

MEN'S FEAR OF PROSTATE CANCER PROBLEMS: A SYSTEMATIC REVIEW OF THE LITERATURE



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ABSTRACT

The present study addresses the knowledge about the fears of men with prostate cancer, related to their lifestyles, beliefs and spirituality. Objective: to describe the main fears found in men living with prostate cancer. For this, the following guiding question was established: What are the main fears found in individuals with prostate cancer? Method: this is a systematic review of the literature. As inclusion criteria, articles in the foreign languages English, French, Spanish, and Portuguese were maintained, free of charge, which addressed the researched themes, according to the object of study, using the search time frame of 5 years (2019-2024) and in the LILACS, MEDLINE, BDENF, and PUBMED databases. The following descriptors were used: fear, prostate neoplasms, and men's health. For the exclusion criteria, repeated articles that did not address the theme, that did not answer the guiding question, and articles composed only of abstracts were discarded.

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Results: The results obtained from 7 (seven) selected scientific articles brought the effectiveness of 3 thematic categories focusing on the fears of men with prostate cancer, the ways to relieve suffering, in an attempt to eliminate or reduce the feeling of fear and the support of family and spirituality, in coping with the disease. Conclusion: It was demonstrated that the need for a comprehensive and gender-sensitive approach to overcome cultural and social barriers that end up increasing the feeling of fear in men and keeping them away from preventive health care.

Keywords: Fear. Prostate Neoplasms. Men's Health.

INTRODUCTION

Cancer remains a serious public health problem, with a growing global and national incidence rate. In Brazil, neoplasms, particularly prostate cancer, represent a high percentage of mortality. According to data from the National Cancer Institute (INCA), in 2021 there were 16,300 deaths due to prostate cancer, and in 2023 71,730 new cases were registered. The incidence of the disease has increased progressively, especially due to the advancement of diagnostic methods and the greater dissemination of screening. The improvement in the quality of information systems and the increase in life expectancy of the Brazilian population are also factors that contribute to this increase in incidence rates (Damião et al., 2015).

Despite advances in the diagnosis and treatment of prostate cancer, many men still distance themselves from health services, which often results in late diagnoses and complications in treatment. Resistance to seeking medical care is linked to cultural barriers and the view of physical invulnerability, with many men associating the disease with weakness and vulnerability. Hegemonic masculinity, as addressed by Connell and Messerschmidt (2005), has a great impact on men and health professionals, creating barriers to seeking care and making it difficult to identify men as subjects of care, since the traditional model of masculinity values attributes such as strength, courage and resistance, often disregarding the physical and emotional fragility that diseases, such as cancer, can bring.

In addition to the fragility that diseases can cause, prostate cancer is a pathology with the second cause of cancer death among men, and in Brazil, it is the most common type of cancer, with an estimated 61 thousand new cases per year. Early detection of prostate cancer is essential to increase the chances of cure, and tests such as digital rectal examination and prostate-specific antigen (PSA) dosage are recommended from the age of 50, according to the Brazilian Society of Urology (2014). However, many men resist the test due to its invasive nature, the stigma associated with it, and the pressure of masculinity, which advises against any manifestation of vulnerability. In many cases, the fear of being diagnosed with the disease leads men to postpone seeking medical care, which can aggravate the condition and increase treatment costs. In addition, the lack of adherence to screening and early treatment is a reflection of the difficulties of access and the resistance of men to deal with preventive health, a factor that directly impacts mortality from prostate cancer in the country.

This resistance of men to preventive care is also linked to cultural and social factors that shape the construction of male identity. The traditional view of masculinity, coupled with physical strength and the ability to endure pain and suffering without demonstrating fragility, creates significant obstacles to seeking medical care. This stigma around vulnerability is deeply rooted in societies, especially in male communities, where disease, especially prostate cancer, is seen as a threat to male identity. As a result, many men avoid taking preventive exams, even knowing the benefits that early detection can bring. Fear of being diagnosed with the disease and possible changes in body image, including sexual dysfunction problems, are issues that affect adherence to treatment.

In 2008, the National Policy for Comprehensive Attention to Men's Health (PNAISH) was created, with the objective of promoting men's health in a more comprehensive way, reducing morbidity and mortality, and facilitating men's access to health services. PNAISH recognizes that men are more vulnerable to chronic diseases and have lower adherence to health services, often seeking care only when the disease is already in an advanced stage. The policy also highlights that adherence to care is strongly related to gender stereotypes, which associate masculinity with the denial of fragility and distancing from any behavior that may be considered "feminine" or "fragile". This reflects a greater resistance to preventive screenings, such as digital rectal examination, and to the recognition of the need for regular medical care.

Prostate cancer not only affects men's physical health, but also their identity. The disease can generate a process of resignification of masculinity, mainly due to the side effects of treatment, such as sexual dysfunction and changes in corporeality. These factors directly challenge the ideals of virility, strength, and performance, which are core components of traditional male identity. The approach to men's health, therefore, cannot be limited to the recognition of diseases, but must also involve a critical reflection on the gender norms that influence men's health and behavior. The discussion about masculinity in health, which goes beyond the heteronormative norm, is essential to understand how men deal with the disease and with the transformation of their masculine identity during cancer treatment.

In view of the growing incidence of prostate cancer and the profound impacts it causes on physical health and male identity, it is essential to expand the understanding of the process of illness and treatment. This process involves both knowledge about the disease and the experiences and experiences of men in the face of cancer diagnosis and

treatment. Men's health, especially with regard to prostate cancer, should be seen as a whole, considering not only physical needs, but also the emotional and cultural issues that permeate men's behavior and health choices. Therefore, this study aims to describe the main fears found in men living with prostate cancer. To answer the objective, the following guiding question will be outlined: What are the main fears found in individuals with prostate cancer?

METHOD

This study is characterized by a systematic review of the literature, which, according to Galvão and Ricarte (2019) is a research modality that follows specific protocols, and which seeks to understand and give some logic to a large documentary corpus, especially verifying what works and what does not work in a given context. It is focused on its character of reproducibility by other researchers, explicitly presenting the bibliographic databases that were consulted, the search strategies employed in each database, the selection processes of scientific articles, the inclusion and exclusion criteria and the process of analysis of each text.

For the beginning of this methodological construction, construction and elaboration steps will be used, according to Souza, Silva & Carvalho (2010), which are summarized as: 1-identification of the theme and choice of the hypothesis; 2-search in the database and literature; 3-collection of the data sought; 4-critical review with analysis of the studies found; 5-interpretation of the findings; and 6 - presentation of the integrative literature review.

In addition, for the organization of the study in question, a search strategy was developed in the databases, according to Santos, Pimenta and Nobre (2007). This strategy, called "PICO Strategy", uses its acronyms P-population, I-intervention, C-comparison and O-outcome (outcomes), in order to define an object with more cohesion and clarity.

Table 1- PICO strategy for formulating the guiding question, Rio de Janeiro, 2024.

PICO Strategy	
P (population)	Prostate cancer patients
Intervention	Need to know the fears that afflict patients with prostate cancer
Comparison	Knowledge of the fears of men with prostate cancer, related to their lifestyles, beliefs and spirituality.

O-Denouement	Greater visibility and knowledge of fears, to create care and approach strategies.
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Source: The authors, 2024.

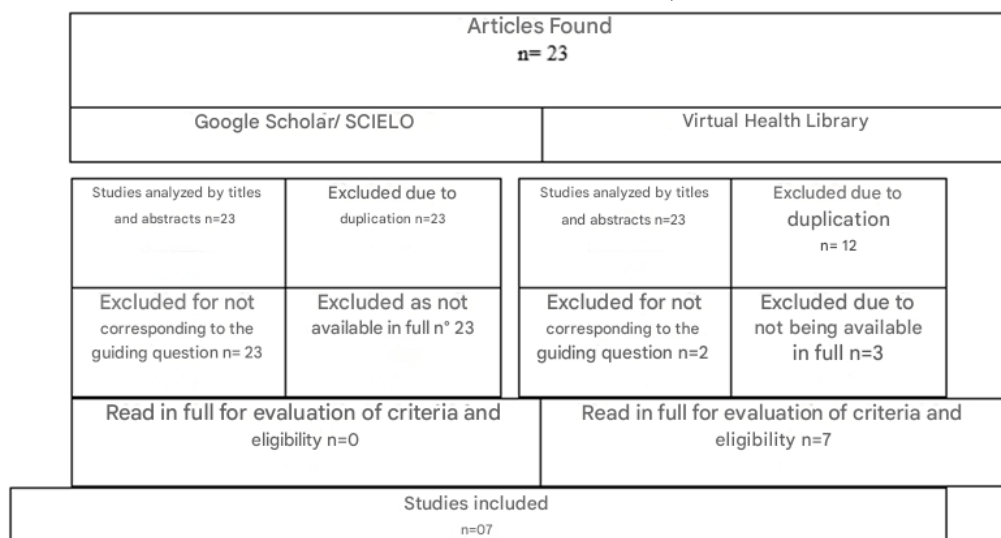
As previously mentioned, we define the guiding question as: What are the main fears found in individuals with prostate cancer? The population involved were patients with prostate cancer already diagnosed, the intervention was based on the need to know and deepen the fears emanated by men with the disease prostate cancer, being compared in the various articles searched in the databases. In the end, increase the visibility and knowledge of the scientific community about this feeling that afflicts this population, thus improving care strategies and improving quality of life.

Continuing the method, the following database search descriptors were used: *Fear; prostate neoplasms and men's health*, and the Boolean character AND was used. Such searches were carried out in the Web of science, Cinahl, LILACS, MEDLINE, BDENF and PUBMED databases. The cross-referencing was carried out with a time interval of 5 years (2019-2024), and the following search filters were also performed: articles in English, French, and Spanish, in addition to having been published and indexed in the aforementioned databases.

The PROSPERO system was also used, which is an international database used to index systematic review protocols, thus avoiding duplication of studies, allowing the comparison between the protocol and the completed systematic review. The protocol was filled out in the PROSPERO system, under registration number 638013.

As inclusion criteria, articles in the foreign languages mentioned above were maintained, free of charge, which addressed the researched themes, according to the object of study. For the exclusion criteria, repeated articles that did not address the theme, that did not answer the guiding question, and articles with only abstracts were discarded. Thus, the research was carried out using the crossing of descriptors, according to the research flowchart, shown below:

Figure 1: Flowchart for the elaboration and choice of articles, in the search of the databases.



Source: Prepared by the authors, 2024

RESULTS

The number of articles that were analyzed for this study is composed of 7 documents. This review considered the relevance of the themes presented by the articles, given the importance of the selected theme. Below is a table composed of the articles worked on in this review, in descending order of the year found.

Table 2 – Exhibitor of the data collected in the databases for the preparation of the article, Rio de Janeiro, 2024.

Author/year	Language	Title	Method	Goal
2023	Portuguese	Social representations attributed to prostate cancer by men under follow-up at the hospital oncology service	qualitative study, developed by the Collective Subject Discourse method,	OBJECTIVE: To understand the social representations of prostate cancer by men being followed up at the hospital oncology service.
2022	Portuguese	Repercussions on the family context of patients with prostate cancer	A descriptive research with a qualitative approach was carried out, with semi-structured interviews	To analyze the repercussions in the family context of patients with prostate cancer

2021	Portuguese	Factors associated with masculinity in the early diagnosis of prostate cancer: a narrative review	It is a descriptive, exploratory, documentary, retrospective study, based on a narrative review of the literature	To identify factors associated with masculinity in the early diagnosis of prostate cancer
2021	English	Fear of Cancer Recurrence Among Patients With Localized Prostate Cancer	Descriptive, quantitative and longitudinal study	Identify, through symptoms, patients who are more likely to develop symptoms of fear related to prostate cancer problems
2020	Portuguese	"I'm Not Anymore!": Masculinities and Experiences of Illness from Prostate Cancer	Exploratory research of qualitative character, with analysis of narratives.	To understand the way men experience the process of becoming ill with prostate cancer and to analyze their experiences related to cancer treatment
2019	Portuguese	Masculinities of prostate cancer survivors: a qualitative metasynthesis	Metasynthesis of 21 qualitative studies	To identify the production of knowledge in the health literature on masculinities in the context of prostate cancer survivors, and to analyze the implications of this relationship for the maintenance of health care.
2019	Portuguese	Men's Health Knowledge, Behavior and Practices in Relation to Prostate Cancer	This is a cross-sectional, descriptive, quantitative study conducted with 130 men over 40 years of age living in the municipality of Foz do Iguaçu, in the southern region of Brazil.	Describe knowledge, behavior, and practices regarding prostate cancer in adults

Source: The authors, 2024.

The articles found were placed in the table in descending order of year, and are pertinent to the approach of this man's fear related to prostate cancer. Of the 7 articles, we can identify most articles in Portuguese (06), and only 1 in English. All these articles were read in full and analyzed.

DISCUSSION

After reading the manuscripts detailed in the previous table, 3 categories of discussion were identified, which are as follows: 1- The sick body that suffers: how to relieve suffering; 2- The types of fears identified by men and the interpretations indicated by them; and 3- Family and spirituality - ways of coping with the fear of prostate cancer. These will be discussed below.

THE SICK BODY THAT SUFFERS: HOW TO ALLEVIATE SUFFERING

Prostate cancer (PCa) brings not only the pain of illness, but also fears and difficulties that the disease brings in the daily lives of those who have it, the impact on masculinity and sexual health, as well as male vulnerability, which brings other problems in the baggage of the trajectory of PCa. In the study by Araújo & Zago (2019), it shows how men, when facing prostate cancer, move between resistance to traditional norms of masculinity and the construction of new ways of being a man. This perspective broadens the understanding of masculinities in contexts of adversity, enriching the field of gender studies. This study also highlights the need to rethink cancer care, considering the emotional and identity dimensions of treatment.

Other ways to alleviate such suffering are brought up in another study, which addresses how male behaviors, such as valuing strength, self-sufficiency and fear of appearing vulnerable, can lead to health neglect. The analysis of this study demonstrates that the understanding of the cultural and psychological barriers that impact the search for preventive exams, such as PSA and digital rectal examination, need to be reviewed and rethought, as they become gaps in misinformation (PEREIRA et al, 2021).

When it comes to the relationship between health and masculinity, the study by Martins & Nascimento (2021) contributes to a necessary discussion about the deconstruction of stigmas and the need to rethink men's health care. He emphasizes how cultural norms can make it difficult to cope with illness and even seek professional help.

The body is a place of suffering and identity. Reis and Pereira (2017) highlight that the male body, especially in contexts of illness, is often seen as a space of resistance and performance. However, illness causes a rupture in this logic, exposing vulnerabilities that challenge traditional notions of masculinity. To alleviate the suffering of the sick body, it is essential to recognize this identity dimension of the male body, which is often neglected in health care.

Suffering is not only a word linked to pain, loss or maleficence. It can be linked simply to issues that men suffer to the detriment of prostate cancer, such as doubt, lack of information, guidance in consultations and appreciation of their current situation. As we saw during the collection of data in the narratives, this suffering can occur due to the simple absence of information about the processes through which this man passes.

Noting the difficulty of dealing with the suffering of men living with prostate cancer, the study by Menezes et al (2019) suggests that it is necessary to raise awareness and promote educational campaigns to improve the early detection and treatment of prostate cancer. The study analyzes men's levels of knowledge, behaviors, and practices regarding prostate cancer, with an emphasis on factors that influence prevention, early diagnosis, and treatment adherence. Through a descriptive and analytical approach, the study identifies gaps in knowledge about the disease, cultural and behavioral barriers that hinder the search for health services and preventive practices.

The experience of illness is a complex situation, which combines individual and social aspects. Regarding PCa, the experience of cancer treatment is not only limited to physical suffering, but also to the difficulties of dealing with changes and self-perception, in addition to expectations regarding sexuality. Therefore, it is essential that health professionals seek to have an approach that considers not only the clinical aspects of treatment, but also the true psychological and social impact of this condition, offering emotional support and guidance on issues of masculinity and sexuality.

THE TYPES OF FEARS IDENTIFIED BY MEN AND THE INTERPRETATIONS INDICATED BY THEM

One of the fears identified when reading the articles was the fear of cancer recurrence in patients diagnosed with localized prostate cancer. In one of the studies researched, the analysis of the factors associated with this fear, its implications on the quality of life of patients and possible strategies to deal with this concern are factors that

need to be observed. This study identifies that the fear of cancer recurrence is a significant emotional concern, even in cases of localized prostate cancer, where the prognosis is generally favorable. In addition, the study highlights how psychological, social, and clinical factors can influence the levels of fears in these patients (BERGEROT, WILLIAMS, and HLAASSEN, 2021).

Another article highlights how prostate cancer, often associated with masculinity, arouses feelings of vulnerability and fear, especially related to sexuality and loss of autonomy. Such aspects are often silenced due to stigma or men's difficulty in expressing emotions, which can compromise treatment adherence and emotional well-being. (CARVALHO et al, 2023)

Fear, often perceived as a limiting and undesirable feeling, can be analyzed in a profoundly transformative way in the work of De Becker (2024). Far from being a mere obstacle to human freedom, fear is presented as an essential tool for survival and for the development of a more accurate perception of reality.

De Becker (2024) defines fear as a sophisticated biological mechanism, which has evolved over millennia to protect humans against imminent threats. According to him, legitimate fear, the one that arises in situations of real danger, is a valuable alert that helps in making quick and effective decisions. However, the author distinguishes this functional fear from "manufactured fear"—an exacerbated or unfounded emotional state, fueled by anxiety, sensationalist media, or past traumas.

Another fear that men share is the loss of their sexual function and consequently the loss of masculinity. One of the articles researched highlights prostate cancer as a condition that challenges traditional notions of masculinity. By exploring how men deal with the feeling of "no longer being" due to the physical, emotional, and social changes caused by the disease, the study enriches the debate on the construction of masculinity in contexts of vulnerability (MARTINS and NASCIMENTO, 2020)

By dealing with the relationship between health and masculinity, the article contributes to a necessary discussion about the deconstruction of stigmas and the need to rethink men's health care. The study emphasizes how cultural norms can make it difficult to cope with illness and even to seek professional help.

Another study conducts a narrative review on how factors associated with masculinity influence the early diagnosis of prostate cancer. It explores sociocultural barriers, such as gender norms, stigmas, and male behaviors, that make it difficult to seek

preventive care. These behaviors can be translated as fears of the discovery of pathological processes, which can prevent man from exercising his activities in society. The study also addresses the impact of machismo and misinformation on adherence to exams, highlighting the importance of educational strategies and public policies aimed at men's health (PEREIRA et al, 2021).

This fear emanating from man has an explanation through Reis and Pereira (2017), who emphasize the need to recognize and address the psychological and social dimensions of fear and suffering. Illness does not only affect the physical body, but also the "social body" and the individual's identity. Many men face difficulty coping with dependence on care or expressing vulnerability, which can increase feelings of isolation. The fear of social distancing due to the diagnosis of the disease is something that needs to be thought about as well.

In view of the causal link related to male beliefs and their influences on men's responses to the disease, it demonstrates that in addition to the difficulty of presenting oneself in the face of the situation and seeking medical reference, there is also a lack of perception regarding men's health. Men's knowledge about the PNAISH (National Policy for Comprehensive Attention to Men's Health) and sociodemographic factors influence its effectiveness in care, as men aware of the policy tend to use health services more. However, the lack of communication and clarity about the existence of the policy is a significant barrier. Managers and health professionals also share this information gap, which hinders the implementation of effective actions.

As an example of the problems mentioned above, we have the necessary exams for the prevention of prostate cancer, performed through the digital rectal exam, which has also been an avoided exam, because it affects the male imagination, the fear of losing masculinity. In this way, it generates the withdrawal of countless men from prevention actions. Hegemonic masculinity, which often associates virility and sexual ability with male identity, can make the diagnosis of PCa psychological and social challenge for many men. The loss of sexual function, resulting from treatments such as prostatectomy or androgen deprivation therapy, can be seen as an attack on masculinity, significantly impacting the patient's self-esteem and emotional well-being, bringing up numerous feelings of fear.

FAMILY AND SPIRITUALITY - WAYS OF COPING WITH THE FEAR OF PROSTATE CANCER

Man's illness, depending on the severity, can generate important changes in his daily life, both in psychological, economic, physical, and social aspects. Such modifications can be absorbed by the family and spirituality, as there are usually bonds that keep them connected in such a way that the events that happen to a family member can compromise the functioning of their routine and the emotional stability of the others, as well as faith can help in coping with the disease.

The family has a significant impact on the health and well-being of each of the members, and can influence the disease that this individual has. The researched articles address issues related to family and spirituality, where men cling to resist the process of disease evolution.

It is observed that the search for health services to carry out measures to prevent and promote prostate cancer occurs less frequently by men, even due to issues of little family support and male cultural conceptions. Some, such as being the pillar of support for a family, hinder them in the search for care guidance, for fear of becoming ill and that this may harm their role as financial provider and protector (MACHIN et al, 2011).

In a study carried out in previous researches, they demonstrated that each individual expresses religion/spirituality in their own way, relating it to the hope of surviving cancer, since the disease frightens and faith renews, which demonstrates the importance of recognizing it as a coping strategy in the planning of care for cancer patients (MESQUITA et al 2012).

In the study by Souza SantAnna et al (2022), they discuss the implications that the diagnosis and treatment of prostate cancer generate in the patient's family context. The article explores how the disease affects family dynamics, social roles, and interpersonal relationships. In addition, it addresses the emotional and financial challenges faced by families, highlighting the need for comprehensive support to the family nucleus in coping with the disease.

Prostate cancer is a condition that affects not only the individual diagnosed but also their family, due to the changes in social roles and the emotional and economic demands that emerge. By highlighting this dimension, the study describes the importance of including family members in care planning and in the formulation of public policies aimed at oncology.

This study further underscores that prostate cancer often requires significant adaptations in family dynamics, especially in terms of caregiving roles and emotional support. Often, family members assume the role of caregivers, which can generate physical and psychological overload. On the other hand, family support is crucial for the patient's well-being and can positively influence their adherence to treatment.

One of the main contributions of this study is to highlight the need for integrative care strategies that involve the family. Health professionals, such as social workers and psychologists, could play a more active role in supporting family members, helping them cope with challenges and avoid emotional overload.

When we talk about spirituality in patients with prostate cancer, religion appears as a way to help patients adhere to treatment. The approaches to patients in consultations, through dialogue, demonstrate that patients understand that not only faith in their religion favors an improvement in health, but also contributes to the exchange of experiences, following the guidelines and strengthening the bond with the professionals participating in this process.

We can observe this in the study by Carvalho et al (2023), where prostate cancer is shown to be one of the most prevalent neoplasms among men and an important public health problem. The text discusses the social representations attributed to the disease contributes to a broader understanding of the subjective and cultural aspects that impact coping with diagnosis and treatment. Spirituality appears as one of these representations, where patients attach themselves to faith to relieve their suffering. In this way, we see the need for a humanized approach to cancer care, going beyond the biomedical perspective and valuing the psychological and social context of patients.

FINAL CONSIDERATIONS

From the discussions and analyses presented in these studies, it is possible to perceive that prostate cancer, although one of the main causes of death among men, also reveals itself as a significant challenge for the construction of male identity, especially in relation to the stereotypes of virility, strength and sexual performance that still mark the traditional view of masculinity. The disease and its treatment impose on men a profound reconfiguration of their bodies and social roles, generating, in addition to physical pain, psychological suffering related to the loss of the ability to meet the imposed cultural standards. This process of resignifying masculinity, although painful, is also an opportunity

to rethink social gender constructions and seek healthier and more integrated ways of living masculinity.

The objective of this study was achieved, since it was possible to describe the main fears found in men living with prostate cancer. The findings found can contribute to the development of actions that can act as a clinical intervention plan to alleviate or minimize the fear arising from the diagnosis, through actions that are within the reach of health professionals, with the possibility of creating spaces for monitoring patients diagnosed with prostate cancer, and even other oncological processes. that they can deal with the information and anxieties of these patients who go through this entire process of health and disease.

The need for a comprehensive and gender-sensitive approach to overcoming cultural and social barriers that end up keeping men away from preventive care is also highlighted. Health education is essential to demystify prejudices and, in this way, strengthen the bond between the male population and health services. In this way, by outlining the ideal care, it is possible to promote early diagnoses and improve the quality of life of men with prostate cancer.

It is essential that health professionals understand the psychosocial implications of male illness, considering not only the clinical aspects, but also the impact of the disease on the gender identity and mental health of patients. A comprehensive approach to men's health, which takes into account its emotional and cultural dimensions, is essential for care to be more effective and humanized. In this sense, the study of male illness experiences offers important contributions to the construction of health practices that seek to overcome exclusively biomedical models and that favor a broader, more inclusive and contextualized view of health.

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