



SOCIODEMOGRAPHIC, CLINICAL AND THERAPEUTIC PROFILE OF PATIENTS WITH NEOPLASTIC WOUNDS

PERFIL SOCIODEMOGRÁFICO, CLÍNICO E TERAPÊUTICO DE PACIENTES COM FERIDAS NEOPLÁSICAS

PERFIL SOCIODEMOGRÁFICO, CLÍNICO Y TERAPÉUTICO DE PACIENTES CON HERIDAS NEOPLÁSICAS

Wynne Pereira Nogueira¹, Glenda Agra², Nilton Soares Formiga³, Marta Miriam Lopes Costa⁴

ABSTRACT

Objective: to describe the sociodemographic, clinical and therapeutic profile of patients with neoplastic wounds. **Method:** descriptive, documental, quantitative approach, obtained through secondary data and performed in a public hospital. **Results:** 128 medical records of patients with neoplastic wounds, with the highest occurrence in 2009 (31.3%), in the male sex (57.8%), in the age group over 60 years old (57.8%), were evaluated. Predominance of skin cancer (73.4%), tumor *in situ* (68.8%), whose appearance of the lesion was superficial ulceration (37.6%). **Conclusion:** it is necessary to improve the public policies aimed at the screening programs for skin cancer, as well as encouraging nursing professionals to record all the interventions performed, in order to help communication between the professionals of the multiprofessional team, as well as guarantee the improvement in quality of life of patients living with these wounds. **Descriptors:** Epidemiology; Nursing; Medical Records Department Hospital; Skin Neoplasms.

RESUMO

Objetivo: traçar o perfil sociodemográfico, clínico e terapêutico de pacientes com feridas neoplásicas. **Método:** estudo descritivo, documental, de abordagem quantitativa, obtido por meio de dados secundários e realizado em um hospital público. **Resultados:** foram avaliados 128 prontuários de pacientes com feridas neoplásicas, com maior ocorrência em 2009 (31,3%), no sexo masculino (57,8%), na faixa etária de mais de 60 anos (57,8%), com predominância de câncer de pele (73,4%), tumor *in situ* (68,8%), cuja aparência da lesão era ulceração superficial (37,6%). **Conclusão:** é necessário melhorar as políticas públicas voltadas aos programas de rastreamento de câncer de pele, além de incentivar os profissionais de Enfermagem a registrarem todas as intervenções realizadas, de forma a ajudar a comunicação entre os profissionais da equipe multiprofissional, assim como garantir a melhora da qualidade de vida dos pacientes que convivem com essas feridas. **Descritores:** Epidemiologia; Serviço Hospitalar de Registros Médicos; Neoplasias Cutâneas.

RESUMEN

Objetivo: delinear el perfil sociodemográfico, clínico y terapéutico de pacientes con heridas neoplásicas. **Método:** estudio descriptivo, documental, de abordaje cuantitativo, obtenido por medio de datos secundarios y realizado en un hospital público. **Resultados:** se evaluaron 128 prontuarios de pacientes con heridas neoplásicas, con mayor ocurrencia en 2009 (31,3%), en el sexo masculino (57,8%), en el grupo de los mayores de 60 años (57,8%), predominante de cáncer de piel (73,4%), tumor *in situ* (68,8%), cuya apariencia de la lesión era ulceración superficial (37,6%). **Conclusión:** es necesario mejorar las políticas públicas dirigidas a los programas de rastreo de cáncer de piel, además de estimular a los profesionales de Enfermería a registrar todas las intervenciones realizadas, para ayudar a la comunicación entre los profesionales del equipo multiprofesional, así como garantizar la mejora de la Calidad de vida de los pacientes que conviven con esas heridas. **Descriptores:** Epidemiología; Servicio de Registros Médicos en Hospital; Neoplasias Cutáneas.

¹Nursing Academic, Federal University of Paraíba / UFPB. João Pessoa (PB), Brazil. E-mail: wynnenogueira@hotmail.com; ²Nurse, Master Professor, Federal University of Campina Grande / UFCG, PhD student, Post-Graduate Program in Nursing, Federal University of Paraíba / UFPB. João Pessoa (PB), Brazil. E-mail: g.agra@yahoo.com.br; ³Psychologist, PhD in Social Psychology, Federal University of Paraíba / UFPB. João Pessoa (PB), Brazil. E-mail: nsformiga@yahoo.com; ⁴Nurse, PhD, Professor, Federal University of Paraíba / UFPB. João Pessoa (PB), Brazil. E-mail: marthamiryam@hotmail.com

INTRODUCTION

Neoplastic wounds are formed by the infiltration of malignant tumor cells into the skin structures, resulting in the breakdown of their integrity, with the subsequent formation of an evolutionarily exophytic wound resulting from the uncontrolled cell proliferation that the oncogenesis process causes.¹

In Brazil, according to the National Cancer Institute (NCI), 2 the estimate for the years 2016 and 2017 indicates an occurrence of approximately 596,070,000 new cases of cancer, including non-melanoma skin, reinforcing the magnitude of the cancer problem in the parents. Non-melanoma skin cancer (175,760,000 new cases) will be the most incident in the Brazilian population, followed by prostate tumors (61,200,000), female breast (57,960,000), cervix (16,340,000), trachea, bronchus and lung (28,220 thousand), colon and rectum (34,280 thousand) and stomach (20,520 thousand). For these same years, in the Northeast region, it is estimated that 52,680 new cases of neoplasm occur in men and 54,500 in women.

It is estimated that 5% to 10% of cancer patients develop wounds, either due to the primary tumor or metastatic tumors, with a life expectancy of six to 12 months. Unfortunately, there are no population-based cancer registries with incidence data and prevalence of neoplastic wounds. It is believed that emotional aspects, such as the shame and the embarrassment that the patient presents due to the appearance of the wound, are the reasons for underreporting³.

The neoplastic wounds that affect the skin are another problem in the life of cancer patients, because they progressively disfigure the body, become friable, painful, secretive and release a foul smell. It is crucial to emphasize that, in addition to the highlighted signs and symptoms, these wounds can still develop an unpleasant visual aspect, leading to a corporal deformity and causing in the patient a disturbance of the self-image and psychological exhaustion, which can provoke feelings of helplessness, humiliation and social isolation.⁴

In order to provide a better quality of life for the patient with advanced neoplastic wound disease, nurses need to know the products and coverings most appropriate for the control of signs and symptoms, the economic reality of the patient, their relatives and the institution where they are hospitalized for, thus, it is better to intervene.⁵ In addition, the training of

patients and their caregivers, as well as the training of the Nursing team, is of great importance in the care process of these injuries, since, in the home, family members and themselves are often solely responsible and providers of continuing care.⁶

The motivation for the theme arose from the paucity of studies that contributed to improve the quality of care provided, as well as the need to know the profile of these patients, since there are no scientific productions that expose in Brazil the incidence and prevalence of these lesions, or the sociodemographic, clinical and therapeutic profile of these people.

In order to deepen the knowledge about the subject, the following question emerged: what is the sociodemographic, clinical and therapeutic profile of patients with neoplastic wounds treated at a hospital in João Pessoa-PB? This questioning represented the starting point for the development of the research, considering that there is a need to know the clientele for which various forms of care are provided and, thus, to direct their care and, based on this walk, the objective of this study was:

- To describe the sociodemographic, clinical and therapeutic profile of patients with neoplastic wounds.

METHOD

This article is an adaptation of a research report related to the PIBIC 2015/2016 quota of the Federal University of Paraíba / UFPB.

A descriptive, documentary study with a quantitative approach obtained by means of secondary data (medical records), carried out in a hospital in João Pessoa (PB), Brazil, which treats patients with oncological disease.

The sample was of the intentional type, based on the following inclusion criteria: medical records of patients with neoplastic wounds; with an age equal to or greater than 18 years of age; Considering the interval from 2009 to 2015. The time space from 2009 to 2015 is justified, since there is a need to investigate the comprehensiveness and applicability of the NCI¹ manual on neoplastic wounds, which recommends basic and specific actions of Nursing in the control of signs and symptoms of these injuries and had its first publication in 2007. Thus, at least a minimum interval of two years was taken into account for the manual to present a coverage to the country's health service network.

The instrument used for data collection was a structured script containing items related to sociodemographic data (sex, age,

etc.), clinical (cancer type, morphological aspect of the lesion, etc.) and therapeutic (medicines and lesion coverages etc.) of patients with neoplastic wounds oncological disease. The clinical and therapeutic information was based on the NCI¹ manual.

The ethical position of the researchers, in relation to the development of the research, obeyed the ethical recommendations established in the guidelines and regulatory norms for research involving human beings established in Resolution 466/2012 of the National Health Council. The project was approved by the Ethics Committee In Research of the Health Sciences Center of the Federal University of Paraíba, with opinion number 1,159,348 and CAAE 46091215.6.0000.5188.

The data collection took place between August 2015 and June 2016, however, it is worth mentioning some obstacles experienced by the researchers in this institution that made the quantitative of the sample (60 records / year) unfeasible through a statistical calculation for the interval of proposed time, which led to the collection, until the year 2012: a) availability of specific days proposed by the institution; b) availability of 20 medical

records / shift; c) quantitative and temporal limits in the consultation of medical records; d) place of consultation to medical records occurred in the auditorium of the institution itself; e) limit of the availability of employees for the delivery of medical records for this research.

In the statistical program Statistical Package for Social Sciences (SPSS 22.0), descriptive analyzes (frequency and percentage) and the finalization of the data collection were carried out. These were organized, described and summarized through tables typed in the Microsoft Word 2013 program and then analyzed according to the relevant literature.

RESULTS AND DISCUSSION

The results were organized as follows, containing sociodemographic, clinical and therapeutic aspects of 128 charts of patients with neoplastic wounds treated at a hospital in. From August of 2015 to June of 2016.Sociodemographic data (year, sex, age, race, marital status, number of children, schooling, occupation and occupation) are set forth in table 1.

Table 1. Distribution of sociodemographic data of patients with neoplastic wounds. João Pessoa (PB), Brazil, 2016.

Variable	n	%
Year		
2009	40	31.3
2010	35	27.3
2011	38	29.7
2012	15	11.7
Sex		
Male	74	58.0
Female	54	42.0
Age		
18 - 19	1	0.8
20 - 59	53	41.4
≥ 60	74	57.8
Race		
White	52	40.6
Brown	72	56.3
Not specified	4	3.1
Marital Status		
Single	36	28.1
Married	62	48.4
Widow	17	13.3
Separate	3	2.4
Not specified	10	7.8
Number of children		
None	3	2.3
01 to 03	5	3.9
04 to 05	2	1.6
Not specified	118	92.2
Education		
No Education	40	31.3
Incomplete basic education	44	34.3
Complete basic education	3	2.3
Incomplete highschool	1	0.8
Complete highschool	2	1.6
Incomplete higher education	-	-
Complete higher education	1	0.8
Not specified	37	28.9
Profession		
Farmer	36	28.1

Other*	52	40.6
Not specified	40	31.3
Occupation		
Unempolyed	3	2.3
Employed	10	7.8
Retired	34	26.6
Autonomous	2	1.6
Not specified	79	61.7
Total	128	100

*Scientific parsimony was used in the variable profession, since there was stratification of multiple professional categories. For this reason, it was used as a single category.

Between 2009 and 2012, 128 people with neoplastic wounds were treated at a hospital in João Pessoa (PB) for cancer treatment, with a greater predominance (31.3%) in 2009. As for the sociodemographic profile, there was a predominance of (57.8%), brown (56.3%), married (48.4%), and offspring of four to five children (5.5% %), With incomplete primary education (34.3%), farmers (28.1%), retirees (26.6%), from João Pessoa, PB.

According to the data collected, 2009 was the year of greatest occurrence (31.3%) of cancer patients presenting with neoplastic wounds. The 2008 estimate of the incidence of cancer in Brazil revealed that approximately 470,000 new cases of the disease should occur in the country in 2008 and 2009.⁷ In this sense, the year 2009 presented a higher percentage, since a number were collected, accurate and larger number of records compared to other years; this consequence is caused by the appropriate obstacles faced by the researchers in relation to the norms established by the health institution.

This study showed that the most prevalent patients with neoplastic wounds were male patients, with 57.8%. According to NCI², the estimated cases of neoplasms in men are 295,200 (49.5%) and 300,870 (50.4%) in women. It can be verified, therefore, that the number of men diagnosed with cancer is increasing, due to some factors: most men only seek medical attention when the disease is already at an advanced stage; caring for oneself and appreciation of the body are less encouraged issues and the shame of exposing the body to the health professional.⁸

With regard to age, there was a greater occurrence of neoplastic wound in the age group of 60 years or more (57.8%). This reflects the general incidence of cancer involvement in the study in question, considering that they are pathologies present in more advanced age groups, since, according to the NCI², about 75% of neoplasias occur in individuals older than 60 years. The increase in life expectancy not only increases the individual's exposure to the risk factors present in the environment and the time of

this exposure, but also the aging predisposes to the appearance of neoplasias, which only appear later.⁹

Some authors report that probably 5% to 10% of patients with oncology develop wounds, especially in people over 70 years of age.¹⁰ A survey carried out in France showed malignancy in lesions in 1.7% of outpatients and 1.6% of hospitalized patients.¹¹

In relation to the breed, there was a predominance of brown people (56.3%), which diverges from studies that indicate that the fair skin is more susceptible to dermatological lesions, due to its histological characteristics, such as lower melanin production, smaller amount of collagen fibers and greater skin fragility.¹²

In Brazil, data analysis of skin cancer prevention campaigns revealed 17,980 cases (8.7%) of different types of cancer among the 205,869 individuals examined and verified that the proportion of cancer in black people was 5% (1.6% in blacks and 3.4% in browns), 3.2% in yellows and 12.7% in Caucasians.²

In terms of schooling, the majority of the patients had incomplete primary education (34.3%), followed by those who did not have schooling (31.3%). For some authors, there is an association between the poor knowledge of the patient and the advanced processes of carcinogenesis, considering that the low level of education can lead to a delay in the perception of the disease and the search for medical care.¹³⁻¹⁴

According to the labor activity, the agricultural activity had the highest occurrence (28.1%). In this sense, it is worth mentioning that some professions have a higher risk of developing occupational diseases, such as those in which workers are exposed to sunlight and ultraviolet A and B rays (UVA and UVB).^{2,15}

Regarding the marital status of the participants, 48.4% were married. In this sense, it is important to highlight that the family support for wound healing and care is of fundamental importance for the process of acceptance and perseverance in the treatment, being important for the recovery

and improvement of the injury. In addition, the presence of family members minimizes the risk of the patient to evolve into psychic conditions, such as anxiety and depression.¹⁶

As to the number of children, the majority had one to three children (3.9%). In this context, it is worth mentioning that the person who presents neoplastic wounds usually is distressed and suffers. This is due to doubts and anguish about the injury, symptoms and treatment. Thus, the authors emphasize that the support of the children, relatives and friends is of fundamental importance, since the children may be assisting the person with neoplastic wound, regarding the cleaning of the lesion, exchange of dressings, feeding and leisure activities.¹⁷

According to the occupation, the retirement was referred with 26.6%. In the Northeast Region, there is a high index of men engaged in agricultural labor activities. According to data from the Ministry of Agrarian Development, in the Northeast region, 89% of establishments are family farms, which shows a greater number of men retired by rural activity.¹⁸ Thus, the increase in cancer incidence, especially the of skin, is probably related to the prolonged exposure to the sun's rays, which corroborates with the findings of this study.

Table 2 below shows the clinical data related to the disease of patients with neoplastic wounds.

Table 2. Distribution of pathological clinical data of patients with neoplastic wounds. João Pessoa (PB), Brazil, 2016.

Variable	n	%
Type of cancer		
Skin cancer	94	73.4
Mouth cancer	15	11.7
Breast cancer	7	5.5
Others	12	9.4
Diagnostic time		
Less than 6 months	93	72.7
From 6 to 12 months	2	1.6
More than 12 months	20	15.6
Not specified	13	10.1
Risk factors		
Smoking habit	10	7.8
Alcoholic habit	-	-
Exposure to UVA and UVB rays	39	30.5
History of cancer in the family	9	7.0
Not specified	70	54.7
Recidivism		
Yes	27	21.0
No	25	19.6
Not specified	76	59.4
Outcome		
High	83	64.9
Death	3	2.3
Not specified	42	32.8
Total	128	100

Regarding the clinical profile, there was predominance of skin cancer (73.4%); with a diagnosis time of six months (72.2%); exposure to ultraviolet radiation as a risk factor of higher occurrence (30.5%); history of relapse (21%); hospital discharge as a clinical outcome (64.9%).

This study showed that skin cancer is the most predominant (73.4%) for the progression of neoplastic wounds, since this type of cancer corresponds to about 30% of all malignant tumors registered in Brazil. However, when detected early, it has high rates of cure.²

The time from diagnosis to the start of treatment occurred in less than six months

(72.7%). This fact may be related to the ease and rapidity of the diagnosis of skin cancer, which involves the clinical examination performed by the visual inspection of the skin and histopathological analysis, through the biopsy of the lesion.^{18,19}

In relation to risk factors, exposure to ultraviolet radiation was shown to be one of the most prevalent for skin cancer (30.5%) in the screen study. Non-melanoma skin cancers (basal cell and squamous cell) constitute 90% of cutaneous cancers worldwide, with a higher prevalence in regions near Ecuador, which leads to greater exposure to solar radiation. In this sense, the results of the aforementioned research corroborate with the data of this

Nogueira WP, Agra G, Formiga NS et al.

research, when it states that the most prevalent cancer in Brazil is the skin cancer.^{15,19}

The screened study found that most of the patients had cancer recurrence (21%). The relapsed tumor presents a worse prognosis than the primary one because the tumor's relationship with its stroma can be altered as a result of the first treatment, facilitating its dissemination.² It is estimated that there is a recurrence of about 2/3 of basal cell carcinoma during the first three years after treatment; among these, 18% use between the fifth and the tenth years after treatment. Thus, most recurrences occur within the first five years, however, patients are highly likely to develop new tumors, and should be monitored throughout life, especially those with high-risk lesions or multiple lesions.^{15,19,20}

A study carried out with 127 rural workers from the southern region of Brazil on skin cancer found that seven of them had a previous history of the disease.²¹ In these circumstances, it should be noted that the evidence of the presence of the pre-existing diagnosis of skin cancer increases the

Sociodemographic, clinical and therapeutic...

possibility of occurrence because it is considered that the primary cancer occurs due to the uncontrolled division of a cell due to genetic mutations.

The medical records showed a predominance of hospital discharge as a clinical outcome (64.9%). According to the information, the patients were hospitalized in the immediate and immediate postoperative periods and soon after discharge, however, they returned to the hospital to continue the corresponding treatment, such as chemotherapy or radiotherapy. The treatment for skin carcinomas has a cure rate of around 90% and constitutes surgical excision of the tumor, followed by radiotherapy and / or chemotherapy, which requires the presence of the patient in the hospital daily.²²

Table 3 highlights the clinical data regarding the lesion of the patients treated at the research institution.

Table 3. Distribution of clinical data of lesion of patients with neoplastic wounds. João Pessoa (PB), Brazil, 2016.

Variable	n	%
Aspect of injury		
Surface nodule	3	2.3
Deep nodule	2	1.6
Ulcerated nodule	14	10.9
Surface Ulceration	48	37.6
Infiltrative Ulceration	27	21.1
Vegetal Ulceration	15	11.7
Multinodular	-	-
Not specified	19	14.8
Signals and symptoms		
Ache		
Yes	24	18.7
Not specified	104	81.3
Signs of infection		
Yes	12	9.3
Not specified	116	90.7
Bleeding		
Yes	15	11.7
Not specified	113	88.3
Exudate		
Yes	5	3.9
Not specified	123	96.1
Odor		
Yes	5	3.9
Not specified	123	96.1
Total	128	100

Regarding the aspect of the wound, superficial ulcerative lesions predominated (37.6%) and, in relation to the specific signs and symptoms of the wounds, the medical records registered: pain, in 18.7%; signs of infection, in 9.3%; bleeding, by 11.7%; exudate, by 3.9% and odor, by 3.9%. However, it is imperative to note that in none of the records were there any specific data on these

symptoms (such as pain intensity, amount of exudate and bleeding, and degree of odor).

In general, these wounds have a proliferative phase and a destruction phase. The proliferative phase is one in which wound growth and development are active. The destruction phase is one in which the wound no longer exhibits growth, but rather signs of tissue deterioration characterized by necrosis and sometimes loss of parts of necrotic tumor

tissue.²³ In this context, the appearance of the lesion, in the form of superficial ulcer, evidenced in the records, may be related to the phase of destruction. In view of this scenario, it should be noted that of the 128 charts studied, only 12 presented a photographic record of the lesions. However, none specified the staging and measurement of the lesion.

Pain in neoplastic wounds may be related to tumor compression against nerve roots, generating ischemia and tissue hypoxia, and to medical and nursing procedures, such as debridements, removal of previous dressings, cleaning of the lesion, friction of the lesion against the clothes themselves And footwear and excessive movement.²⁴

Among the discomforts experienced by cancer patients, pain is reported as the most frequent, affecting approximately 50% of patients at all stages of the disease and around 70% of those with advanced disease.²⁵

One study found that pain management is complex in patients with neoplastic wounds because it involves not only the pain itself but, above all, the patients' anxiety, anguish and apprehension regarding the cleaning of the lesion and removal of the dressings.²⁶

Infectious episodes in neoplastic wounds are commonly associated with bacterial proliferation, tissue necrosis, tumor ischemia and systemic, regional or local anti-inflammatory processes. In one study, patients

showing signs of wound infection also exhibited massive amounts of exudate, putrid odor, and change in the appearance of the lesion.²⁶

Bleeding from neoplastic wounds is related to coagulopathy, thrombocytopenia, reduced fibroblast activity, and fragility of neoformed vessels and capillaries.²⁴ Excessive bleeding can lead to anemia and, in a more severe perspective, hypovolemic shock. In addition, patients with a blood phobia may develop distress, apprehension and episodes of panic.²⁶

Exudate is attributed to increased capillary permeability in the wound bed as a consequence of weak neovascularization of the tumor and additional secretion of vascular permeability factor by the tumor itself.²⁴ Neoplastic wounds usually have excess exudate and consequently proliferation of Anaerobic and aerobic bacteria, responsible for the foul smell. These symptoms, in turn, cause embarrassment to the patient, which leads him to social isolation.²⁷

Table 4 below shows the therapeutic modalities used to control the signs and symptoms presented by the patient, regarding pathology and injury.

Table 4. Distribution of therapeutic data of patients with neoplastic wounds. João Pessoa (PB), Brazil, 2016.

Variable	n	%
Medication		
Non-opioid analgesics and NSAIDs	27	21.1
Weak opioids	6	4.7
Strong opioids	4	3.1
Not specified	91	71.1
Products used in wound		
Collagenase	6	4.7
Calcium Alginate	1	0.8
Neomycin sulfate	1	0.8
Not specified	120	93.7
Total	128	100

Concerning the control of signs and symptoms of neoplastic wounds, ²⁷ (21.1%) medical records reported the use of non-opioid and / or anti-inflammatory analgesics as pain control therapy and six (4.7%) records reported collagenase as the most widely used product.

In this context, the World Health Organization ²⁸ recommends the Analgesic Ladder as a method for the treatment of cancer pain. Since then, cancer-related pain has undergone a rational treatment, with effectiveness around 95%. This method recommends the use of analgesic drugs

staggered by power, always in association, and each step represents, besides the drugs indicated, the level of pain intensity. If the pain is mild, the use of non-opioid analgesic and non-steroidal anti-inflammatory drugs is recommended; if the pain is classified as moderate, weak opioids are used and when the pain is severe, strong opioids should be used.

Considering this scenario, it should be noted that none of the charts studied specified methods of pain assessment and recording of pain intensity, thus revealing that pain is not evaluated at the research

Nogueira WP, Agra G, Formiga NS et al.

institution and therefore is not effectively treated.

Regarding the products used for neoplastic wounds, no product recommended by NCI1 was registered in the medical charts except collagenase. This product acts as a debridant and must be used in devitalized and necrotic tissues. However, there was no information on the type of tissue presented in the wound. In this context, NCI1 recommends enzymatic debridement, however, it makes no mention of any specific product for this purpose.

Regarding nursing notes, this study verified incompleteness of essential information about the patient's condition, as well as lack of data on the evaluation and treatment of neoplastic wounds. However, it was possible to observe that, in the medical records of patients who underwent radiotherapy, there was information about radiodermatitis and mucositis, as well as products and / or substances for the treatment of these lesions.

In these circumstances, it is imperative to point out that neoplastic wounds have specific characteristics that require the health professional, especially nurses, to carefully evaluate the staging and measurement of the lesion, design or photographic record, symptomatic aspects and their particularities, limitations, difficulties and life changes that the patient experiences, as well as prescriptions of coverages. Thus, it is necessary that the Nursing consultation be registered in a specific form of the institution, highlighting the professionals in charge of the Skin Commission.

Given this context, it is imperative to highlight that the Nursing record is one of the means to demonstrate the work performed by the Nursing team and an indicator of the quality of the relevant assistance. Incorrect completion and, above all, the lack of periodicity and continuity are factors that irreversibly prevent any kind of evaluation, certification, creation of indicators and even expert reports that may even legally support the professional and the institution.²⁹

CONCLUSION

Descriptive studies, such as screen research, allow us to evaluate the population situation at a given moment and are fundamental for health planning. In this context, this study made it possible to analyze the sociodemographic, clinical and therapeutic profile of patients with neoplastic wounds treated in a hospital in João Pessoa-PB, being a relevant analysis, since it aggregates information about the

Sociodemographic, clinical and therapeutic...

characteristics of people living with these lesions.

Even with the difficulties faced to obtain a significant sample of medical records in the proposed time space, it is evident the need for both public policy improvements and training of professionals focused on skin cancer screening programs, with a view to encouraging the use of sun protection equipment by all those who present a potential risk for the development of skin cancer, in addition to providing medical and nursing care, in an attempt to detect any skin lesions, identifying those with suspicious aspects to specialized services, thus avoiding disease progression and future complications.

As limits of this study, it can be highlighted: incomplete records and information of the medical records, mainly related to the evaluation and treatment of the wound; Physical spaces and human resources destined to the research of medical records and medical records still present themselves physically, making it difficult to collect time, sample and speed of the same.

From this perspective, it is worth mentioning that records consist of a written communication of information related to the client and the care provided to the patient during hospitalization and these are indispensable elements in the human care process, allowing a better multiprofessional communication, which influences the Integrated practice of patient care.

Considering these results, there is a need for health professionals, especially those in Nursing, to record all the interventions performed, since the annotations provide data for the preparation of care plans for the patient and the family, as well as being a source of subsidy for the evaluation of the assistance provided, assists in monitoring the evolution of the patient, constitutes a legal document and facilitates the audit, as well as collaborates for teaching and research in the health area.

In this sense, it is suggested that the Skin Commission of the research institution build and implement a protocol for the evaluation and treatment of neoplastic wounds, as well as a wound evolution tool, in the form of a checklist, in order to facilitate and standardize Nursing notes and actions. Therefore, it is necessary to encourage research aimed at profile studies, such as retrospective and prospective, of longitudinal character, in order to know the profile of the person diagnosed with cancer progressing with wound, with a view to To develop a plan of

care in order to improve the quality of life of these patients.

REFERENCES

1. Ministério da Saúde (BR), Instituto Nacional do Câncer José de Alencar Gomes da Silva. Tratamento e controle de feridas tumorais e úlceras por pressão no câncer avançado [Internet]. Rio de Janeiro: INCA; 2009 [cited 2016 Aug 15]. Available from: <http://pesquisa.bvsalud.org/controlecancer/resources/inc-18336> n
2. Ministério da Saúde (BR), Instituto Nacional do Câncer José de Alencar Gomes da Silva. Estimativas 2016: incidência de câncer no Brasil [Internet]. Rio de Janeiro: INCA; 2016 [cited 2016 Aug 18]. Available from: <http://www.inca.gov.br/estimativa/2016/>.
3. Sacramento CJ, Reis PED, Simino GP, Vasques CI. Manejo de sinais e sintomas em feridas tumorais: revisão integrativa. Rev Enferm Cent O Min [Internet]. 2015 [cited 2016 Aug 20];5(1):1514-27. Available from: <http://www.seer.ufsj.edu.br/index.php/recom/article/view/944>
4. Meaume S, Fromantin I, Luc Teot. Neoplastic wounds and degenerescence. J Tissue Viability. [Internet]. 2013 Feb [cited 2016 Aug 20];22(4):122-30. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/24075006>
5. Walsh AF, Bradley M, Cavallito K. Management of fungating tumors and pressure ulcers in a patient with stage IV cutaneous malignant melanoma. J Hosp Palliat Nurs [Internet]. 2014 [cited 2016 Aug 20];16(4):208-14. Available from: http://journals.lww.com/jhpn/fulltext/2014/06000/Management_of_Fungating_Tumors_and_Pressure_Ulcers.5.aspx
6. Azevedo IC, Costa RKS, Holanda CSM, Salvetti MG, Torres GV. Conhecimento de Enfermeiros da Estratégia Saúde da Família sobre Avaliação e Tratamento de Feridas Oncológicas. Rev Bras Cancerol [Internet]. 2014 [cited 2016 July 01];60(2):119-27. Available from: http://www.inca.gov.br/rbc/n_60/v02/pdf/05-artigo-conhecimento-de-enfermeiros-da-estrategia-saude-da-familia-sobre-avaliacao-e-tratamento-de-feridas-oncologicas.pdf
7. Ministério da Saúde (BR), Instituto Nacional do Câncer José de Alencar Gomes da Silva. Estimativas 2008: incidência de câncer no Brasil [Internet]. Rio de Janeiro: INCA, 2007 [cited 2016 Aug 18]. Available from: http://www.inca.gov.br/conteudo_view.asp?id=1793
8. Modena CM, Martins AM, Gazzinelli AP, Almeida SSL, Schall VT. Câncer e masculinidades: sentidos atribuídos ao adoecimento e ao tratamento oncológico. Temas em Psicologia [Internet]. 2014 [cited 2016 Aug 20];22(1):67-78. Available from: <http://pepsic.bvsalud.org/pdf/tp/v22n1/v22n1a06.pdf>
9. Beh SY, Leow LC. Fungating breast cancer and other malignant wounds: epidemiology, assessment and management. J Exp Rev Qual Life Cancer Care [Internet]. 2016 Mar [cited 2016 Sept 02]. 1(2):137-44. Available from: <http://www.tandfonline.com/doi/abs/10.1080/23809000.2016.1162660?journalCode=terq20>
10. Grocott P, Gethin G, Probst S. Malignant wound management in advanced illness: new insights. Curr Opin Support Palliat Care [Internet]. 2013 Mar [cited 2016 July 01];7(1):101-5. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/23254858>
11. Gozzo TO, Tahan FP, Andrade M, Nascimento TG, Prado MAS. Ocorrência e manejo de feridas neoplásicas em mulheres com câncer de mama avançado. Esc Anna Nery Rev Enferm [Internet]. 2014 [cited 2016 Aug 20] 18(2):270-76. Available from: <http://www.scielo.br/pdf/ean/v18n2/1414-8145-ean-18-02-0270.pdf>
12. Moreira SC, Rocha LM, Santos LDE, Moreira LMA. Associação entre a suscetibilidade à exposição solar e a ocorrência de câncer de pele em albinos. Rev Ciênc Méd Biol [Internet]. 2013. Jan/Apr [cited 2016 Aug 02];12(1):70-4. Available from: <https://portalseer.ufba.br/index.php/cm/bio/article/view/6717>
13. Lisboa IND, Valença MP. Caracterização de Pacientes com Feridas Neoplásicas. Rev Estima [Internet]. 2016 [cited 2016 July 01];14(1):21-8. Available from: <http://www.revistaestima.com.br/index.php/estima/article/view/116/pdf>
14. Borges LM, Seidl EMF. Efeitos da intervenção psicoeducativa sobre a utilização de serviços de saúde. Interface [Internet]. 2013 Oct/Dec [cited 2016 Aug 02];17(47):777-88. Available from: <http://www.scielo.org/pdf/icse/v17n47/aop4013.pdf>
15. Ceballos AGC, Santos SL, Silva ACA, Pedrosa BRY, Câmara MMA, Silva SL. Exposição solar ocupacional e câncer paliativo não melanoma: estudo de revisão integrativa. Rev Bras Cancerol [Internet]. 2014 [cited 2016 July 02];60(3):251-18. Available from: http://www.inca.gov.br/rbc/n_60/v03/pdf/1

[0-revisao-literatura-exposicao-solar-ocupacional-e-cancer-de-pele-nao-melanoma-estudo-de-revisao-integrativa.pdf](#)

16. Probst S, Arber A, Faithfull S. Malignant fungating wounds - the meaning of living in an unbounded body. *Eur J Oncol Nurs* [Internet]. 2013. Feb [cited 2016 Aug 20];17(1):38-45. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/22459257>
17. Reyonlds H, Gethin G. The psychological effects of malignant fungating wounds. *Ewma J* [Internet]. 2015 [cited 2016 Aug 15];15(2):29-32. Available from: http://ewma.org/fileadmin/user_upload/EWMA.org/EWMA_journal_archive/Articles_latest_issue/4.The_Psychological_Effects_of_Malignant_Fungating_Wounds.pdf
18. Ministério da Agricultura (BR). Estimativas da agricultura familiar da Região Nordeste [Internet]. Brasília: Ministério da Agricultura; 2014 [cited 2016 July 01]. Available from: www.brasil.gov.br/economia-e-emprego/2014/09/agricultura-familiar
19. Oliveira MMF. Radiação ultravioleta/índice ultravioleta e câncer de pele no Brasil: condições ambientais e vulnerabilidades sociais. *Rev Bras Climatol* [Internet]. 2013. July/Dec [cited 2016 Aug 20] 13(1):60-73 Available from: <http://revistas.ufpr.br/revistaabclima/article/view/36764>
20. Ramos A, Morillo JM, Gayo N, Tasiguano JE, Munzón E, Ribeiro ASF. Curar o paliar: qué cuesta más? Análisis de costes del tratamiento de una herida crónica em función de su finalidade. [Internet]. 2015. Apr/June [cited 2016 Aug 20];22(2):45-51. Available from: <http://www.sciencedirect.com/science/article/pii/S1134248X13001249>
21. Cezar-Vaz MR, Bonow Ca, Piexak DR, Kowalczyk S, Vaz JC, Borges AM. Câncer de pele em trabalhadores rurais: conhecimento e intervenção de enfermagem. *Rev Esc Enferm USP* [Internet]. 2015 [cited 2016 Aug 02];49(4):564-71. Available from: http://www.scielo.br/pdf/reeusp/v49n4/pt_0080-6234-reeusp-49-04-0564.pdf
22. Simoneti F, Cunha Lo, Gomes CTV, Novo NF, Portella DL, Gonella HÁ. Perfil epidemiológico de pacientes com tumores cutâneos malignos atendidos em ambulatório de cirurgia plástica de serviço secundário no interior de São Paulo. *Rev Fac Cienc Méd Sorocaba* [Internet]. 2016 [cited 2016 Sept 30];18(2):98-102. Available from: <http://revistas.pucsp.br/index.php/RFCMS/article/viewFile/24713/pdf>

23. Perez-Santos L, Núñez FC, Aguilar RG, Muñoz MAT, García GAT, Noci MM et al. Guía de Práctica Clínica para el Cuidado de Personas con Úlceras Neoplásicas. Cañadas FN, Santos LP, coordinadores. Hospital Universitario Reina Sofía (Córdoba), Complejo Hospitalario Torrecárdenas (Almería). Servicio Andaluz de Salud. Consejería de Igualdad, Salud y Políticas Sociales. Junta de Andalucía. Editores. Andalucía, 2015 [Internet]. 2015 [cited 2016 July 01]. Available from: <http://www.aeev.net/guias/GuiadePractica%20u%20neoplasicas%20sas%202015.pdf>
24. Tilley C, Lipson J, Ramos M. Palliative wound care for malignant fungating wounds: holistic considerations at end-of-life. *Nurs Clin N Am* [Internet]. 2016 [cited 2016 Aug 02]. 51(3):513-31 Available from: <https://www.ncbi.nlm.nih.gov/pubmed/27497023>
25. Fortunato JGS, Fortunato MS, Hirabae LFA, Oliveira JÁ. Escalas de dor no paciente crítico: uma revisão integrativa. *Rev HUPE* [Internet]. 2013 [cited 2016 Aug 01] 12(3):110-7. Available from: http://revista.hupe.uerj.br/detalhe_artigo.asp?id=426
26. Fromantin I, Watson S, Baffie A, Rivat A, Falcou MC, Kriegel I et al. A prospective, descriptive cohort study of malignant wound characteristics and wound care strategies in patients with breast cancer. *Ostomy Wound Mang.* [Internet]. 2014 June [cited 2016 July 02];60(6):38-48. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/24905356>
27. Gethin G, Grocott P, Probst S, Clarke E. Current practice in the managemens of wound odour: an international survey. *Int J Nurs Stud* [Internet]. 2014 June [cited 2016 July 01];51(6):865-74. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/24238490>
28. World Health Organization. Palliative care [Internet]. Geneva: WHO; 2002 [cited 2010 July 22]. Available from: <http://www.who.int/cancer/palliative/en/>
29. Gardona RG, Ferracioli MM, Salomé GM, Pereira MTJ. Avaliação da qualidade dos registros dos curativos em prontuários realizados pela enfermagem. *Rev Bras Cirur Plas* [Internet]. 2013 [cited 2016 Aug 01];28(4):686-92 Available from: <http://www.rbc.org.br/imageBank/PDF/v28n4a28.pdf>

Submission: 2016/10/27
Accepted: 2017/06/20
Publishing: 2017/08/01

Corresponding Address

Glenda Agra
Rua Nicola Porto, 251
Bairro Manaíra
CEP: 58038-120 – João Pessoa (PB), Brazil