies (Connell, 1995; Connell & Messerschmidt, 2005) further complicate the PCa burden, as societal expectations around masculinity often discourage men from seeking timely diagnosis and treatment. Feelings of embarrassment (Fish et al., 2015), the desire for self-reliance or emotional control (Burns & Mahalik, 2007), and concerns about treatment-related changes to their bodies (King-Okoye et al., 2019), perceptions about how lifestyle modifications impact PCa (Yannitsos et al., 2020), and concerns about sexual performance (Seidler et al., 2016) are among the barriers that influence men's health behaviours. These cultural and psychological factors underscore the importance of understanding the lived experiences of men with PCa to develop tailored interventions.

Although qualitative research has explored various aspects of PCa, previous studies often lacked focus, using mixed-gender or mixed-diagnosis samples, which dilute insights into the unique perspectives of men. Two studies that interviewed approximately 20 patients with various cancers included only one PCa patient (Guo et al., 2021; Mackenzie et al., 2016). In other studies, researchers labelled participants as "informants" (Godskesen et al., 2013) or numbers (e.g., #4; #7) (Mazzoni et al., 2019; Walshe et al., 2017). Some studies provided quotes without indicating who said what (Juul Søndergaard et al., 2021; Morris et al., 2012; Van Gurp et al., 2020).

Although meta-synthesis reviews of qualitative studies on PCa patients have scoped and summarized various topics, including the relationship between PCa and body image, masculinity, and self-esteem (Bowie

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et al., 2020), screening, diagnosis, post-treatment support and survivorship in Black and African-American men (Bamidele et al., 2022; Bergner et al., 2018; Okoro et al., 2021), post-treatment and masculinity in gay and bisexual men (Alexis & Worsley, 2018), the impact of radical prostatectomy (RP) on quality of life (Carrier et al., 2018), self-initiated coping strategies (Spendelow et al., 2018), and treatment decision-making (Kandasamy et al., 2017), among others (Araújo & Zago, 2019; Ihrig et al., 2020; James et al., 2017; King et al., 2015; Kong et al., 2017; Langelier et al., 2022; Matheson et al., 2017; Rivas et al., 2016; Saab et al., 2018), they included qualitative studies that used mixed group samples. Additionally, the heterogeneity in study populations and methodologies has made it difficult to identify overarching themes or draw meaningful conclusions about men's experiences.

Researchers must examine and understand the details of PCa patients' perspectives on their unique experiences to achieve specific health solutions and better patient outcomes. To address these gaps, this review employs a systematic meta-synthesis of qualitative studies that explored the lived experiences of men with PCa. By synthesizing data, this review aims to identify and synthesize congruent and convergent themes regarding their experiences.

Methods

This systematic meta-synthesis aimed to review all qualitative studies on men with PCa using the following methodology adapted from Gewurtz (Gewurtz et al., 2008): (1) identify relevant research questions, (2) set inclusion and exclusion criteria, (3) identify and retrieve studies, (4) assess the quality of the studies, and (5) synthesize findings from across the studies.

Study selection

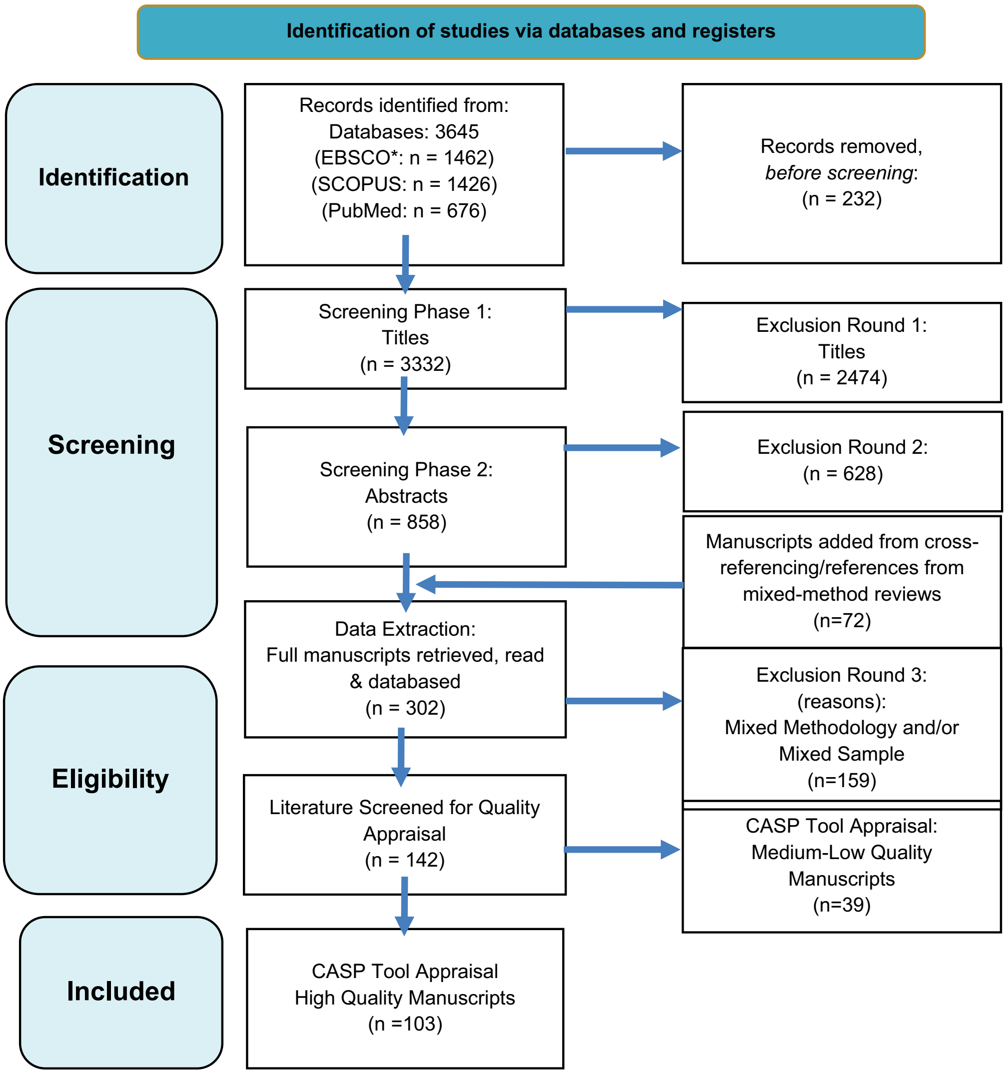
The search targeted original, peer-reviewed qualitative studies published before 2024 using databases such as the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline.com, EBSCO's Academic Search Ultimate and Psychology and Behavioral Sciences Collection, Scopus, PsychInfo, PSICODOC, and PubMed. Boolean search terms —"prostate cancer"; "men"; and "qualitative"-yielded 3,564 articles. Following the Preferred Reporting Items for Systemic Reviews and Meta-Analyses (PRISMA) (Page et al., 2021) guidelines (Figure 1. Literature Search Flowchart) 302 manuscripts, based on their titles and abstracts, were retrieved, read and catalogued using Microsoft Excel (2021) (Table 1. Literature Characteristics Matrix). Manuscript characteristics included authors' names, title, journal, publication date, aim, research question, sample (men; mixed groups- partners, caretakers, HCPs, other cancer groups), sample size, age group, cancer treatment method, recruitment site and strategy, study site, design, analysis, what was measured, and the results. Manuscripts were filtered to find studies that adhered to the inclusion criteria: studies that focused exclusively on men with PCa. That produced 142 qualitative studies.

Quality assessment

The Critical Appraisal Skills Programme (CASP) tool was used to assess methodological rigour, ethical considerations, and reflexivity across studies using a ten-question checklist. The tool notes if studies meet each criterion using 1 for "yes" and 0 for "no". Following Alexis & Worsley's (2018) as guidance, the quality of each manuscript was determine by its final score: poor (1–5 points), medium (6–7 points), or high (8–10 points). One hundred and three manuscripts were valued as high quality (Table 2. CASP Tool Assessment).

Thematic synthesis

An inductive thematic analysis (Braun & Clarke, 2006; J. Thomas & Harden, 2008) was conducted in three phases: (1) extracting text from each manuscript's results and findings section, (2) coding and developing descriptive themes, (3) generating analytical themes using grounded theory methodology (Charmaz, 2014). DB ensured the papers were relevant using an iterative screening and analysis process that involved breaking down the initial search results into groups of 50 manuscripts. To minimize selection bias, an interactive "stop-start" process was employed, allowing for comprehensive analysis in manageable segments. DB reviewed and synthesized blocks of 10 to 15 manuscripts. The start involved reading the entire manuscript without much analytical commentary. Then, DB read each manuscript and catalogued its characteristics in the Excel database. Afterwards, DB coded the "results" or "findings" sections. The "stop" occurred when DB finished each manuscript block before starting a new one. Review and synthetization of the extant literature occurred between July 2019 and January 2024. DB has more than ten years of experience conducting literature reviews and analysing and reporting qualitative research. One such review informed a checklist published in 2023 (Martinez-Hernaez, 2021). DB and AMH discussed the strategies and results from the review and synthesis to ensure the quality of the approach and appraisal. All the manuscripts are in the public domain. Therefore, it was unnecessary to receive ethical approval for this review.



* CINHAL, MEDLINE, Academic Search Ultimate, Psychology and Behavioral Sciences Collection, PsychInfo, PSICODOC

Figure 1. Literature search flowchart.
*CINHAL, MEDLINE, Academic Search Ultimate, Psychology and Behavioral Sciences Collection, PsychInfo, PSICODOC

Findings

Thematic summary

The thematic analytical process produced twenty-five descriptive themes (Table 3. Themes & Descriptions), which the authors synthesized into six overarching themes: *Diagnosis and Treatment, Care, Support, Information, Masculinity, and Lived Experience*

Diagnosis & treatment

Participants described their experiences with PCa diagnosis and treatment decision-making as fraught with uncertainty and emotional burden. While some received their PCa diagnosis through a routine check-up with their physicians, others decided to consult a physician because of the discomfort of symptoms (erectile dysfunction, dysuria, haematuria):

> … I gotta go to the bathroom so much now at night. I go to the bathroom four, five, six times. And something's wrong. So I should get my prostate checked (Ferrante et al., 2011).

After diagnosis, many men faced the burden of choosing the best treatment option:

> My only regret was that I didn't get enough information at the beginning, or, hey, maybe I did, but I was never comfortable with the fact that I had really learnt everything that there was to learn about it because I actually made decisions, and I may or may not have made the wrong one (Chambers et al., 2018).

Table 1. Literature characteristics matrix.

Author/s	Title	Journal	Public. Date	Aim	Sample size	Age group	Cancer Treatment Method	Study site/ Country	Design	Analysis
Aggarwal et al	Hospital Choice in Cancer Care: A Qualitative Study	Clinical Oncology	2018	To evaluate hospital choice policies from the perspective of men who received treatment for prostate cancer in the English National Health Service	n = 25	50–75yo	Radical treatment for non-metastatic prostate cancer	England, UK	semi-structured interviews	thematic content analysis
Anderson et al	African and Afro-Caribbean men's experiences of prostate cancer	British Journal of Nursing	2013	● Explore African and Afro-Caribbean men's experiences of prostate cancer and their understanding of its associated risks. ● Gain an insight from these men's perspectives and ascertain whether a more focused health promotion strategy, and specific UK-based research, was needed in this area.	n = 3AA; 4=AC	60-76yo	AS, radical robotic prostatectomy; HRT, HT	Southern England	in-depth, open-ended face-to-face interviews	thematic conceptual analysis framework
Arrington, MI	"I Don't Want To Be An Artificial Man": Narrative Reconstruction Of Sexuality Among Prostate Cancer Survivors	Sexuality and Culture	2003	Explores the ways in which prostate cancer survivors constructed stories of their illness experiences and the consequences for their sexual identifies.	n = 16	N/A	N/A	Florida?	semi-structured interviews	narrative analysis
Arrington, MI	Prostate Cancer and the Social Construction of Masculine Sexual Identity	International Journal of Men's Health	2008	Inquires not only into dominant constructions of sexuality but also into possibilities of redefining sexuality and masculinity among prostate cancer survivors	N/A	N/A	N/A	Florida, US	mixed (collection of studies—PO, focus group,)	narrative paradigm, grounded theory
Arrington, MI	Uncertainty and Stigma in the Experiences of Prostate Cancer Survivors: A Thematic Analysis of Narrative Elements	Illness, Crisis & Loss	2015	Examines stigma and identity changes in prostate cancer survivors' illness accounts (within 5 years of diagnosis)	n = 16	66-81yo	radiation treatment; radical proctectomy; orchiectomy, watchful waiting	Southeastern US	semi-structured interviews	Thematic analysis, narrative analysis
Bamidele O.O, McCaughan E.	A constructivist grounded theory study on decision-making for treatment choice among Black African and Black Caribbean prostate cancer survivors	European Journal of Cancer Care	2022	Explores treatment decision-making among BA and BC men as influenced by a CaP illness diagnosis and a unique socio-cultural context.	n = 25 (8=BA; 17=BC)	50-88yo	surgery, RT, BT, Chemo, cyber knife, cryotherapy	England	semi-structured interviews	constructivist grounded theory
Bell K., Kazanjian A.	PSA testing: Molecular technologies and men's experience of prostate cancer survivorship	Health, Risk & Society	2011	Drawing on ethnographic fieldwork in PCSG in Western Canada, seek to delineate the meanings the PSA test holds for prostate cancer survivors.	n = 8	N/A	All stages of treatment	Canada	ethnography (p-o)	N/A
Bourke et al	A qualitative study evaluating experiences of a lifestyle intervention in men with prostate cancer undergoing androgen suppression therapy	Trials	2012	Conduct a qualitative evaluation of a pragmatic supervised exercise program in combination with dietary advice in men with advanced prostate cancer on AST.	n = 12	published in another paper	AST (androgen suppression therapy)	South Sheffield, UK	focus group from an RC Intervention study	thematic framework analysis

(*Continued*)

Table 1. (Continued).

Author/s	Title	Journal	Public. Date	Aim	Sample size	Age group	Cancer Treatment Method	Study site/ Country	Design	Analysis
Broom, A.	Virtually healthy: The impact of internet use on disease experience and the doctor-patient relationship	Qualitative Health Research	2005	Drawing on a study of the Internet usage of Australian men with prostate cancer, the author investigates how access to information and online support affects men’s experiences of disease and, in particular, the possible implications of Internet-informed patients for the doctor-patient relationship.	n = 33	N/A	N/A	Australia	unstructured, in-depth interviews	in-depth, exploratory, narrative analysis
Brown D, Oetzel J	Men’s use of networks to manage communication tensions related to a potential diagnosis of prostate cancer	European Journal of Oncology Nursing	2015	Used relational dialectics theory to explore the communication tensions experienced by men who were on a prostate biopsy waiting list and how they managed these tensions using their communication networks	n = 36	54-81yo		New Zealand	in-depth, exploratory	content analysis; thematic analysis
Buote et al	Understanding Men’s Experiences With Prostate Cancer Stigma: A Qualitative Study	Oncology Nursing Forum	2020	Explore the experiences and perspectives of men who have had prostate cancer to better understand the effect of prostate cancer and associated stigmas on men in the Canadian province Newfoundland and Labrador (NL)	n = 11	N/A	post-treatment (surgery, RT, chemo)	Newfoundland and Labrador (NL), Canada	semi-structured interviews	socio-ecological framework
Burt et al	Radical prostatectomy: men’s experiences and postoperative needs	Journal of Clinical Nursing	2005	Explore men’s experiences after radical prostatectomy and whether they perceived their preoperative teaching adequately prepared them for postoperative recovery	n = 17	55-70yo	radical proctectomy	Alberta, Canada	semi-structured personal communication on days 2, 7, 21 and 120 post discharge; face-to-face interview with subset of five men	Descriptive; narrative analysis
Capistrant et al	Caregiving and social support for gay and bisexual men with prostate cancer	Psycho-Oncology	2016	Investigated the availability and provision of social support for gay and bisexual men with prostate cancer (GBMPCa).	n = 30	59-75yo	RP, Radiation, Other	Minnesota, US	personal communication	Thematic analysis
Carter et al	The supportive care needs of men with advanced prostate cancer	Oncology Nursing Forum	2011	Further understand the unmet healthcare needs of men with advanced prostate cancer, how these unmet needs affect their daily lives, and how the delivery of supportive care services could be improved to meet their needs.	n = 29	59-88yo	N/A	Central-Western Ontario	focus groups + interviews	thematic analysis?
Chambers et al	Experiences of Australian men diagnosed with advanced prostate cancer: A qualitative study	BMJ Open	2018	Explore men’s lived experience of advanced prostate cancer (PCa) and preferences for support	n = 28	58-95yoi	ADT, RT, Prostatectomy	Australia	personal communication	Thematic analysis

(*Continued*)

Table 1. (Continued).

Author/s	Title	Journal	Public. Date	Aim	Sample size	Age group	Cancer Treatment Method	Study site/ Country	Design	Analysis
Chapple et al	Is "watching waiting" a real choice for men with prostate cancer? A qualitative study	BJU International	2002	Understand what leads men to choose "watchful waiting" rather than active treatment for cancer of the prostate.	n = 47	50-85yo	watchful waiting (AS)	England	in-depth interview	thematic analysis
Cinà I.V, Di Sebastiano K.M, Faulkner, G.E	"One stroke, with twenty-two people": exploring prostate cancer survivors' participation in dragon boating	Journal of Psychosocial Oncology	2020	Explores prostate cancer survivors' experience in joining a dragon boating team and its possible impact on their wellbeing.	n = 11	56-73yo	varied	Vancouver, British Columbia, Canada	semi-structured interviews	thematic analysis
Cockle-Hearne, J. Cooke, D. Faithfull, S.	Developing peer support in film for cancer self-management: what do men want other men to know?	Supportive Care in Cancer	2016	Considers how to authentically communicate peer empathy in a one-way film narrative	n = 7	50-71yo	RP, EBRT, ADT	UK?	in-depth, semi-structured interview	thematic analysis
Cormie et al	A qualitative exploration of the experience of men with prostate cancer involved in supervised experience programs	Oncology Nursing Forum	2015	Provide an in-depth description of the experience of supervised exercise programs among men with prostate cancer and to identify elements critical to optimizing engagement and ongoing exercise participation.	n = 12	71-79yo	"mainstay therapies"	Perth, Australia	semi-structured interviews	interpretative phenomenological framework
Craike M.J, Livingston P.M, Botti M.	An exploratory study of the factors that influence physical activity for prostate cancer survivors	Supportive Care in Cancer	2011	Understand factors that influence participation in physical activity for survivors of prostate cancer and to examine changes in participation in physical activity pre- and post-diagnosis.	n = 18	53-79yo	Completed treatment (hormone therapy excluded)	Melbourne, Australia	qualitative (and two short questions)	thematic analysis
Culos-Reed et al	Qualitative Evaluation of a Community-Based Physical Activity and Yoga Program for Men Living With Prostate Cancer: Survivor Perspectives	Global Advances in Health and Medicine	2019	Examine patient perspectives on a community-based PC PA program, TrueNTH Lifestyle Management (TrueNTH LM); examining participants' experiences with motivation, social interactions, exercise benefits, barriers, and preferences as well as perspectives on program improvement and sustainability	men	n = 11	60-79yo	RP, chemo, radiation, ADT	Calgary, Canada	focus groups
Davison et al	Factors influencing men undertaking active surveillance for the management of low-risk prostate cancer	Oncology Nursing Forum	2009	Identify and describe how men arrived at their decision to go on active surveillance as a preliminary step to identifying what types of resources and supports might be of future benefit to them.	men	n = 25	50-80yo	AS	BC & Van, Canada	open-ended

(*Continued*)

Table 1. (Continued).

Author/s	Title	Journal	Public. Date	Aim	Sample size	Age group	Cancer Treatment Method	Study site/ Country	Design	Analysis
Dieperink et al	Embracing life after prostate cancer. A male perspective on treatment and rehabilitation	European Journal of Cancer Care	2013	● Explore the participants' experiences of treatment with radiotherapy and ADT, and the participating in a rehabilitation programme. ● Explore the participants' thoughts and approach to spousal involvement in the rehabilitation process	n = 13	66-77yo	ADT	Denmark	focus group	Meaning condensation (Giori's phenomenological approach)
Ervik, B. Nordoy, T. Asplund, K.	Hit by Waves-Living With Local Advanced or Localized Prostate Cancer Treated With Endocrine Therapy or Under Active Surveillance	Cancer Nursing	2010	Illuminate men's experiences in being diagnosed with prostate cancer and also their experiences of living with localized or local advanced prostate cancer treated with endocrine therapies or under active surveillance.	n = 19	59-83yo	Endocrine therapy; AS	Norway	interviews	Phenomenal. hermeneutic approach
Ettridge et al	"Prostate cancer is far more hidden…": Perceptions of stigma, social isolation and help-seeking among men with prostate cancer	European Journal of Cancer Care	2017	Provide in- depth insight into men's experiences of prostate cancer, specifically: perceived stigma and self- blame, social isolation, unmet need, and help- seeking.	n = 20	28-80yo	varied	Australia	personal communication	thematic analysis
Eymech et al	An exploration of wellbeing in men diagnosed with prostate cancer undergoing active surveillance: a qualitative study	Support Care in Cancer	2022	Explore their lived experiences of active surveillance post diagnosis and its effect on their mental, social, and physical wellbeing	n = 13	57-74yo	active surveillance	London, UK	video-based online interviews (due to COVID-19 restrictions)	inductive thematic analysis through lens of bio-psycho-social model
Ezenwankwo et al	Factors Influencing Help-Seeking Behavior in Men with Symptoms of Prostate Cancer: A Qualitative Study Using an Ecological Perspective	Cancer Investigation	2021	Explore factors that could potentially influence help-seeking behaviour among men with symptoms of PCa in Nigeria using a qualitative approach	n = 27	54-84yo	N/A	3 geo-political zones, Nigeria	semi-structured interviews	thematic framework socio-ecological framework,
Farrington et al	The lived experience of adjustment to prostate cancer.	Psychology of Men & Masculinities	2020	Explore the lived experience of adjustment to prostate cancer following diagnosis.	n = 8	59-80yo	varied	NE England	semi-structured interviews	IPA
Fergus, K.D Gray, R.E Fitch, M.I	Sexual Dysfunction and Preservation of Manhood: Experiences of Men with Prostate Cancer	Journal of Health Psychology	2002	Explored the experiences of men living with sexual dysfunction as a consequence of having been treated for prostate cancer.	n = 18	65yo	RP, radiation therapy, and hormone therapy	Toronto, Canada	semi-structured	grounded theory
Fernández-Sola et al	Social Support in Patients With Sexual Dysfunction After Non-Nerve-Sparing Radical Prostatectomy: A Qualitative Study	American Journal of Men's Health	2020	Explore men's experiences of social support after non-nerve-sparing radical prostatectomy.	n = 16	59-74yo	non-nerve-sparing proctectomy	Spain	in-depth interview	thematic analysis; conceptual map

(*Continued*)

Table 1. (Continued).

Author/s	Title	Journal	Public. Date	Aim	Sample size	Age group	Cancer Treatment Method	Study site/ Country	Design	Analysis
Ferrante, J.M Shaw, E.K Scott, J.G	Factors Influencing Men's Decisions Regarding Prostate Cancer Screening: A Qualitative Study	Journal of Community Health	2011	● Explore factors associated with men's decisions regarding prostate cancer screening, particularly in unscreened White and Hispanic men. ● Understand whether men are making conscious decisions whether or not to get PSA testing based on scientific evidence.	n = 64	50-69yo	never been screened/had abnormal screening	NJ, US	in-depth interviews	grounded theory
Forslund et al	Experiences of a nutrition intervention—A qualitative study within a randomized controlled trial in men undergoing radiotherapy for prostate cancer	Nutrition & Dietetics	2019	Explore patient experience of participating in a nutrition intervention in a randomized controlled trial, with a focus on facilitators and barriers to adherence.	n = 15	62-78yo	Radiotherapy	Sweden	semi-structured, face-to-face interviews	content analysis
Fry, S.L Hopkinson, J. Kelly, D.	"We're talking about black men here, there's a difference"; cultural differences in socialized knowledge of prostate cancer risk: A qualitative research study	European Journal of Cancer Care	2022	Explore differences in the social construction of prostate cancer knowledge between Somali, African Caribbean and white men living in areas of deprivation, which could provide insights into factors that may contribute to the lower diagnosis rates of prostate cancer amongst black men in the United Kingdom	n = 35	older than 40yo	N/A	Cardiff, UK	focus groups + interviews	constructivist grounded theory
García-Rodales et al	Quality of life in elderly men after a radical prostatectomy. A qualitative study	Journal of Men's Health	2022	Explore the experiences and perceptions of older adults regarding their quality of life after a radical prostatectomy	n = 19	66–83	RP	Almeria, Spain	individual interviews + focus group	thematic analysis
Gentili et al	Body image issues and attitudes towards exercise amongst men undergoing androgen deprivation therapy (ADT) following diagnosis of prostate cancer	Psycho-Oncology	2019	Explored the impact of ADT side-effects on PCa patients' body image and sense of masculinity	n = 20	43-85yo	ADT	UK	in-depth interview	thematic analysis
Gray et al	Interviews With Men With Prostate Cancer About Their Self-Help Group Experience	Journal of Palliative Care	1997	Illuminating the nature and benefits of self-help activity, as well as the broader experience of living with prostate cancer	n = 12	45-80yo	N/A	Canada	open-ended interview	thematic analysis
Gray et al	Hegemonic Masculinity and the Experience of Prostate Cancer: A Narrative Approach	Journal of Aging and Identity	2002	Shed light on contemporary forms of hegemonic masculinity	n = 18	50-60yo	RP	Canada	four interviews	narrative analysis
Gray et al	Perspectives of prostate cancer support group members on men's health issues and masculinity.	International Journal of Self Help & Self Care	2005	Explore conceptions about notions masculinity during a major health crisis, in "veteran" prostate cancer patients	n = 26	53-82yo	surgery; external beam radiation; hormone therapy; other	Ontario, Canada	semi-structured interviews	coding schema/ emerging themes

(*Continued*)

Table 1. (Continued).

Author/s	Title	Journal	Public. Date	Aim	Sample size	Age group	Cancer Treatment Method	Study site/ Country	Design	Analysis
Gray, R.E Fergus, K.D Fitch, M.I	Two Black men with prostate cancer: A narrative approach	British Journal of Health Psychology	2005	Reveal how prostate cancer affects the lives of individual Black men; show how a narrative approach can contribute to health psychology	n = 2	62yo & mid-70s	RT/RP	Canada	four, in-depth interviews	narrative analysis
Green, R	Maintaining masculinity: moral positioning when accounting for prostate cancer illness	Health	2019/ 2021	Explores men's experiences following treatment for prostate cancer through the lens of chronic illness. Recent	n = 29	53-82yo	Radical Proctectomy, RT	South-East England	PO, open-ended interviews	thematic saturation
Green, R	The Forms and Uses of Acquired Prostate Cancer Expertise Among Prostate Cancer Survivors	Sociological Research Online	2020	Examines men's prostate cancer experiences through the lens of patient expertise	n = 29	53-83yo	Radical Proctectomy, RT	South-East England	PO, open-ended interviews	thematic saturation
Green R	Experiences and management of urinary incontinence following treatment for prostate cancer: Disrupted embodied practices and adapting to maintain masculinity	Health	2023	Explore how men experience and manage their UI as an iatrogenic side effect of prostate cancer treatment.	n = 29	53-83yo	RP, radiotherapy	South-East England	open-ended questions	thematc analysis
Grunfeld et al	"The Only Way I Know How to Live Is to Work": A Qualitative Study of Work Following Treatment for Prostate Cancer	Health Psychology	2013	Explore the meaning of work among prostate cancer survivors and to describe the linkages between masculinity and work following prostate cancer treatment	n = 91	54-65yo	Surgery, Radiotherapy, Brachytherapy, Chemotherapy	UK	interview schedules	framework analysis
Hagen, B. Grant-Kalischuk, R. Sanders, J.	Disappearing floors and second chances: men's journeys of prostate cancer.	International Journal of Men's Health	2007	Explore new or collateral masculinities and ways of being, not only men but potentially transformed human beings.	n = 15	49-80yo	Radiation, Surgery, Cryosurgery, RP, Hormone, and/or combination of treatments	Western Canada	narrative method- encourage to tell stories, starting from dx leading up to time of interview	Phenomenolog. analysis
Hale, S. Grogan, S. Willott, S.	Patterns of self-referral in men with symptoms of prostate disease	British Journal of Health Psychology	2007	Explore the way men make the decision to seek medical help by examining the experiences of men who have recently sought medical help for symptoms of prostate disease; provide an understanding of how they perceived and evaluated their symptoms and how this influenced their contact with health care services.	n = 21	51-75yo	waiting for treatment	UK	interview	Interpretative phenomenological analysis (IPA)
Hamilton et al	Sexuality and exercise in men undergoing androgen deprivation therapy for prostate cancer	Support Care in Cancer	2014	Understand how ADT affects men's sexuality, how men cope with sexual concerns and how exercise may reduce or ameliorate these concerns.	n = 11 exercise groups; *n* = 7 usual care group	53-70yo	ADT	Western Australia	semi-structured interviews	thematic analysis

(*Continued*)

Table 1. (Continued).

Author/s	Title	Journal	Public. Date	Aim	Sample size	Age group	Cancer Treatment Method	Study site/ Country	Design	Analysis
Han et al	The value of personalized risk information: A qualitative study of the perceptions of patients with prostate cancer	BMJ Open	2013	Focus on personalized risk information in the treatment of prostate cancer; generate insight that informs effort to use CPMs to promote personalized, informed decision-making in treatment of Prostate Cancer	n = 27 (7 focus groups with 3–6 patients/ group)	50- +80yo	not reported	US	focus groups	thematic analysis? (doesn't clearly state which analytical approach they used; mention using "grounded theory" approach)
Hedestig et al	Living After External Beam Radiotherapy of Localized Prostate Cancer: A Qualitative Analysis of Patient Narratives	Cancer Nursing	2005	Improve our knowledge of the meaning of being a male patient living with untreated LPC (uLPC).	n = 10	60-70yo	EBRT	Sweden	individual interviews	content analysis
Hoyt et al	Gay men's experiences with prostate cancer: Implications for future research	Journal of Health Psychology	2020	Explored gay men's experience with prostate cancer with a focus on the emotional, physical, and sexual impact of cancer; support needs; and healthcare interactions.	n = 11	43-84yo	surgery; radiation; hormone therapy; AS	NE US	focus group	content analysis
Imm et al	African American prostate cancer survivorship: Exploring the role of social support in quality of life after radical prostatectomy	Journal of Psychosocial Oncology	2017	The aim of this study was to explore the African American prostate cancer survivorship experience following radical prostatectomy and factors contributing to quality of life during survival. Design:	n = 12	49-79yo	RP	St. Louis, MI US	focus group	thematic analysis
Jones et al	Exploring cancer support needs for older African-American men with prostate cancer	Support Cancer Care	2011	Explore cancer support and financial issues related to cancer care experienced by African-American men with prostate cancer and to understand whom they relied on for resource issues during diagnosis and treatment.	n = 23 (rural= 11; urban= 12)	66-80yo	varied	VA, MD US	focus groups	thematic analysis
Jones M., Pietila I.	Expertise, advocacy, and activism: A qualitative study on the activities of prostate cancer peer support workers	Health (UK)	2020	Focus on ways in which PC peers support workers describe/define their work as support workers	n = 11	52-89yo	N/A	Finland	semi-structured interviews	Membership Categorization Analysis (MCA).
Kassianos et al	Perceived influences on post-diagnostic dietary change among a group of men with prostate cancer	European Journal of Cancer Care	2015	How a group of men diagnosed with prostate cancer accounted for any changes they made to their diet following diagnosis. More specifically, the aim was to identify factors that they believed were associated with these changes	n = 8	55-76yo	surgery, RT	UK	semi-structured interviews	thematic analysis
Krumwiede, K.A Krumwiede, N.	The Lived Experience of Men Diagnosed with Prostate Cancer	Oncology Nursing Forum	2012	To investigate the lived experience of prostate cancer from a patient perspective.	n = 10	62-70yo	RP (some robotic); 1 with hormone therapy, followed by radiation	MN, US	semi-structured interviews	thematic analysis

(*Continued*)

Table 1. (Continued).

Author/s	Title	Journal	Public. Date	Aim	Sample size	Age group	Cancer Treatment Method	Study site/ Country	Design	Analysis
Lee et al	Impact of Prostate Cancer Treatment on the Sexual Quality of Life for Men-Who-Have-Sex-with-Men	Journal of Sexual Medicine	2015	Explore post-PCa treatment sexual concerns for a sample of MSM, as the first part of this multi-phase project.	n = 16	55-67yo	RP, EBRT, Brachytherapy, ADT (or no)	British Columbia, Canada	Face-to-face interview (14), personal communication (2)	thematic analysis
Letts, C. Tamlyn, K. Byers, E.S	Exploring the Impact of Prostate Cancer on Men's Sexual Well-Being	Journal of Psychosocial Oncology	2010	The goal of this research was to better understand the impact of prostate cancer and its treatment on a broad range of aspects of men's sexual well-being	n = 19	54-79yo	EBRT, RP	Canada	semi-structured interviews	framework analysis
Levy A., Cartwright T.	Men's strategies for preserving emotional well-being in advanced prostate cancer: an interpretative phenomenological analysis	Psychology & Health	2015	explore men with advanced prostate cancer's own practices for promoting and maintaining emotional well-being.	men	n = 56	50-72yo	RT, ADT, steroids/ palliative treatment, chemo	UK	semi-structured interviews
Mader et al	Qualitative insights into how men with low-risk prostate cancer choosing active surveillance negotiate stress and uncertainty	BMC Urology	2017	Investigated the primary coping mechanisms for men following the active surveillance treatment plan, with a specific focus on how these men interact with their social network as they negotiate the stress and uncertainty of their diagnosis and treatment approach	n = 15	59-71yo	Active surveillance	Northeast US	semi-structured interviews	Thematic analysis
Maliski et al	Renegotiating Masculine Identity After Prostate Cancer Treatment	Qualitative Health Research	2008	Develop a descriptive model of processes used by low-income African American/Black and Latino men to maintain masculine identity with prostate cancer treatment—related symptoms. Reported	n = 35	50–70+yo	Radiation therapy, surgery, hormone therapy	LA, US	semi-structured interview	grounded theory
Maliski et al	Faith Among Low-Income, African American/Black Men Treated for Prostate Cancer	Cancer Nursing	2010	Explore the meaning of prostate cancer treatment-related symptoms among African American/black men focusing on faith in coping with PCa diagnosis, treatment, and adverse effects	n = 18	53-81yo	did not collect data on the effects of primary treatment (for some treatment information see section data collection, pg. 4)	LA, US	personal communication	grounded theory
Martínez-Bordajandi et al	Sexual experiences after non-nerve sparing radical prostatectomy	Acta Paulista de Enfermegan	2020	Analyze the experiences and expectations of patients who underwent Non-Nerve Sparing Radical Prostatectomy	n = 16	59-74yo	non-nerve-sparing proctectomy	Spain	in-depth interview	thematic analysis; conceptual map
Mathers, S.A McKenzie G.A Robertson, E.M	A necessary evil: The experiences of men with prostate cancer undergoing imaging procedures	Radiography	2011	Explore the experience of people with a diagnosis of cancer while attending for imaging procedures. The	n = 7	61-83yo	not clear	South-east of Scotland	semi-structured interview schedule	framework analysis

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Table 1. (Continued).

Author/s	Title	Journal	Public. Date	Aim	Sample size	Age group	Cancer Treatment Method	Study site/ Country	Design	Analysis
Matheson et al	Strategies for living well with hormone-responsive advanced prostate cancer—a qualitative exploration	Supportive Care in Cancer	2020	Understand men's experiences of living with and adjusting to advanced hormone-responsive PCa and how this influenced their quality of life (QoL), in order to highlight how support could be optimized.	n = 24	46-77yo	EBRT + hT; HT +chemo; HT only; EBRT + hT + chemo	England, Wales, Scotland, N. Ireland	in-depth personal communication	thematic analysis (7 stages of framework approach)
Matsunaga DS, Gotay CC	Characteristics Contributing to an Enduring Prostate Cancer Support Group in an Asian and Pacific Islander Community	Journal of Psychosocial Oncology	2005	Focuses on the perspectives of participants in a peer support group for survivors of prostate cancer from a multiethnic community composed primarily of Asians and Pacific Islanders	n = 24	55-85yo	N/A	Hawaii, US	semi-structured interview	content analysis
McConkey R.W, Holbron C.	Exploring the lived experience of gay men with prostate cancer: A phenomenological study	European Journal of Oncology Nursing	2018	Describe the lived experience of gay men with prostate cancer in Ireland	n = 8	49-66yo	Proctectomy, radiotherapy, brachytherapy, hormone treatment, chemotherapy	Ireland, UK	semi-structured interview	Giorgi's phenomenological method
Milne, J.L Spiers, J.A Moore, K.N	Men's experiences following laparoscopic radical prostatectomy: A qualitative descriptive study	International Journal of Nursing Studies	2008	Learn about the pre-and post-laparoscopic experience	n = 19 (5 individual interviews; 3 focus groups)	48-76yo	laparoscopic RP	Alberta, Canada	interviews + focus groups	thematic analysis
Moore K.N, Estey A.	The early post-operative concerns of men after radical prostatectomy	Journal of Advanced Nursing	1999	Explore the feelings of men who, after radical prostatectomy, experienced complications such as urinary incontinence and erectile dysfunction;	n = 63	mean 67yo	RP	Edmonton, Canada	semi-structured interviews	thematic analysis
Nabhani et al	The experience of low-income men with prostate cancer transitioning from disease-specific coverage to comprehensive insurance under the affordable care act	Journal of Cancer Policy	2018	● Describe the insurance enrolment and early insurance experience for these men. ● Draw policy recommendations that might improve coverage transitions and insurance benefits for cancer survivors	n = 27	55-62yo	RP, radiation, hormone therapy, WW, unknown	California, US	semi-structured, personal communication	thematic analysis
Nanton et al	Finding a pathway: Information and uncertainty along the prostate cancer patient journey	British Journal of Health Psychology	2009	Elucidate from the perspective of men living with prostate cancer, the experience of uncertainty at different stages of the disease trajectory and to investigate the interrelationship of information, problem solving, and cognitive reframing in mediating its effects in relation to the personal patient journey	n = 36	55-84yo	HT, surgery, RT, AS	UK	focus groups + individual interviews	thematic analysis

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Table 1. (Continued).

Author/s	Title	Journal	Public. Date	Aim	Sample size	Age group	Cancer Treatment Method	Study site/ Country	Design	Analysis
Nanton V., Dale J.	"It don't make sense to worry too much": the experience of prostate cancer in African-Caribbean men in the UK	European Journal of Cancer Care	2011	Identify whether and in what way ethnicity played a distinctive role in determining this experience.	n = 16	50-83yo	WW; P, RTH, RP	UK	semi-structured interview	thematic analysis
Navon L., Morag A.	Advanced Prostate Cancer Patients' Ways of Coping With the Hormonal Therapy's Effect on Body, Sexuality, and Spousal Ties	Qualitative Health Research	2003	Contribute towards matching such recommendations to their daily needs.	n = 15	57-85yo	RP, radiotherapy	Israel	in-depth interviews, 2 sessions	thematic analysis
Nelson et al	Men's experience with penile rehabilitation following radical prostatectomy: A qualitative study with the goal of informing a therapeutic intervention	Psycho-Oncology	2015	Explored men's experience with ER, erectile dysfunction (ED), and ED treatments to inform a psychological intervention designed to help men adhere to ER post-RP	n = 30	41-72yo	RP	New York, US	focus group (4)	thematic analysis
Odedina et al	A Focus Group Study of Factors Influencing African-American Men's Prostate Cancer Screening Behavior	Journal of National Medical Association	2004	Identify the factors perceived by African-American men as influencing their behaviour relative to prostate cancer screening.	n = 49	40+yo	screening	FL, US	focus groups	"unitization"
Oliffe et al	Connecting humour, health, and masculinities at prostate cancer support groups	Psycho-Oncology	2009	Add to emergent understandings about the role of humour among cancer survivors by describing how humour, health, and masculinities connect at PCSGs.	n = 54	53-87yo	N/A	Canada	semi-structured interviews	thematic analysis
Oliffe et al	Health Promotion and Illness Demotion at Prostate Cancer Support Groups.	Health Promotion Practice	2010	Provide insights to how groups simultaneously facilitate health promotion and illness promotion.	n = 52	53-87yo	N/A	Attendees of Prostate Cancer Support Groups (PCSGs)	BC, Canada	iterative thematic analysis
Oliffe et al	Prostate cancer support groups, health literacy and consumerism: Are community- based volunteers re-defining older men's health?	Health	2011	connections between prostate cancer support groups (PCSGs) and men's health literacy and consumer orientation to health care services; men's experiences of attending group meetings	n = 54	53-87yo	N/A	Canada	individual interviews	thematic analysis
O'Shaughnessy P.K, Laws T.A	Australian men's long-term experiences following prostatectomy: A qualitative descriptive study	Contemporary Nurse	2009	Describe men's long term recovery following prostatectomy for the purpose identifying the effects of unresolved post-surgical morbidity.	n = 11	N/A	RP	Australia	individual interviews + focus groups	content analysis
Öster et al	Sharing experiences in a support group: Men's talk during the radiotherapy period for prostate cancer	Palliative and Supportive Care	2013	Describe the experiences of men living with prostate cancer shared within conversational support groups during a course of radiotherapy	n = 9	N/A	RT	Sweden	focus group	content analysis

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Table 1. (Continued).

Author/s	Title	Journal	Public. Date	Aim	Sample size	Age group	Cancer Treatment Method	Study site/ Country	Design	Analysis
Pan et al	Patient participation in treatment decision-making of prostate cancer: a qualitative study	Supportive Care in Cancer	2022	Explore the decision-making perceptions and experiences of prostate cancer patients in China, using a phenomenology method.	n = 30	60-74yo	RP, ADT, CT, RT, AS	China	interview	phenomenological analysis
Paterson C., Primeau C., Lauder W.	What Are the Experiences of Men Affected by Prostate Cancer Participating in an Ecological Momentary Assessment Study?	Cancer Nursing	2020	Explore the lived experiences of men affected by prostate participating in an EMA study and assess whether their participation in EMA alters their representation of their condition.	n = 12		curative to palliative intent	Scotland, UK	semi-structured interviews	thematic analysis
Pietila las the Guts to Make This Choice?: Ideals of Masculinity in Men's Justifications for Their Treatment Decisions for Localized Prostate Cancer		International Journal of Men's Health	2016	● Exploring men's justifications for their treatment choices for localized prostate cancer.	n = 20	50-76yo	early localized prostate cancer, some with no signs of progression, some AS, some RP	Finland	personal interviews + focus groups (AS/RP)	thematic analysis
Pietila ig certainty through narrative closure: men's stories of prostate cancer treatments in a state of liminality.		Sociology of Health & Illness	2018	● How men with prostate cancer deal with the multiple uncertainties of living with cancer and recovering from it. ● Analyse the narrative practices men use to make sense of and articulate their liminal state after having radical prostate cancer treatments.	n = 22	56-71yo	RP, radiotherapy	Final	interview guide; semi-structured interview	narrative analysis
Renzi et al	A Qualitative Investigation on Patient Empowerment in Prostate Cancer	Frontiers in Psychology	2017	Explore issues related to communication, involvement in the treatment decision-making process, unmet needs, and resources of prostate cancer patients in order to design a cancer platform that may support patient empowerment.	n = 10	65-71yo	RT	Northern Italy	semi-structured interviews	thematic analysis
Schmidt et al	"Kicked out into the real world": prostate cancer patients' experiences with transitioning from hospital-based supervised exercise to unsupervised exercise in the community	Supportive Care in Cancer	2018	Gain insights into experiences of transitioning to unsupervised community-based exercise this study applied an explorative,	n = 29	67-74yo	ADT	Denmark	semi-structured, open-ended interview	
Shen et al	Decision-Making Processes among Prostate Cancer Survivors with Rising PSA Levels: Results from a Qualitative Analysis	Medical Decision Making	2015	Engage patients in a detailed retrospective and comparative examination of the processes involved in making treatment decisions following their initial diagnosis of prostate cancer as well as the recent diagnosis of a rising PSA.	n = 34	62-78yo	Surgery; External beam radiation therapy (EBRT); Brachytherapy; Active surveillance;	NYC, US	interviews	thematic analysis

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Table 1. (Continued).

Author/s	Title	Journal	Public. Date	Aim	Sample size	Age group	Cancer Treatment Method	Study site/ Country	Design	Analysis
Speer et al	The clinical communication and information challenges associated with the psychosexual aspects of prostate cancer treatment	Social Science & Medicine	2017	Address this gap, generating new understandings of the psychosexual information and communication challenges faced by men with PC	n = 21	52-78yo	RP, HT, R	Northwest England.	semi-structured interviews	thematic analysis
Thomas C., Wootten A., Robinson V.	The experiences of gay and bisexual men diagnosed with prostate cancer: results from an online focus group	European Journal of Cancer Care	2013	Identify the experiences, concerns and perceived information needs of gay and bisexual Australian men diagnosed with prostate cancer.	n = 10	47-70yo	RP, RT, AS	Online (Victoria, AUS)	online focus group	thematic analysis
Trinh et al	A Qualitative Study Exploring the Perceptions of Sedentary Behavior in Prostate Cancer Survivors Receiving Androgen-Deprivation Therapy	Oncology Nursing Forum	2015	Describe and understand the perceptions of sedentary behaviour (SED) and the interests and preferences for a SED intervention of men on androgen-deprivation therapy (ADT) within	n = 27	64-81yo	ADT	Toronto, Canada	focus groups	thematic analysis
van Ee et al	This is an older men's world: A qualitative study of men's experiences with prostate cancer	European Journal of Oncology Nursing	2018	Gain more insight into the experiences of men 70 years old or older with prostate cancer and the care received from health-care professionals, family members and other informal carers	n = 22	71-77yo	RP, RT, BT, HRT, Chemo, AS/WW	Netherlands	semi-structured interviews	content analysis + affinity diagramming
Volk et al	"It's Not Like You Just Had a Heart Attack": Decision-Making about Active Surveillance by Men with Localized Prostate Cancer	Psycho-Oncology	2014	Explore patients' conceptualizations of AS and treatment decision making.	n = 30	49-72yo	AS or surgery/ radiation	Texas, US	personal communication	thematic analysis
Wagland et al	Adjustment strategies amongst black African and black Caribbean men following treatment for prostate cancer: Findings from the Life After Prostate Cancer Diagnosis (LAPCD) study	European Journal of Cancer Care	2019	Explore the approaches to adjustment to a PCa diagnosis amongst BA and BC men	n = 24	55-85yo	RP + other, radiotherapy + ADT; ADT only, AS, WW, Chemo +other	UK	semi-structured, personal communication	thematic analysis
Wallace M., Storms S.	The needs of men with prostate cancer: results of a focus group study	Applied Nursing Research	2007	Ascertain the needs of men diagnosed with prostate cancer and their views on how these needs could best be met. The	n = 17	49-81yo	N/A	CT, US	focus groups	grounded theory

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Table 1. (Continued).

Author/s	Title	Journal	Public. Date	Aim	Sample size	Age group	Cancer Treatment Method	Study site/ Country	Design	Analysis
Waller J., Pattison N.	Men's experiences of regaining urinary continence following robotic-assisted laparoscopic prostatectomy (RALP) for localized prostate cancer: a qualitative phenomenological study	Journal of Clinical Nursing	2012	Explore men's contextualized experiences of regaining continence post-RALP.	n = 7	51-80yo	RALP	London, UK	in-depth, individual interviews	framework, hermeneutic phenomenological
Wallington S.F	The Internet as an Emerging Patient Education Tool Among African American Men With Prostate Cancer: An Exploratory Study	American Journal of Men's Health	2008	Explore the perceptions and uses of the Internet as a patient education tool among 39 African American men aged 39 years and older with diverse socioeconomic backgrounds	n = 39	39-73yo	N/A	Washington DC	focus group	thematic analysis
Walsh E., Hegarty J.	Men's experiences of radical prostatectomy as treatment for prostate cancer	European Journal of Oncology Nursing	2010	Provide a retrospective view of men's experiences of the prostate cancer treatment journey from initial diagnosis through to completion of their surgery and beyond.	n = 8	N/A	RP	Ireland, UK	interviews	content analysis
Wennerberg et al	Patient experiences of self-care management after radical prostatectomy	European Journal of Oncology Nursing	2021	The aim of this study was to deepen the understanding about patient experiences of support for managing self-care during the first six months after radical prostatectomy	n = 18	57-77yo	RP	southern Sweden	open-ended questions	content analysis
Wennick et al	Everyday life after a radical prostatectomy—A qualitative study of men under 65 years of age	European Journal of Oncology Nursing	2017	Illuminate how men under 65 years of age experience their everyday life one year or more after a radical prostatectomy for localized prostate cancer, when the remaining side effects are likely to be permanent	n = 19	49-65yo	robotic RP	southern Sweden	semi-structured	thematic content analysis
Williams et al	Physician role in physical activity for African-American males undergoing radical prostatectomy for prostate cancer	Supportive Care in Cancer	2017	Explore African-American prostate cancer survivors' experiences with physical activity prescription from their physicians	n = 12	49-79yo	RP	Missouri, US	focus group	transtheoretical model (TTM)/ phenomenological approach
Yu Ko et al	Penile length shortening after radical prostatectomy: Men's responses	European Journal of Oncology Nursing	2010	Explore patients' perceptions/ responses to PLS after RP	n = 6	58-77yo	RP	Winnipeg, Manitoba Canada	semi-structured interviews	substantive theory/ grounded theory approach

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Table 1. (Continued).

Author/s	Title	Journal	Public. Date	Aim	Sample size	Age group	Cancer Treatment Method	Study site/ Country	Design	Analysis
Yu Ko et al	The Connections Between Work, Prostate Cancer Screening, Diagnosis, and the Decision to Undergo Radical Prostatectomy	American Journal of Mne's Health	2018	Report on an exploration of the connections between work, prostate cancer screening, diagnosis, and the decision to undergo radical prostatectomy as a means to thoughtfully considering what preoperative information and postoperative plans might be usefully made to ease men's inevitable work transitions	n = 24	44-75yo	RP	W. Canadian city	in-depth, semi-structured interview	grounded theory
Yu Ko et al	Reformulating the Worker Identity: Men's Experiences After Radical Prostatectomy	Qualitative Health Research	2020	Explore the processes involved in men's return to work post radical prostatectomy and understand how these events are connected to masculinities.	n = 24	54-65yo	RP	W. Canadian city	in-depth, semi-structured interview	constructivist grounded theory
Xu et al	Men's Perspectives on Selecting Their Prostate Cancer Treatment	Journal of National Medicine Association	2011	Gain an in-depth understanding of men's perspectives on selecting their prostate cancer treatment.	n = 21	48-70yo	Surgery, EBRT, WW, Cryotherapy	Michigan, US	semi-structured	thematic analysis
Zanchetta et al	Prostate Cancer among Canadian Men: A Transcultural Representation	International Journal of Men's Health	2007	Identify the experiences of men with PC from different ethnocultural backgrounds, including their essential thoughts related to learning the medical diagnosis, telling their family about the diagnosis, facing moments of frustration, and reassessing life priorities, Describe major representations of PC as they relate to the aforementioned thoughts. Specify the essential similarities among representations of PC, and (4) to assess the existence of hints of a core transcultural representation of PC	n = 9	64-80yo	N/A	Kingston, Ontario, Canada	open-ended & closed-ended questions:	inductive hypothetic-deductive process

Table 2. CASP tool assessment.

Authors	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?	Total
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	
(Abel, 2002)	Y	Y	Y	N	Y	N	N	Y	Y	Y	7
(Adams & Johnson, 2021)	Y	Y	Y	N	Y	Y	Y	N	N	Y	7
(Aggarwal et al., 2018)	Y	Y	Y	Y	Y	N	Y	N	Y	Y	10
(Anderson et al., 2013)	Y	Y	Y	N	Y	N	Y	Y	Y	Y	8
(Appleton et al., 2015)	Y	Y	Y	N	Y	N	Y	N	Y	N	6
(Arrington, 2003)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Arrington, 2008)	Y	Y	Y	Y	Y	N	N	Y	Y	Y	8
(Arrington, 2015)	Y	Y	Y	Y	Y	N	N	Y	Y	Y	8
(Bamidele & McCaughan, 2022)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Bell & Kazanjian, 2011)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Bourke et al., 2012)	Y	Y	Y	Y	Y	N	Y	N	Y	Y	8
(Broom, 2005)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Brown & Oetzel, 2016)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Bruun et al., 2014)	Y	N	N	Y	Y	N	Y	N	Y	N	5
(Buote et al., 2020)	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	9
(Burt et al., 2005)	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	9
(Capistrant et al., 2016)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Carter et al., 2011)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	10
(Cayless et al., 2010)	Y	Y	N*	Y	N*	N	Y	N	Y	N	5
(Chambers et al., 2018)	N	Y	Y	Y	Y	N	Y	Y	Y	Y	8
(Chapple et al., 2002a)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9

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Table 2. (Continued).

Authors	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?	Total
(Chapple et al., 2007)	Y	Y	Y	Y	N	N	Y	N	Y	N	6
(Chapple et al., 2002b)	Y	Y	Y	Y	Y	N	Y	N	Y	N	7
(Cinà et al., 2020)	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	9
(Clarke & Burke, 2016)	N	Y	Y	Y	N	N	Y	N	Y	N	5
(Cockle-Hearne et al., 2016)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Cooley & Jennings-Dozier, 1998)	Y	Y	N	N	Y	N	N	N	N	Y	4
(Cormie et al., 2015)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Craike et al., 2011)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Culos-Reed & McDonough, 2019)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Davison et al., 2009)	Y	Y	Y	Y	Y	N	Y	N	Y	Y	8
(de Moraes Lopes et al., 2012)	Y	Y	Y	Y	Y	N	Y	N	Y	N	7
(Dieperink et al., 2013)	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	9
(Eilat-Tsanani et al., 2013)	Y	Y	Y	N	N	N	Y	N	Y	N	5
(Er et al., 2017)	Y	Y	Y	N	Y	N	Y	N	Y	N	6
(Ervik et al., 2010)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Ettridge et al., 2018)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Eymech et al., 2022)	Y	Y	N	Y	Y	N	Y	Y	Y	Y	8
(Eziefula et al., 2013)	Y	Y	Y	N	Y	N	Y	N	Y	N	6
(Ezenwankwo et al., 2021)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Farrington et al., 2020)	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	9
(Fergus et al., 2002)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10

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Table 2. (Continued).

Authors	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?	Total
(Fernández-Sola et al., 2020)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Ferrante et al., 2011)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Forslund et al., 2020)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Fry et al., 2022)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Gannon et al., 2010)	Y	Y	Y	N	N	N	Y	N	Y	Y	6
(García-Rodelas et al., 2022)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Gentili et al., 2019)	Y	Y	Y	Y	Y	N	Y	N	Y	Y	8
(R. E. Gray et al., 1997)	Y	Y	Y	Y	Y	N	N	Y	Y	Y	8
(R. E. Gray et al., 2002)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(R. E. Gray et al., 2005)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(R. Gray et al., 2005)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(P. B. Gray et al., 2020)	Y	Y	Y	Y	Y	N	Y	N	Y	N	7
(Green, 2020)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Green, 2021)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Green, Richard 2023)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Grunfeld et al., 2012)	Y	Y	N	N	Y	N	Y	N	Y	N	5
(Grunfeld et al., 2013)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Hagen et al., 2007)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Hale et al., 2007)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Hamilton et al., 2014)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Han et al., 2013)	Y	Y	Y	N	Y	N	Y	Y	Y	Y	8
(Hanly et al., 2014)	Y	Y	Y	N	Y	N	Y	Y	Y	N	7
(Hoyt et al., 2020)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Imm et al., 2017)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10

(*Continued*)

Table 2. (Continued).

Authors	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?	Total
(Iyigun et al., 2011)	Y	N	Y	N	N	N	Y	Y	Y	N	5
(Jackson et al., 2010)	Y	Y	Y	Y	N	N	Y	N	Y	Y	7
											6
(R. A. Jones et al., 2010)	Y	Y	Y	Y	N	Y	N	N	Y	Y	7
(R. A. Jones et al., 2011)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(M. Jones & Pietilä, 2020)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Kassianos et al., 2015)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Kazer et al., 2011)	Y	Y	Y	N	Y	N	Y	N	Y	N	6
(Keogh et al., 2014)	Y	Y	Y	Y	Y	N	Y	N	Y	N	7
(Kinnaird & Stewart-Lord, 2021)	Y	N	N	N	Y	N	Y	N	Y	N	4
(Kronenwetter et al., 2005)	Y	Y	Y	Y	N	N	Y	N	Y	N	6
(Krumwiede & Krumwiede, 2012)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Langelier et al., 2022)	Y	Y	Y	N	N	Y	Y	N	Y	Y	7
(Laursen, 2016)	Y	Y	N	N	N	N	Y	N	Y	N	4
(Lee et al., 2015)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Lepherd, 2014)	Y	Y	Y	N	Y	N	Y	N	Y	N	6
(Letts et al., 2010)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Levy & Cartwright, 2015)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Mader et al., 2017)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Maliski et al., 2010)	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	9
(Maliski et al., 2008)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Maliski et al., 2012)	Y	Y	Y	Y	Y	Y	Y	N	N	N	7
(Mardani et al., 2023)	Y	N	Y	Y	N	Y	Y	Y	Y	N	7

(*Continued*)

Table 2. (Continued).

Authors	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?	Total
(Margariti et al., 2021)	Y	Y	Y	Y	N	N	Y	Y	Y	N	7
(Martínez-Bordajandi et al., 2010)	Y	Y	Y	Y	Y	N	Y	Y	Y	N	8
(Mathers et al., 2011)	Y	Y	Y	Y	Y	Y	Y	N	Y	N	8
(Matheson et al., 2021)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Matsunaga & Gotay, 2004)	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	9
(McConkey & Holborn, 2018)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Medina-Perucha et al., 2017)	Y	Y	Y	Y	Y	N	Y	N	N	N	6
(Milne et al., 2008)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Moore & Estey, 1999)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Nabhani et al., 2018)	Y	Y	Y	Y	Y	N	Y	N	Y	Y	8
(Nanton et al., 2009)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Nanton & Dale, 2011)	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	9
(Navon & Morag, 2003)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Nelson et al., 2015)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(O'Shaughnessy & Laws, 2009)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Odedina et al., 2004)	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	9
(J. L. Oliffe et al., 2009)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(J. L. Oliffe et al., 2010)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(J. L. Oliffe et al., 2011)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(J. Oliffe & Thorne, 2007)	Y	Y	N	N	N	N	Y	Y	Y	N	5
(Öster et al., 2013)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9

(*Continued*)

Table 2. (Continued).

Authors	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?	Total
(Pan et al., 2022)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Paterson et al., 2020)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Pietilä et al., 2016)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Pietilä et al., 2018)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Poole et al., 2019)	N	Y	N	Y	Y	N	Y	N	Y	Y	6
(Renzi et al., 2017)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Schmidt & Ostergren, 2018)	Y	Y	Y	Y	Y	N	Y	Y	Y	N	8
(Shaw et al., 2013)	Y	Y	Y	N	N	N	Y	N	Y	N	5
(Sheill et al., 2018)	Y	N	N	Y	N	N	Y	N	Y	N	4
(Shen, 2015)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Singh et al., 2005)	Y	Y	Y	Y	Y	N	Y	N	Y	N	7
(Speer et al., 2017)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Thomas et al., 2013)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Trinh et al., 2015)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(van Ee et al., 2018)	Y	Y	Y	Y	Y	N	Y	N	Y	Y	8
(Volk et al., 2014)	Y	Y	Y	Y	Y	N	Y	N	Y	Y	8
(Vyas et al., 2022)	Y	Y	Y	N	Y	N	Y	Y	Y	N	7
(Wagland et al., 2019)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Wall et al., 2013)	Y	Y	Y	N	N	N	Y	N	Y	N	5
(Wallace & Storms, 2007)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Wallington, 2008)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Walsh & Hegarty, 2010)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10

(*Continued*)

Table 2. (Continued).

Authors	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?	Total
(Walton & Sullivan, 2004)	Y	Y	Y	N	N	N	Y	Y	Y	Y	7
(Wennerberg et al., 2021)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Wennick et al., 2017)	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	9
(Williams et al., 2017)	Y	Y	Y	Y	Y	N	Y	N	Y	Y	9
(Xu et al., 2011)	Y	Y	Y	Y	Y	N	Y	N	Y	Y	8
(Yu Ko et al., 2010)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
(Yu Ko et al., 2018)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	9
(Yu Ko et al., 2020)	Y	Y	Y	Y	Y	N	Y	N	Y	Y	8
(Zanchetta et al., 2007)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10

Table III. Themes & descriptions.

	Description
Diagnosis/Treatment/Recovery	● Pre/post diagnosis; pre/post-treatment ● Decision-making (therapeutic journey, WW/AS) ● Post-treatment/side effects ● Screening (PSA/DRE) ● Intervention/Lifestyle Change programs
Care	● Quality of Consultation/Communication ● Needs-based approach
Support	● Natural: Family (partners, children, extended members)/Friends ● Formal: group (online, face-to-face, activity-focused, marginalized) ● Inner-Dynamics: Advocacy, Altruism, Camaraderie ● Social/Functional: emotional, instrumental, informational, companion ● Structural: strength of social ties
Information	● Seeking, ● Access ● Quality ● Source (TV, internet, print, media, other PCa patients) ● Disclosure
Masculinity	● Self-Identity ● Reconfiguration of self ● Roles/Behaviors
Lived Experience	● Stigma, Isolation, Depression, Uncertainty, Vulnerability, Marginalization ● Altered Body ● Dis/empowerment, resilience. ● Sexuality (satisfaction, performance) ● Socio-Cultural-Economic Barriers/Facilitators

This quote illustrates the critical role of accessible, clear, and tailored information empowering patient during decision-making processes.

Some men highlighted how routine consultations led to early detection, whilst others experienced delays due to ambiguous symptoms or insufficient physician guidance. Some doctors considered their PCa patients too old for treatment, while others had severe comorbidities. Those with comorbidities had a limited life expectancy because aggressive PCa treatments could worsen their other conditions. Some PCa patients had low prostate-specific antigen (PSA) levels. Doctors often recommended that men from both groups were actively surveilled (AS) or watchful waiting (WW). That required frequent monitoring for fluctuations in PSA levels, which could result in a PCa diagnosis and a new course of treatment. The unpredictability of the disease caused a cycle of uncertainty that a low PSA reading only eased temporarily:

> I don't worry about it on a day-to-day basis or month-to-month basis. Every six months when I go to my check-up appointment, I get worried about it, but I get informed of what's happening, and then we move on (Eymech et al., 2022).

Care

Men had various consultation preferences and experiences. Some stated that an open and collaborative approach helped them become more informed and less anxious about their decision-making. They reported that a kind, courteous, and open approach by health professionals during lengthy treatments or intervention programmes was essential in creating positive experiences in all settings (clinical and support groups) and building confidence that they were in "expert hands":

> Like I said, it seems to me that being in IMPACT was better because they always worried about my health, what my PSA results were, how I had been treated, just overall (Nabhani et al., 2018).

Many men felt that an open, kind, and courteous approach helped them build trust and confidence in their clinician's recommendations and capabilities:

> No, I think that if a doctor tells me something, and I have the feeling that he is telling me the truth, then I don't feel the need to be on the computer. I don't need to search books to see if it's true. […] It only makes you feel uncertain (van Ee et al., 2018).

They also desired better coordination of care and information between health care professionals and suggested a "middleman" and implementing psychosocial support into their routine care would help them have hope for survival and feel reassured. PCa patients expressed regret about their clinicians' delay in diagnosing or offering treatment options. Some even discovered their physician had withheld or provided too little information:

> The excessive confidence caused a situation where physicians would not tell me everything they had to tell me. It ended up with low transparency" (Renzi et al., 2017).

They described consultations as closed, non-responsive, and avoidant. Rather than addressing their concerns and needs, some men felt that healthcare professionals were dismissive, and were told side effects were "to be expected". Sometimes, those who could not achieve a helpful rapport with their clinicians or felt they gave biased or ambiguous information about treatment options would seek second and third opinions, further information online, or switch healthcare providers.

Men with PCa embraced specific medical advice from health professionals regarding bowel function, urination, and sexual dysfunction. Furthermore, they expressed that the gender, sexual orientation, ethnic background, and attitude ("gay-friendly") of their healthcare professionals made the discussions easier.

Some men expressed that medical professionals did not pay sufficient attention to their emotional needs or provide a structured care and support plan. Marginalized groups, in particular, felt that inadequate training of health professionals led to poor management of crises they faced when diagnosed with PCa:

> … we need to have urologists clued up to deal with gay men, we need understanding that our needs and issues are not the same as (those of) a heterosexual man (C. Thomas et al., 2013).

> I am an illiterate with limited knowledge of characters. I was unaware of the exact type of disease I had contracted (Pan et al., 2022).

Some men reported that information concerning their treatments and care was sparse and caused confusion and anxiety, highlighting the importance of effective interpersonal communication:

> When you are at that stage, at first, you can have had so much information, and then you walk out, saying, 'What the hell did he say?' (Öster et al., 2013).

Support: natural

There were various forms of spousal, friend, and co-worker support. Some men preferred to keep their PCa diagnosis within their family:

> I don't talk so much about it, think it feels awkward. Nor have I wanted this to be known by our friends, so we've kept it in the family (Wennick et al., 2017).

Most men deemed their partner's role the most influential among their family members. Partners encouraged their men to screen for PCa, helped them process PCa-related information, motivated them to seek treatment options, and provided unique perspectives during decision-making. Men reported that having a partner who could accept and adjust to treatment side effects like erectile dysfunction (ED) helped alleviate their anxieties and shifted the value they had previously placed on sex:

> … I was scared that she [wife] was going to laugh or look at me different but she understood, that made it all worthwhile (Imm et al., 2017).

Support: formal

Prostate Cancer Support Groups (members with the same diagnosis) were one way men considered disclosing their prognosis to non-family members if they deemed that type of support valuable:

> So it's just within a very small circle that one (talks about it) and so only with those who know something about it (Dieperink et al., 2013).

Support groups foster a non-judgemental setting where men can share general and intimate details about their cancer experience. The information exchange and mutual support allow men to learn about PCa from their peers in a practical, comprehensible, and non-threatening manner. The support groups allowed men to openly and candidly discuss their diagnosis, compare treatment options, and exchange information about remedies, such as pills, injections, and pumps to mitigate treatment side effects:

> You can deal with the impotence, [but] the fact that you can't ejaculate anymore—you see, I miss that. I really miss that! Because that's almost, you think of that with sex. If you use a pump, you don't have the same good sensation; you still have the feeling of an orgasm, but not as intense (Fergus et al., 2002).

Support: inner-dynamics

Support group dynamics empowered men to cope better with their condition and gain confidence in decision-making:

> Talking to these people [men in a support group] was very helpful and comforting, and it helped me get through what's known as the decision mode (Cockle-Hearne et al., 2016).

Men valued the camaraderie gained from sharing the trials and tribulations of their PCa experience: "… such an emotional thing [receiving diagnosis] that I needed to be with people who had gone through this or were going through it' (Wallace & Storms, 2007).' I actually long for, I actually miss these Wednesdays when we are here, and we can listen to each other, and give and take, and I have learned so much. " (Öster et al., 2013).

Together, the men validated and normalized the disruptions PCa caused to their identity and masculinity, helping ease the sense of isolation they often experienced in their personal and social lives:

> The group therapy, that was a new experience for me, probably helped me get in touch with the "softer side," which I find interesting and pleasing actually (Kronenwetter et al., 2005).

Good leadership skills, extensive social networks, community experience, and personal touch were invaluable assets for the overall success of peer-led PCSGs:

> Someone like [AB]–he calls up, checks up on you, shows a personal interest, gives words of encouragement. He helped me personally a lot. I know he's there. He was a source of comfort when my wife died (Matsunaga & Gotay, 2004).

Laughter and humour also helped peer-led PCSGs become successful. Oliffe (Oliffe et al., 2009) observed that during discussions, men used humour to disarm stoicism, disguise vulnerabilities, and buffer stigma, anxiety, and difficulties related to sensitive or taboo topics. In the example below, a PCa patient discusses the digital rectal exam (DRE), a prostate screening technique:

> One of the jokes I tell … Did you hear about the guy who went in, and he had a DRE, and he turned around to the doctor and said "Gee Doc, which finger did you use"? The doctor said, "What"? "Show me which finger you used" and the doctor said, "I used this one". He said, "Would you try this one? I want a second opinion" (laughing) (Oliffe et al., 2009).

Other men reported how their support groups helped them transition from seeking support to providing it:

> I guess I benefit from talking to other people now, trying to help them through my experience – because I've had both the radical surgery and I've had radiation (R. E. Gray et al., 1997).

> When I was the first one everybody come to me and asked me a lot of questions about what is what and so on …if there is a problem, they can come and ask me. You know I don't know everything but I've got through a lot since day one - six years now … people can just ask. (Mr P) (Nanton & Dale, 2011).

Other men advocated at conferences to build awareness amongst health professionals and bridge the gap between medical professionals and their PCa patients:

> … there was this one really tough urologist who thought that patients don't know anything. So then he came to me afterwards [the conference] and said that this information is really valuable because they can't be sitting with the patient afterwards and asking how they feel (Jones & Pietilä, 2020).

The various PCSG formats (online, face-to-face (F2F), activity-focused) allowed men to choose which best fitted their comfort levels or specific needs. For example, men with limited mobility felt online PCSGs (OPCSG) provided easy access to a broad selection of emotional and social support and self-management skills. OPCSG forums or discussion boards provide discretion and anonymity, which, for some men, alleviated the tension produced by the conflict between their desire to disclose their cancer status and their feelings of vulnerability:

> Some men don't want to be face-to-face. Maybe they're frightened of it, maybe they don't want to travel the distances. Maybe they're scared of being ridiculed or something.… all sorts of reasons like that. Maybe they're a bit anxious about having the problem and not wanting to share it with other people. I think that's men for you. Some will find it easier to talk online (Broom, 2005).

Conversely, F2F-PCSGs allow men to receive and exchange information "on the spot." That is particularly relevant when PCa experts give presentations or peer professionals (attendees who are both physicians and PCa survivors) are present. The dynamic role of peer professionals contributes to group discussions in two ways: they receive the support they need as patients while providing professional knowledge to others:

> When I heard about the group, I I thought, "I don't need this." Then I told myself, "There's scientific evidence that people who go to support groups do better than those who don't." I'm not in the group because I'm a surgeon … this experience of having prostate cancer and discovering the group has made me more appreciative of what life is about and has made me a better doctor (Matsunaga & Gotay, 2004).

Some PCSGs are sport or activity-focused. Although members are men diagnosed with PCa, the casual, activity-focused interaction shifts attention from their diagnosis towards other commonalities:

> I mean, yes, you have a common reason for being there, and you help each other about that common reason the prostate cancer. But it doesn't define the interaction whereas the traditional prostate cancer support group, cancer defines the interaction. What defines the interaction is that we're dragon boating (Cinà et al., 2020).

Information

Before the Internet, PCa patients had to rely primarily on their clinicians to inform them about their diagnosis and prognosis. The Internet has allowed patients to *shop* for information, treatments, and specialists. That allowed them to take the initiative and actively engage in consultations, which reinforced their sense of control and power:

> As soon as my doctor told me, I hit the Internet […] It's like getting a free second opinion. Going on there is what helped me to decide my treatment options. He gave me some Web sites even. What I found on the sites, I could see what other doctors and hospitals were recommending and this seemed to line up with what my doctor was saying (Wallington, 2008).

While some men agreed that access to sources other than one's clinician could help make informed decisions, they doubted if the "perception of choice" alternative sources provided were trustworthy. There was a consensus that one should proceed with caution when consuming the vast amounts of information on the Internet and elsewhere, particularly regarding PCa treatment options. Misinformation, primarily through word-of-mouth or unofficial sources, regarding PCa screening and treatment contributes to confusion about the risks and benefits:

> Even now, I ask myself: these people, they sit in front of their computers and they search the Internet and they read this, but for what reason? […] I figure if you go to a specialist and you don't follow his advice, it's bordering on stupidity—he's the expert, and I trust his judgement (Broom, 2005).

Some men expressed that PCa information must be practical, logistical, and tailored to suit various health literacy capacities and hard-to-reach audiences. However, they also felt that having too much knowledge could counteract feelings of empowerment and control. For example, learning about the undesired effects of treatments could be disadvantageous to rehabilitation, and the lack of clear scientific information on the causes of PCa could lead to confusion:

> Not eating properly, abusing your body with alcohol, look, it might be genetic, my father has it … I can't say a hundred percent that if I didn't live the lifestyle I wouldn't have got it anyway. But from my research and looking at different things and my lifestyle for many years, I think it probably hasn't helped (Ettridge et al., 2018).

Masculinity

Many men described in length the various impacts that PCa treatments had on their physical and psychological status, sexual identity, and "pressure to perform." All men in the studies felt that coming to terms with their cancer experience meant (re)adjusting their (masculine) values and expectations. Some men expressed how "lucky" they were not to have undesired outcomes from specific PCa treatments. However, adverse treatment effects still made it challenging to preserve their pre-cancer psychological status. Therefore, they needed to reconstruct the internalized "self." For example, the PCa treatment Androgen Deprivation Therapy (ADT) frequently causes extreme fatigue and inhibits sexual libido. Furthermore, it also increases fatty tissue and causes gynaecomastia and hot flashes, which men felt feminized their bodies:

> I lost all my body hair, except on my head, which I was losing anyway! [laughs] My breasts increased in size, which was embarrassing at times—especially when I went to a swimming pool. I guess I should get a training bra! (Hagen et al., 2007)

Radical prostatectomy (RP), the complete removal of the prostate, frequently causes erectile dysfunction (ED) and incontinence, causing men to struggle with feelings of disempowerment and disfigurement, which eventually lead to loss of intimacy with their partners:

> It's kind of like you almost don't want to have sex because you don't want to know that it doesn't work (Nelson et al., 2015).

Physical activity, penile erection, and sexual performance are often linked to masculinity. Therefore, many men felt that erectile dysfunction caused by PCa "threatened" their sense of masculinity. While some men adjusted to these changes by choosing not to define themselves solely by their sexual function and encouraged exploring alternative ways to express intimacy, others did not:

> It's maybe not so much about the act itself; it's the empowerment, the ability, the bragging rights, your image of yourself, I'm still a viable man. And take that away from me, and I'm no longer a viable man—I'm a eunuch, I'm a gelding (Fergus et al., 2002).

Although older patients rationalized the side effects of PCa treatments affecting their masculine identity by attributing their diminished sexual activity to their age or pre-cancer lack of virility, gay and bisexual men felt their erectile dysfunction caused them to feel a lack of confidence when initiating intimate contact.

Lived experience

Men described a *roller coaster* of emotions from surprise to devastation, distress to acceptance, weakness, depression, fatigue, shame, anxiety and grief, disappointment and frustration. PCa diagnoses often mark the new beginning of long and complex psychological, social, and physical adjustments: "It's like the ground you walked on since you were a teenager is gone" (Nelson et al., 2015).

Coming to terms with the PCa *price tag* (e.g., loss of physical control through incontinence, sexual dysfunction, bodily changes, loss of emotional control, and loss of life) was challenging for many men. While some leveraged their pre-existing health conditions or previous adverse life events, others sought solace through spiritual or religious beliefs. Their new perspectives consoled them and helped them choose a course of action that ensured their survival:

> God gives you an opportunity with early detection to fix it and you don't die. You might give up some of your erection, but you will live forever (R. E. Gray et al., 2005).

Gay and bisexual men equated the sexual dysfunction caused by PCa treatment to the social stigma and rejection their community experienced during the HIV epidemic. Thus, they felt little stigma within their community concerning PCa. Disclosing their sexual orientation to health professionals was also a significant concern. Many were concerned about the conservative, hetero-normative focus of most medical consultations and the resulting care they might or might not receive:

> Well, I'm always tested for various diseases, not specific to gay men. But I've never had a straight doctor do anything to inquire anything about anal intercourse, or the repercussions of or the pleasures of or the possibilities of [PC] … (Hoyt et al., 2020)

Disclosure and discussion of PCa are virtually absent among Afro-American/Caribbean (AAC) males due to the social stigma related to treatment side effects (e.g., erectile dysfunction and incontinence) and masculine ideologies. Nonetheless, AAC men expressed the importance of using local churches, barbershops, and fraternities as the most effective means of raising awareness about PCA within their communities:

> Church can probably expand their ministries so that we can do these kinds of educational programs from the health perspective … because if the audience won't come to you, you've got to find a way to take it to the audience and find out where they are on, whether that's on the street corner or whatever (Odedina et al., 2004).

Geographical location and comorbidities are barriers to accessing PCa care. However, health insurance policies or a lack thereof could be the deciding factor in accessing and receiving care for those living in the US:

> I had no financial problems because I had been successful in the profession. I had good insurance, so I had no problems in paying for my treatments. Even if there was some amount that the insurance didn't pay, I could readily pay it, so for me, I had no financial problems (R. A. Jones et al., 2011).

Discussion

This meta-synthesis aimed to improve understanding of male PCa patients' experiences. Data from 103 qualitative studies provided information about six themes highlighting the collective and unique experiences of men with PCa: diagnosis and treatment, support, care, information, masculinity, and their lived experience. Men reported involving close family members, particularly their spouses, and attending support groups to process the impact of their diagnosis and assist with their decision-making concerning treatment options. The impact of being diagnosed with PCa made many men change their daily lives physically, professionally, and socially. Access to information from the Internet made men feel empowered, prepared, and equipped to make better decisions about their treatment and care, particularly during consultations with healthcare professionals. However, the reliability of information from the Internet and healthcare professionals was a big concern for men with PCa. As men progressed along their PCa journey, they were uncertain about their prognosis and suffered side effects from their treatments, which significantly impacted their well-being and male identity. However, they frequently coped with the most challenging elements of their cancer journey by finding positive outlets like support groups.

A PCa diagnosis disrupted men's lives and produced feelings of mortality and entering unknown territory. Although some patients felt that the advice from their healthcare professionals was ambiguous, they also felt it provided a sense of control over which steps to take, a framework to comprehend the risks and benefits of specific treatments, and guided decision-making (Howard et al., 2014). Despite the stigma associated with PCa, including perceived threats to masculine ideals, those diagnosed with the condition seek opportunities to address and discuss their health concerns through support groups (Coreil & Behal, 1999; Ihrig et al., 2020; Pyle et al., 2021; Thaxton et al., 2005), advocacy groups (UsTOO-Prostate Cancer Foundation; www.movember.com; https://zerocancer.org); and social media (Bravo & Hoffman-Goetz, 2016; Struck et al., 2018; Vos et al., 2019). Widespread access to the Internet has connected those diagnosed with PCa to individuals and groups that support them and facilitated the promotion and advocacy of PCa groups and organizations. Although knowledge improves men's health, the majority of information about prostate-related health issues comes from the US, UK, and Australia, is fragmented and leads to confusion, especially among ethnic minorities and gay and bisexual men.

This paper synthesized and evaluated the evolution of all existing, high-quality qualitative papers on men with PCa. It provided an integrated and holistic understanding of barriers to early detection and screening, highlighting men's misconceptions, beliefs, and concerns. The inductive nature of thematic synthesis, grounded in grounded theory, allows for rich, emergent insights. However, it also means that interpretations are susceptible to the researchers' subjectivities and prior experiences. To address this, the authors employed rigorous reflexivity practices and took steps to systematically select and evaluate each study to minimize bias caused by the heterogeneity of the studies.

The challenge of interpreting each researcher's perspective and synthesizing their data limited this study. To the authors' knowledge, this is the only meta-synthesis that has systematically reviewed qualitative studies of men with PCa using an exclusively male sample. The results of this review highlight several concerns and issues that men with PCa face when interpreting and coping with their diagnoses, deciding among treatment options, and dealing with treatment side effects. Integrating and aggregating multiple qualitative studies enabled the researchers to identify overarching themes, patterns, and relationships. Integrating diverse perspectives from the results could lead to new insights or interpretations that may not have emerged from any single study.

The heterogeneity of the studies affected comparability and data integration, which could limit this research. The studies included in this review varied substantially in their methodologies, settings, and sample characteristics. While this heterogeneity enriched the synthesis, it also posed challenges in drawing uniform conclusions across diverse study contexts. Differences in cultural and geographic factors, as well as variations in patient experiences, may limit the comparability of findings, warranting caution when generalizing results. Many of the synthesized studies were primarily based on white, heterosexual, cis males from the US, Europe, and Australia. This study denotes those which were not. Most of the samples of men in these studies were in the pre-treatment phase of their cancer journey. This review specifically focused on male-only qualitative studies to address the research questions concerning masculinity and prostate cancer experiences. While this exclusion allowed for a more targeted exploration of the issues at hand, it also meant that insights from mixed-gender or mixed-diagnosis studies were not considered. Although this was a necessary trade-off for the study's focus, it is recognized that these studies may offer valuable perspectives that could further illuminate the topic.

Further innovative, qualitative research could explore the lived experiences of men from diverse cultural and ethnic groups and expand their lived experiences of support groups and knowledge networks that could be applied to intervention programmes, impacting long-term health outcomes for men living with PCa.

Conclusion

These finding suggest the need for more patient-centred communication and decision aids to help men navigate options. For clinicians, prioritizing comprehensive education about treatment risks and benefits may alleviate patients' post-decision making regrets and improve overall satisfaction. Patients emphasized the importance of open and empathetic communication with healthcare providers. However, some men reported feeling dismissed or inadequately informed about their condition. These experiences highlight a critical gap in clinical practices that could be addressed through structured communication training for healthcare professionals and standardized care protocols that emphasize transparency and collaboration.

Men found both informal and inform support systems integral to coping with PCa. Support groups provided a safe space for emotional expression and decision-making, normalizing the challenges patients faced. These findings underscore the value of integrated peer-led support programmes into PCa care pathways. Future research could explore the long-term impact of such groups on patients' psychological resilience and decision satisfaction, particularly across diverse cultural and socio-economic contexts.

PCa treatment outcomes, particularly those affected sexual function and physical appearance challenged participants' sense of masculinity. Humour often served as a doping mechanism but also revealed vulnerabilities tied to identity and self-worth. This detail emphasizes the need for clinicians to address psychosocial dimensions of PCa care. Offering counselling services focused on body image and intimacy may help men navigate these challenges more effectively.

Implications for clinical practice and future research

Enhancing patient-practitioner communication by prioritizing patient-centred communication, ensure that men receive comprehensive, understandable, and relevant information about their diagnosis and treatment options. Incorporating structured support groups into standard care can provide essential emotional and informational resources for men coping with PCa.

Given the predominance of studies on Western population, future research should examine the unique experiences of men from underrepresented cultural an socio-economic groups to develop more inclusive interventions. One way to improve patients' quality of life and adherence to treatment plans is by integrating services that address masculinity-related concerns, such as body image and sexual health, into routine PCa care.

Acknowledgments

Angel Martínez-Hernáez acknowledges the support from Institut Català de la Recerca i Estudis Avançats (ICREA) under the ICREA Academia Award.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

The authors declare that no funds or grants from any funding agency in the public, commercial, or not-for-profit sectors were received during the preparation of this manuscript.

Data availability statement

All the manuscripts are in the public domain. Therefore, it was unnecessary to receive ethical approval for this review.

Ethical statement

Our study did not require an ethical board approval because it did not directly involve humans or animals.

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