

Review

Narrative review of determinants influencing and strategies for coping with the psychosocial well-being of patients with early-onset colorectal cancer

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Abstract: Early-onset colorectal cancer (EOCRC) is defined as colorectal cancer diagnosed in individuals under the age of 50 years. Its incidence has risen markedly in recent years, raising growing concern not only about its clinical burden but also about its psychological impact on younger patients. This review aims to synthesize existing evidence on the psychological experiences of patients with EOCRC and to identify the demographic, clinical, and psychosocial factors that shape these experiences. It also examines how mental health may affect EOCRC treatment and highlights the role of psychological interventions in improving patient outcomes. By synthesizing current findings, this review seeks to provide a theoretical basis for clinical interventions that address the mental health needs of patients with EOCRC. Ultimately, such interventions may help improve both psychological well-being and disease-related outcomes. A clearer understanding of the relationship between psychological factors and cancer prognosis is essential for developing comprehensive nursing strategies that respond to the physical and emotional needs of this patient population.

Keywords: early-onset colorectal cancer, psychological state, influencing factors, mental health interventions

1. Introduction

Early-onset colorectal cancer (EOCRC), defined as colorectal cancer diagnosed in individuals younger than 50 years of age, has shown a concerning rise in incidence in recent years [1]. This trend is particularly troubling because patients with EOCRC often face challenges that differ substantially from those experienced by older patients. These challenges include psychological, social, and financial pressures that may affect their overall well-being and quality of life [2]. Many patients report difficulty explaining their experiences to peers who may not fully understand the seriousness of their condition. This sense of isolation may be intensified by the financial strain associated with treatment, job loss, or reduced work capacity, all of which can further undermine mental health. Understanding the factors that shape the psychological state of patients with EOCRC is essential for developing targeted interventions that support both mental health and quality of life. This review examines the biological, psychosocial, and treatment-related factors associated with psychological distress in patients with EOCRC and highlights the importance of integrating psychological support into their treatment plans.

The psychological burden experienced by patients with EOCRC is shaped by several factors, including age, social responsibilities, and the often aggressive nature of the disease. Many of these patients are at critical stages in their careers and personal lives, where they may be managing family responsibilities, financial obligations, and long-term career development. Recent studies have shown that patients with EOCRC

commonly experience elevated levels of psychological distress, including anxiety and depression, which may be worsened by the physical symptoms of the disease and the side effects of treatment [3,4,5]. Financial toxicity has also become a major concern, particularly among younger patients who may be underinsured or whose employment is disrupted by treatment [6,7]. Together, these pressures create conditions in which mental health difficulties are common and require closer clinical attention.

The psychological impact of EOCRC is not simply a direct consequence of the disease itself; it is also shaped by a range of psychosocial factors. Spencer et al. (2025) found that patients with EOCRC often report feelings of isolation and inadequate support, both of which may intensify psychological distress [8]. Cancer-related stigma can be especially difficult for younger patients and may discourage them from seeking mental health care or engaging with support networks. In addition, fear of recurrence, fertility concerns, and changes in sexual health are particularly relevant for this group and may further affect their emotional well-being [9]. These factors should be considered when assessing the mental health needs of patients with EOCRC, as they point to the need for psychological interventions tailored to the circumstances of younger patients.

Biological and treatment-related factors also contribute to psychological distress in patients with EOCRC. Because EOCRC is often associated with aggressive disease features, patients may require more intensive treatment, which can produce physical symptoms and emotional strain that affect mental health [10,11]. Comorbid conditions and the long-term consequences of surgery, including the presence of a stoma, may also affect body image, self-esteem, and quality of life [12,13]. Recognizing how these disease- and treatment-related factors influence patients' psychological experiences is important for developing care approaches that address both physical recovery and emotional well-being.

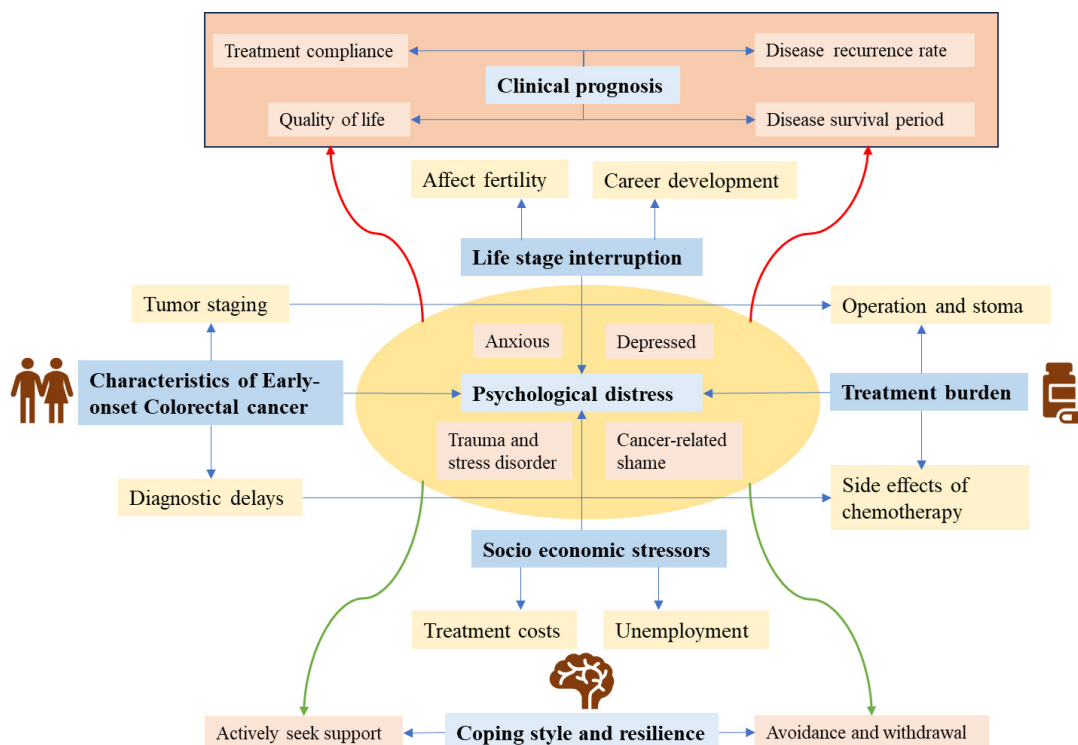


Figure 1. Association model diagram of various factors with the psychosocial status of patients with early-onset colorectal cancer.

The rising incidence of EOCRC presents challenges that extend beyond clinical management. Its psychological impact is shaped by biological, psychosocial, and treatment-related factors, all of which may affect patients' mental health, daily functioning, and quality of life. As EOCRC becomes an increasing concern in oncology care, greater attention should be given to the emotional needs of younger patients. Integrating psychological support into routine care may help patients cope more effectively with diagnosis and treatment while improving their overall well-being. This review examines these factors and considers their implications for patient care and supportive interventions.

Figure 1 illustrates the proposed relationships among biological, psychosocial, treatment-related, and cognitive factors, highlighting their direct and indirect effects on psychological distress and quality of life.

2. Methods

A literature search was conducted in PubMed, PsycINFO, CINAHL, and other relevant databases using the terms “early-onset colorectal cancer”, “young colorectal cancer”, “mental state”, and “mental health.” The search covered studies published between January 1, 2010 and February 1, 2026. Predefined inclusion criteria were applied, including peer-reviewed articles published in English. Reviews, editorials, and conference abstracts were excluded. A two-stage screening process was used, beginning with title and abstract screening, followed by full-text review. The number of studies identified, included, and excluded was recorded at each stage. This is a narrative review; therefore, a formal quality assessment or quantitative synthesis (meta-analysis) was not performed. The screening process was used to organize the literature rather than to systematically exclude studies based on quality criteria. **Table 1** summarizes the key characteristics of the selected clinical studies.

Table 1. Summary of key inclusion studies

Author/ year	Country	Population	Sample Size	Design	Main Findings	Limitations
Xu et al. 2025[2]	Germany	colorectal carcinoma in patients ≤50 years	43	Semi-structured interviews were conducted	EOCRC patients highlighted various age-group-specific challenges related to diagnosis and treatment. Our study highlights	Small sample size, only single center data
Russell et al.2024[3]	UK	Early-onset colorectal cancer incidence in adults 21 aged under 50 years	21	Semi-structured interviews were conducted	numerous unique issues experienced by the early-onset CRC patient group during treatment. Patients and caregivers reported impacts of EOCRC on their mental health, with	Small sample size, only single center data
Auer et al.2024[4]	Canada	early onset colorectal cancer under 50 years	108	The patient and caregiver survey consisted of 113 and 94 questions	70.9% of patients expressing a need for support with depression and 93.3% of caregivers experiencing a constant fear of recurrence of their loved one's cancer.	There is selection bias, a heavy reliance on self-reported data introduces the possibility of recall bias.

Continuation Table:

Author/ year	Country	Population	Sample Size	Design	Main Findings	Limitations
Kobritz et al.2024[6]	The United State	patients with colorectal cancer	642	Respondents with a history of CRC were stratified by age of diagnosis into Early-onset Colorectal Cancer (diagnosis at <50 years of age) or average-onset Colorectal Cancer (diagnosis at age ≥ 50 years)	Colorectal cancer is associated with significant long-term financial toxicity, which disproportionately impacts patients diagnosed at <50 years of age.	The subjective component of FT was not assessed, constituting a major limitation of the study.
Garrett et al.2024[10]	Australia	Early-onset colorectal cancer	50	Patients were divided into groups based on the time interval from their index operation: ≤2 years and >2 years. HRQoL was evaluated using the SF-36v2 questionnaire	For patients ≤ 2 years from surgery, the median physical component summary (PCS) and mental health component summary (MCS) scores were 53.3 and 47.3. In the >2 years group, the median PCS and MCS scores were 50.6 and 50.2, respectively.	Small sample size, only single center data
Howren et al.2022[14]	Canada	young-onset colorectal cancer (yCRC; <50 years)	54,634 individuals with CRC and 546,340 controls	Assessed depression and anxiety using validated algorithms. Evaluated the risk of depression and anxiety using multivariable Cox proportional hazard models.	Individuals with yCRC experience higher risk of depression compared to those with aCRC as well as cancer-free controls, particularly among males, suggest effects of age and sex on mental health outcomes.	This is a retrospective study utilizing administrative data, which has inherent limitations with respect to the accuracy of the data and changes in practices. The study is based on a one-time survey, which cannot reflect the changes in QoL over time since diagnosis in individual patients.
Hoang et al.2025[15]	Australia	Early Onset Colorectal Cancer (EOCRC) patients compared to older CRC (OCRC) patients	93	A mixed-method approach was employed, including validated QoL tools (the WHOQOL-BREF, the EORTC QLQ-C30 and QLQ-CR29) and in-depth interviews.	EOCRC patients face significant psychological and emotional challenges compared to OCRC patients, emphasizing the need for tailored support and intervention programs across the disease trajectory to address their unique challenges.	An ideal study design would be a prospective longitudinal study with multiple surveys to assess changes within the same cohort.

Continuation Table:						
Author/ year	Country	Population	Sample Size	Design	Main Findings	Limitations
Vitaloni et al.2025[16]	seven European countries: France, Ireland, Italy, the Netherlands, Romania, Spain, and the UK	CRC diagnosed in individuals under 50 years	47	Discussions were analyzed using a thematic approach, focusing on three stages of the patient journey: pre-diagnosis, diagnosis, and post-diagnosis.	Many participants reported significant quality-of-life (QoL) impacts related to disrupted careers, intimacy issues, and challenges managing family responsibilities during treatment. Psychological support, physiotherapy, and nutritional counseling were inconsistently available, with significant disparities across public and private healthcare systems.	small sample size and focus on seven European countries limit the generalizability of findings. The lack of quantitative data restricts the ability to assess the prevalence of specific issues raised by participants.
Berghuijs et al.2024[17]	USA	colorectal cancer diagnosis age (18-49, 50-64, 65+ years)	202	participants age 18-49 reported cancer-related difficulties with mental (81.3%) and physical (89%) tasks at work more than those working in the older age groups (45%-61%).	Younger colorectal cancer patients are more likely to work after a cancer diagnosis and during cancer treatment, but report higher levels of financial hardship than older patients.	a low participation rate at several sites, precluding our ability to examine differences by location. We also had insufficient data on key clinical factors, such as time since diagnosis, that might influence our findings.
Gros et al.2025[18]	Switzerland	colorectal cancer diagnosed in patients under the age of 50 years	19	semi-structured interviews were conducted between 09/2023 and 06/2024 with Early-onset colorectal cancer patients.	indicating the need for increased physician awareness and improved risk-based screening for high-risk individuals. Participants' key coping strategies included self-advocacy and participating in medical decision-making, like prioritising fertility preservation over rushed treatment.	Small sample size
Wang et al.2025[19]	China	Patients undergoing abdominoperineal resection (APR) for low rectal cancer	194	a 6-month narrative-CBT program in addition to standard ERAS care, or to a control group receiving ERAS care alone	Compared with controls, the intervention group demonstrated significantly greater reductions in depression and anxiety scores.	a single academic center, although survival outcomes were assessed over 24 months, long-term durability remains unknown.

Continuation Table:

Author/ year	Country	Population	Sample Size	Design	Main Findings	Limitations
Lima et al.2024[20]	USA	colorectal cancer diagnosed in patients under the age of 50 years	48	Participants will be randomly assigned to one of four groups: TRE, Mindfulness, TRE and Mindfulness, or Control	TRE, combined with Mindfulness, holds promise for stress reduction and weight management among individuals at risk of EOCRC.	Not mentioned in paper

3. Biological factors affecting EOCRC psychological state

3.1. Genetic susceptibility and psychological distress

Genetic factors, particularly inherited conditions such as Lynch syndrome, can have a substantial effect on the mental health of patients and their families. The psychological burden is not limited to fear of developing cancer; it also includes concern about the future health of relatives, as Lynch syndrome is hereditary [21]. As individuals and families come to terms with this genetic risk, concerns about colorectal cancer and other associated malignancies may further increase anxiety. Genetic counseling can help reduce some of this distress by providing clear information about individual risk, family implications, and available preventive options [22,23]. Access to high-quality genetic counseling has been associated with better psychological outcomes, as it may help patients understand their risk more accurately and address fears related to inherited cancer syndromes. In addition, early psychological support may strengthen coping strategies and reduce the emotional burden associated with genetic conditions such as Lynch syndrome [24].

3.2. Tumor characteristics and psychological responses

Tumor characteristics, including stage, location, and symptom severity, can shape the emotional well-being of patients with colorectal cancer. Zhang et al. (2015) and Phelan et al. (2013) reported that patients with advanced cancer often experience higher levels of psychological distress, including symptoms of anxiety and depression [25,26]. The emotional burden of a cancer diagnosis may be further intensified by physical symptoms such as pain and gastrointestinal problems, which can reduce quality of life [27].

Patients with metastatic disease face particular psychological challenges, including feelings of powerlessness and a heightened fear of death. These experiences suggest the need for targeted psychological support. Symptom burden may also interfere with daily functioning and contribute to greater emotional distress [28]. A clearer understanding of how tumor characteristics relate to psychological responses may help guide interventions that address both the physical and emotional needs of patients [29].

3.3. Treatment side effects and psychological adaptation

The adverse effects of cancer treatment, including chemotherapy, radiotherapy, and surgery, can affect patients' psychological well-being. Common side effects such as fatigue, nausea, and changes in body image are often associated with increased anxiety and depressive symptoms [14,30].

Patients undergoing chemotherapy may experience marked distress related to

hair loss and other changes in physical appearance, which can affect self-esteem and mental health [11]. Patients also differ in how they adapt to treatment-related challenges. Some develop effective strategies for managing emotional stress, whereas others struggle with feelings of loss and changes in their sense of identity. These psychological effects highlight the importance of support systems that include counseling and interventions aimed at strengthening coping skills. Kovács et al. (2021) reported that addressing psychological needs during treatment may improve adherence to treatment protocols and quality of life, supporting the value of integrated care models that attend to both physical and psychological well-being in cancer care [31].

4. Psychosocial factors' role in EOCRC

4.1. Age-related psychological challenges

Young patients diagnosed with early-onset colorectal cancer face psychological challenges that are often intensified by their age and stage of life. Many are building careers, managing family responsibilities, and developing a stable sense of identity. A cancer diagnosis can disrupt all of these areas, leading to increased anxiety and stress. For example, treatment and recovery may interrupt career development, leaving patients with feelings of inadequacy and uncertainty about their future prospects [15].

Trying to maintain professional goals while coping with a serious illness can place considerable psychological strain on young patients. They may also worry about being perceived as less competent or reliable by employers and colleagues. In addition, social expectations surrounding family formation and stability may make these challenges more difficult. Some young patients may experience a sense of loss related to their ability to take on expected roles, such as becoming a parent or partner, because of the physical and emotional demands of their illness. The tension between health concerns, personal ambitions, and social expectations may contribute to identity-related distress and affect mental health and overall well-being [3,4,16].

4.2. The Impact of social support systems

Social support is closely related to psychological adjustment in young patients with colorectal cancer [32]. Family support may include emotional encouragement, practical assistance, and help with understanding medical information, all of which can ease the challenges of cancer treatment. Emotional support from family members may reduce anxiety and isolation and help protect patients from the psychological distress associated with a cancer diagnosis [33,34].

Family members who are able to help patients understand medical information and participate in decision-making may also strengthen patients' sense of control during treatment. Peer support from partners or other cancer survivors is similarly important, as these relationships provide shared understanding, mutual encouragement, and practical coping strategies [35,36]. In contrast, the absence of a strong social support network may increase social isolation, worsen emotional distress, and make psychological adaptation more difficult. Young patients who feel socially isolated may be less able to engage with treatment plans or follow medical recommendations, which may contribute to poorer health outcomes [37].

4.3. Economic pressure and psychological burden

Economic pressure is an important contributor to the psychological burden experienced by young patients with colorectal cancer. The financial demands of

cancer treatment can be difficult to manage, particularly for younger patients who may not yet have stable financial resources. High medical costs, including expenses related to treatment and medication, combined with possible income loss due to reduced work capacity, can create considerable emotional strain [17]. Financial toxicity may increase anxiety and stress, as patients worry about their ability to afford necessary care and the long-term consequences of medical debt. These concerns may also interfere with recovery, as patients can become preoccupied with financial insecurity rather than focusing fully on their health [6,38].

5. Treatment-related factors impact in EOCRC

5.1. Treatment decision-making pressure

Treatment decision-making can be a major source of psychological stress for patients with EOCRC. Patients are often required to consider multiple treatment options, including surgery, chemotherapy, and radiotherapy, each with different risks, benefits, and implications for long-term quality of life. The amount and complexity of this information may lead to decision fatigue, anxiety, and uncertainty, particularly when patients must weigh survival outcomes against possible changes in physical function, body image, and daily life [39,40].

Aggressive treatment may offer the possibility of cure or disease control, but it can also involve substantial physical and emotional costs. For example, radical surgery may improve the likelihood of remission, yet it may also lead to functional impairment, altered body image, and reduced quality of life. Treatment delays may further intensify feelings of helplessness, as patients can feel that they have limited control over the course of their care. Previous studies have suggested that delayed treatment is associated with poorer psychological outcomes, including higher levels of anxiety and depression, which may make it more difficult for patients to cope with diagnosis and treatment [41].

5.2. Quality of doctor-patient communication

The quality of communication between healthcare professionals and patients plays an important role in the psychological adjustment of individuals with EOCRC. Clear, compassionate, and supportive communication can help patients better understand their condition and participate more actively in treatment planning. When patients feel informed and supported, they may experience less anxiety and uncertainty. However, communication alone may not be sufficient. Although clinicians may discuss quality-of-life goals with patients, these goals are not always reflected in subsequent medical decisions, highlighting a gap between discussion and clinical practice [42].

Shared decision-making, in which patients take an active role in treatment choices, may also improve psychological outcomes. This approach respects patients' preferences and values while strengthening their sense of control during treatment. Studies have shown that patients who perceive their healthcare providers as communicative and supportive often report higher satisfaction and better adherence to treatment protocols. These factors may, in turn, support mental health and improve patients' ability to cope with diagnosis and treatment [43].

5.3. Challenges of long-term follow-up

Long-term follow-up care for patients with EOCRC presents challenges that may affect psychological well-being. Survivorship can involve ongoing concerns about recurrence, treatment-related complications, changes in daily life, and

uncertainty about the future. These issues suggest the need for follow-up care that addresses not only medical surveillance but also patients' emotional and social needs. Healthcare providers should therefore incorporate psychological support into long-term follow-up to help patients manage the continuing demands of survivorship [44].

6. Influence of disease cognition in EOCRC

6.1. Impact of disease cognition patterns

For patients with EOCRC, how they interpret their diagnosis is closely related to psychological adjustment. Patients who perceive the disease as uncontrollable or view the diagnosis as deeply unfair may experience greater anxiety and distress [45]. Questions such as "Why me?" can reflect feelings of helplessness, uncertainty, and loss of control, which may make emotional adaptation more difficult. Uncertainty about disease progression, prognosis, and treatment response can also place a substantial burden on mental health. When patients are unsure about what to expect, they may experience heightened stress and reduced confidence in their ability to cope. Evidence suggests that this uncertainty may contribute to maladaptive coping responses, such as avoidance or denial, which are associated with poorer psychological outcomes [4].

6.2. Treating cognitive confusion

Patients with EOCRC often undergo complex treatment regimens, including surgery, chemotherapy, targeted therapy, and immunotherapy. The complexity of these treatments may make it difficult for patients to fully understand treatment goals, expected outcomes, and potential side effects, which can increase anxiety and reduce treatment acceptance. Limited awareness of long-term effects on fertility and body image, such as changes related to enterostomy, may also affect how patients evaluate the impact of treatment on their quality of life [5,15,18]. **Table 2** summarizes the factors influencing the psychological status of EOCRC patients.

Table 2. Summary of Factors Influencing the Psychological Status of EOCRC Patients.

Factor Category	Specific Factors	Key Findings	Clinical Implications
Biological Factors	Genetic factors	Lynch syndrome	The anxiety of potentially developing cancer
	Tumor Characteristics	High invasiveness and metastasis	Pain and gastrointestinal problems lead to a reduced quality of life.
	Treatment Side Effects	The negative consequences associated with cancer treatments	Integrating psychological interventions within the therapeutic regimen may enhance adherence to therapeutic protocols and the overall quality of life
Psychosocial Factors	Age-Related Psychological state	At a pivotal stage of life, individuals face the challenge of balancing career advancement, family obligations, and developing their identity.	Resulting in increased anxiety and stress

Continuation Table:

Factor Category	Specific Factors	Key Findings	Clinical Implications
Treatment-Related Factors	Social Support Systems	Family support can take various forms	Emotional backing from family members can significantly reduce feelings of anxiety and isolation, thereby protecting against the psychological distress often linked with a cancer diagnosis
	Economic Pressure	Financial instability and high medical expenses	Patients worry about their ability to afford necessary care and the lasting impact of medical expenses
	Treatment Decision-Making Pressure	the extensive range of available treatment options	Often resulting in decision fatigue
	Communication between physicians and patients	The quality of interaction between healthcare professionals and patients	Effective communication cultivates a therapeutic alliance, which is vital for enhancing patients' understanding of and engagement with treatment strategies.
	Challenges of Long-Term Follow-Up	Long-term follow-up care for patients with EOCRC presents challenges that can significantly impact their psychological well-being	It is essential for healthcare providers to implement holistic follow-up care
Influence of disease cognition	The Impact of Disease Cognition Patterns	Deciphering the cognitive lenses through which they view their diagnosis is paramount to forecasting psychological adaptation.	The subjective interpretation of this aggressive malignancy profoundly shapes coping trajectories.
	Treating cognitive confusion	Patients undergo complex treatment regimens	Insufficient awareness of long-term impacts on fertility and body image results in a suboptimal assessment of the effects of treatment on quality of life

7. Comprehensive intervention strategies in EOCRC

7.1. Psychosocial interventions measures

Cognitive behavioral therapy (CBT) is an established psychosocial intervention for patients with colorectal cancer and can help reduce the psychological distress commonly associated with the diagnosis [46]. Studies have shown that CBT may be particularly useful for patients with colorectal cancer who experience anxiety, depression, and uncertainty about prognosis or treatment options [47,48]. Based on this evidence, CBT may also help reduce psychological distress in patients with EOCRC and improve cancer-related coping self-efficacy, although this hypothesis requires further empirical validation.

A single-center study suggested that narrative therapy combined with CBT may improve psychosocial adaptation, reduce systemic inflammation, and potentially

contribute to better oncological outcomes in patients after radical abdominoperineal resection (APR). However, whether this combined approach has a causal effect on survival in patients with EOCRC remains unclear and should be examined in future prospective mechanistic studies [19].

Mindfulness-based interventions have also shown benefits in reducing symptoms commonly experienced by patients with cancer, including pain, anxiety, and fatigue [49,50]. Mindfulness-based stress reduction (MBSR) has been associated with improved quality of life and reduced symptom severity in patients with breast cancer and lung cancer [51,52]. Emerging evidence further suggests that time-restricted eating (TRE) combined with mindfulness may reduce stress and support weight management, providing a basis for future large-scale trials targeting modifiable risk factors for EOCRC [20].

7.2. Multidisciplinary collaborative model

Integrating psychological support into cancer treatment models is an important step in improving care for patients with EOCRC [53]. A multidisciplinary approach brings together oncologists, psychologists, social workers, and other healthcare professionals to address patients' medical, psychological, and social needs. This model recognizes that mental health is closely linked to physical health during cancer treatment. Studies have shown that patients who receive coordinated psychological support alongside medical care often report better outcomes. Through clear communication within the care team and regular psychological assessment, healthcare professionals can identify and address emotional distress and other mental health concerns in patients with EOCRC. This collaborative approach may improve the quality of care, increase patient satisfaction, support treatment adherence, and contribute to better clinical outcomes [4].

7.3. Family-centered interventions

Family systems theory provides a useful framework for examining family interactions and their influence on the health and well-being of patients with EOCRC. Interventions based on this theory focus on improving communication, support, and coping within the family. Because cancer affects both patients and their family members, these interventions aim to create a supportive family environment that promotes resilience and shared coping [54]. Studies indicate that family-centered interventions are associated with improved psychological outcomes for both patients and their caregivers, by fostering shared understanding and collaborative problem-solving. This approach not only addresses the emotional needs of the patient but also empowers family members to engage proactively in the treatment process, thereby enhancing the overall quality of care [55].

8. Limitations

As a narrative review, this study has several limitations. First, the process of selecting studies may have introduced selection bias, as certain studies may have been included or emphasized over others. Second, because this review did not include quantitative synthesis or meta-analysis, the interpretation of findings may be influenced by subjective judgment. Third, the absence of a fully systematic methodology may limit reproducibility, making it difficult for other researchers to replicate the review process or independently verify its conclusions. Finally, direct evidence regarding the prognosis of EOCRC remains scarce, a gap this review does not address.

9. Conclusion

The mental health of patients with early-onset colorectal cancer is shaped by biological, psychosocial, and treatment-related factors. Because many patients are at critical stages of career development, family formation, and identity building, their psychological needs often differ from those of older patients. Fear of recurrence, uncertainty, fertility concerns, body image changes, financial stress, and disruptions to work and family life may contribute to anxiety, depression, isolation, and reduced quality of life. Psychological care should therefore be integrated into routine EOCRC management rather than treated as optional support. Early assessment, continuous follow-up, and timely referral to mental health services are essential. Multidisciplinary care involving oncologists, nurses, psychologists, social workers, and genetic counselors can provide more coordinated support. Future research should develop culturally sensitive, patient-centered interventions to improve mental health, treatment engagement, and long-term outcomes.

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