

Department of Surgery
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Title:

Mental Illness, PTSD, and their Relationship with Prostate Cancer: A Scoping Review

Authors and Affiliations:

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BACKGROUND: This first-in-kind scoping review documents the impact of post-traumatic stress disorder (PTSD) or mental illness diagnoses upon prostate cancer patients' treatments and outcomes. Because a prostate cancer diagnosis or starting cancer treatments can be very stressful, this review sought to identify barriers and challenges affecting treatment adherence. Although prostate cancer mortality has declined over the past two decades, patients with mental illness have higher death rates than those without mental illness, prompting a need to understand the rationale for these differences and identify options to reduce this survival gap.

METHODS: A scoping review was conducted across PubMed, EMBASE, PSYCArticles, and Web of Science for articles including prostate cancer and at least one of veterans and/or mental illness (preferably but not exclusively PTSD). Inclusion criteria required prostate cancer, veteran-related terms, and mental health diagnoses. Articles more than 20 years old were excluded.

Results: Of 456 publications identified, 67 met inclusion criteria. Sixteen addressed the primary question—how mental health diagnoses impact prostate cancer treatments and outcomes—while 51 addressed the secondary question: the impact of prostate cancer diagnosis/treatment on patients' mental health. Publications for the primary question involved patients with higher rates of mental health–related adverse outcomes (including depression, suicidal ideation, suicide, and death) and higher rates of metastatic disease. Patients with mental health diagnoses also had more complex comorbidity profiles, making direct comparisons difficult. A bi-directional relationship emerged: mental health distress was associated with adverse clinical outcomes, but worsening prostate cancer or treatment side effects may also worsen mental health. Patients with prostatectomy compared to hormonal therapy showed greater mental health-related adverse outcomes. PTSD specifically increased barriers to cancer screening (e.g., lack of insurance coverage, fear of exams). For example, World Trade Center first responders with prostate cancer more frequently re-experienced traumatic memories, and nearly 30% of male Vietnam Veterans have been diagnosed with prostate cancer. Interventions such as exercise, education, reminiscence therapy, psychological nursing therapy, and home-based supportive care moderately improved anxiety and depressive symptoms but did not show major impacts on treatment adherence or clinical outcomes.

CONCLUSIONS: Towards the goal of improving prostate cancer patients' treatment adherence rates and outcomes, a major iceberg tip – focused upon a prostate cancer patient's mental health status and PTSD symptoms – has been now discovered. Although definitive evidence is lacking, this scoping review found that prostate cancer patients' mental health diagnoses may pose a critically important barrier. Further comparative effectiveness research now appears warranted to identify the mental health-related interventions that hold promise to improving prostate cancer patients' clinical treatment adherence and outcomes.