TRAINING OF NURSES FOR CARE IN ONCOLOGY
FORMAÇÃO DOS ENFERMEIROS PARA O CUIDADO EM ONCOLOGIA
FORMACIÓN DE LOS ENFERMEROS PARA EL CUIDADO EN ONCOLOGÍA

Fabiana Godoys Lins¹, Sonia Regina de Souza²

ABSTRACT

Objective: to analyze the aspects related to the training of resident nurses, the difficulties and facilities for oncology care. **Method:** a quantitative study involving, as participants, post-graduate students in the Residency modality of EEAP / UNIRIO. Data collection was performed with an individual questionnaire with mixed questions. Data processing used the Excel® worksheet. The data were organized into tables and figures. **Results:** 34 questionnaires were analyzed regarding aspects related to the knowledge acquired during graduation. Participants showed the specific and general care of oncology, pain, oncogenesis, tumor modalities, palliative care and epidemiology, and stated that they were not prepared to assist cancer patients. **Conclusion:** it was possible to identify that the training of nurses for oncology care is still insipient. This fact was evidenced by the difficulties such as the lack of theoretical foundation and the short period of internship. **Descriptors:** Nursing; Education; Diploma Programs; Curriculum; Medical Oncology.

RESUMO

Objetivo: Analisar os aspectos relacionados à formação dos enfermeiros residentes, às dificuldades e facilidades para o cuidado em oncologia. **Método:** estudo quantitativo tendo, como participantes, pós-graduandos na modalidade residência de Enfermagem da EEAP/UNIRIO. A coleta de dados foi realizada com um questionário individual com questões mistas. O processamento dos dados utilizou a planilha Excel®. Os dados foram organizados em tabelas e figuras. **Resultados:** foram analisados 34 questionários quanto aos aspectos relacionados ao conhecimento adquirido durante a graduação. Os participantes mostraram os cuidados específicos e gerais de oncologia, dor, oncogênese, modalidades de tumores, cuidados paliativos e epidemiologia, e afirmaram não estar preparados para assistir pacientes oncológicos. **Conclusão:** foi possível identificar que a formação dos enfermeiros para o cuidado em oncologia ainda é insipiente. Tal fato foi evidenciado pelas dificuldades como a falta de embasamento teórico e o curto período de estágio. **Descritores:** Enfermagem; Educação; Programas de Graduação em Enfermagem; Educação em Enfermagem; Oncologia.

RESUMEN

Objetivo: analizar los aspectos relacionados con la formación de los enfermeros residentes, las dificultades y facilidades para el cuidado en oncología. **Método:** estudio cuantitativo, teniendo, como participantes, estudiantes de pos graduación en la modalidad residencia de Enfermería de la EEAP / UNIRIO. La recolección de datos fue realizada con un cuestionario individual con cuestiones mixtas. El procesamiento de los datos utilizó la hoja de cálculo Excel®. Los datos se organizaron en tablas y figuras. **Resultados:** fueron analizados 34 cuestionarios, cuanto a los aspectos relacionados al conocimiento adquirido durante la graduación. Los participantes mostraron los cuidados específicos y generales de oncología, dolor, oncogénesis, modalidades de tumores, cuidados paliativos y epidemiología, y afirmaron no estar preparados para asistir a los pacientes oncológicos. **Conclusión:** fue posible identificar que la formación de los enfermeros para el cuidado en oncología aún es insípida. Tal hecho fue evidenciado por las dificultades como la falta de fundamentación teórica y el corto período de práctica. **Descriptores:** Enfermería; Educación; Programas de Graduación en Enfermería; Educación en Enfermería; Oncología Médica.

¹Residente Clínica Médica e Cirúrgica, Universidade Federal do Estado do Rio de Janeiro/UNIRIO. Rio de Janeiro (RJ), Brasil. E-mail: fabianagodoys@gmail.com ORCID iD: <https://orcid.org/0000-0003-2193-0525>; ²Professora Doutora, Universidade Federal do Estado do Rio de Janeiro/UNIRIO. Rio de Janeiro (RJ), Brasil. E-mail: soniasilvio0@gmail.com ORCID iD: <https://orcid.org/0000-0001-7981-0038>

INTRODUCTION

The proposal of this study originated from recurrent debates in an optional subject on Nursing care in oncology at a Federal University of Rio de Janeiro and proposals made during a working group on cancer and the training of professionals in a forum of oncology occurred in Rio de Janeiro, in the year 2015. The knowledge acquired in this construction / reflection process has raised old concerns that link the evaluation of Nursing higher education.

The Unified Health System (UHS) was regulated by Portaria 8080¹, of 1990, and represents the materialization of a new conception about health in Brazil, establishing that health is the right of all citizens, it being the responsibility of the State to provide the indispensable conditions for the its full exercise and establishing, as guiding principles, the universality of access to services, at all levels of attention, equity and integrality of assistance required for each case, decentralization of services and resources, social participation in management of the system, in search of regionalization and hierarchization of the health services network.

Cancer has great epidemiological importance and social magnitude, representing the second cause of mortality in Brazil² and in the world. This growth has been reflected in the increase in the number of outpatient treatments, hospitalization rates and public resources required to pay for the treatments. The incidence of malignant neoplasms has a diversified distribution among the regions of the country and requires different types of actions and health services.

In 2005, out of a total of 58 million deaths worldwide, cancer accounted for 7.6 million, accounting for 13% of all deaths. The main types of cancer with higher mortality were: lung (1.3 million); stomach (about one million); liver (662,000); colon (655,000); and breast (502,000). Of the total number of cancer deaths occurred in 2005, more than 70% occurred in medium- or low-income countries.³ In 2010, there was an increase in the incidence of cancer in Brazil and federal expenses with cancer treatments, which exceeded R \$ 1.9 billion.²

It is estimated that, by 2020, the number of new cases per year will be around 15 million. About 60% of these new cases will occur in developing countries. It is also known that, at least, one third of the new cancer cases, that occur annually in the world, could be prevented.³

The explanation for this high percentage of cancer deaths is directly related to the greater exposure of individuals to carcinogenic risk factors. The current standards of living adopted in relation to work, nutrition and consumption generally expose individuals to more aggressive environmental factors related to chemical, physical and biological agents resulting from an increasingly evolved industrialization process.

This distribution of the industrialization process varies in intensity due to social inequalities. These life models have important repercussions on the epidemiological profile of populations.

The reduction of mortality and birth rates indicates prolonged life expectancy and population aging, leading to an increase in the incidence of chronic-degenerative diseases, especially cardiovascular diseases and cancer. With the recent aging of the population, which projects the exponential growth of the elderly, it is possible to identify a significant increase in the prevalence of cancer, which demands, from UHS managers, an immense effort to provide adequate care to patients.

Cancer is thus a public health problem for the developed world and also for developing nations. In Brazil, the distribution of different types of cancer suggests an ongoing epidemiological transition.

The Cancer Care Policy involves actions of promotion, prevention, diagnosis, treatment, rehabilitation and palliative care, articulated and organized among the three spheres of government, constituting state or regional cancer care networks.

Since the launch of the National Policy on Cancer Care ⁴ (NPCC) in 2005, the National Cancer Institute's (INCA) commitment has been to promote integrated actions by government and society to implement a new policy that recognizes the cancer as a public health problem and structure the implementation of the actions for its control in Brazil through the Cancer Oncology Network (CON), with the direct and indirect participation of the Federal Government, the state and municipal health secretariats, universities, health services, research centers, non-governmental organizations and society in general.

NPCC, through Ordinance No. 2,439 / GM, in line with the guidelines and strategies for institutional democratization, instituted within the scope of the construction of SUS, promotes the decentralization and valorisation of co-responsibility between the

service network and the professional teams, aiming at integrality of care in Oncology.

Oncology is a specialty that demands high assistance complexity during the entire therapeutic process, besides requiring, Nursing professionals, to be extremely relational and affective, considering the needs and specificities of the users.

Oncology care puts professionals in close contact with pain, death and death, as well as mutilations, side effects that trigger serious physical and emotional reactions, the hopelessness of patients and family members, and the expectation of a cure. These elements impute, to the professionals, the need for confrontations, allied to the operationalization of the assistance to the users.

Nursing curricula had a structure focused on the hospital-centered model, but in the last decades, they were transformed and adapted according to the problematic presented in the context of Brazilian public health. They express the concepts that gave rise to the movements for changes in Nursing education, explaining the need for commitment to the principles of the Brazilian Health Reform and the UHS.

Based on this understanding, we can reflect how these issues have repercussions on professionals and students of Nursing and what strategies could be used by them so that oncological care, both for patients, and their families, is geared towards the creation of spaces that allow the verbalization of the their feelings and help them in the search for solutions to the problems related to their treatment, instrumentalizing them for decision making on the proposed therapeutics.

OBJECTIVE

- To analyze the aspects related to the training of resident nurses, the difficulties and facilities for oncology care.

METHOD

Quantitative, descriptive and exploratory study.⁵ The research scenario was an Alfredo Pinto Nursing School (EEAP) of the Federal University of the State of Rio de Janeiro (UNIRIO).

The subjects were 34 Nursing residents of the first year of the class 2016-2018, over 18 years of age and regularly enrolled. Data collection was performed in April 2016 from an individual questionnaire with mixed questions. Participants received information about the research project and the Informed Consent Form (ICF) authorizing to participate in the study complying with Resolution 466 / 12.6 The research protocol was approved by the Research Ethics Committee of UNIRIO under the CAAE: 30872114.2 .0000.5285.

Data processing used the Excel® worksheet. The data were organized into tables and figures.

RESULTS

The participants of the study were Nursing professionals who answered a questionnaire containing nine questions regarding the period of training, facilities / difficulties in caring for cancer patients and the importance of the oncology discipline in the curriculum of the undergraduate Nursing course. The following, will present the information regarding the characterization of the participants and the analysis and discussion of the facts.

Of the participants, 97% were female and 3%, male. Participants were at least 22 years of age and 43 years of age, and the majority were 23 years old.

As for the State of origin, 82% were from the State of Rio de Janeiro; 6% were from the State of Bahia and Espírito Santo; 3% from the State of Pernambuco and Paraná. When the university is public or private: 65% of respondents came from public institutions and 35%, from private institutions.

Table 1. Characteristics of the sex of the research participants. Rio de Janeiro (RJ), Brazil, 2016.

Variables	n	%
Male sex	1	3
Female sex	33	97
Total	34	100

Table 2. Characteristics of the Universities of Origin of the research participants. Rio de Janeiro (RJ), Brazil, 2016.

Variables	n	%
UFRJ	8	23
UFF	6	18
UNIRIO	5	14
Estácio de Sá	4	12
UERJ	2	6
UNIJORGE	2	6
Celso Lisboa	1	3
Pernambucana Health College	1	3
UNIANDEADE	1	3
Novo Milênio College	1	3
UNIPLI	1	3
UFES	1	3
UNIABEU	1	3
Total	34	100

The data obtained were divided into three themes: oncology care training, resident nurses' knowledge about oncology care, and the difficulties / facilities that resident nurses find in oncology care acquired during undergraduate courses.

In theme I (training for oncology care), when asked, if they received some type of training in oncology care, 56% of participants said no and 44% said yes. And of the participants who answered yes, 29% did internships in the oncology area, and 24% had theoretical classes on the subject. Of these 12% reported having had classes on general oncology care, 24% in elective courses, and 35% in specific care in oncology and the most reported subjects were: Nursing care, chemotherapy, breast cancer, cervix and prostate.

When participants were asked, if they thought the oncology training was relevant, all the participants answered yes. When responding to the type of training, 73.5% participants cited professional performance, including professional qualification and self-knowledge, and 26.5% of the quality of care.

I believe it is essential to have knowledge and preparation to recognize and care for this patient, cancer is a chronic disease, according to INCA estimates, some types of cancer tend to increase their incidence, so it is extremely important that the health professional knows how to recognize and treat this condition. (Q4)

They are patients with a palliative demand, involving several issues of mental health, illness of the family and need a qualified assistance, promoting the best way possible the relief of pain,

symptoms and offering a better quality of life. (Q5)

Nowadays in all care settings we are faced with cancer patients, and we need to be prepared to provide quality care. (Q24)

In theme II (knowledge of resident nurses about oncology care), when asked if participants had some discipline only for oncology care and assistance, 76% of participants said no and 24%, said yes.

When asked if they had any classes of care and assistance in oncology: 18% said no and 82%, said yes. It was observed that the majority of the patients had a specific oncology course (53.6%), mainly breast and cervical cancer and catheters, followed by general care in oncology (28.6%) and palliative care (3.5%). In addition, 14.3% reported having had an elective course on oncology during graduation.

When questioned about the knowledge acquired about oncology care, 44% of respondents answered the questionnaire about specific oncology care in Nursing. Among this care, the one that most appeared were chemotherapy and radiotherapy, stomatotherapy, pain, oncogenesis, tumor modalities, cancer breast, cervix and prostate; 37% answered on general Nursing care in Nursing; 13%, on palliative care and 6%, on epidemiology. In contrast, it was observed that none of the participants who answered the questionnaire mentioned having knowledge about systematization of Nursing care, Nursing diagnosis and Nursing consultations, reestablishing a clinical-epidemiological model.

Figura 1. Conhecimentos adquiridos acerca da assistência em oncologia. Rio de Janeiro (RJ), Brasil, 2016.

In theme III (difficulties / facilities that resident nurses find in oncology care acquired during undergraduate courses), when asked about the factors that make it difficult for patients to access cancer diagnosis and treatment (and can indicate more than one item), 12 % showed, as greater difficulty, the delay in the performance of exams and procedures for the diagnosis; 10%, the delay for patients' access to the start of treatment; 8.9%, poor prevention and unprepared primary care for early detection; 7.8%, the deficiencies of the centers of regulation of access of the patients; 6.7%, the lack of equipment, the delay in the maintenance of

equipment and the lack of professionals; 6%, the lack of resources to move the patients and their families to the treatment sites; 5.7%, lack of beds; 5%, the lack of resources for patients and their families to stay at the treatment sites; 4.3%, lack of resources to purchase medicines and lack of medicines; 3.95%, lack of chemotherapy; 3.25%, the out-of-date diagnostic tests offered by SUS; 2.85%, the out-of-date treatments offered by UHS; 2.55%, lack of laboratory supplies; 0.75%, lack of population awareness and multidisciplinary professional development and 0.35% did not know or did not apply any of the causes.

Table 3. Factors that make it difficult for patients to access cancer diagnosis and treatment. Rio de Janeiro (RJ), Brazil, 2016.

Variables	%
I do not know / Not applicable	0.35
Others	0.75
Lack of laboratory inputs	2.55
Out of date treatments offered by SUS	2.85
Out of date diagnostic tests offered by SUS	3.25
Lack of chemotherapy	3.95
Lack of medicines	4.30
Lack of resources for patient and family stay at treatment sites	5
Lack of beds	5.70
Lack of resources for locomotion of patients and relatives to treatment sites	6
Lack of professionals	6.70
Lack of equipment / equipment maintenance delay	6.70
Deficiencies in patient access control centers	7.80
Poor prevention	8.90%
Unprepared primary care for early detection	8.90%
Delay for patient access to treatment initiation	10%
Delay in performing diagnostic exams and procedures	12%

When questioned about the facilities they found in Nursing care during graduation, 33.5% showed theoretical classes: 21%, adherence to treatment; 16.5%, interaction with patient

and family, and work of the multiprofessional team and 12.5%, practical classes as good points.

Figura 2. Facilidades dos participantes encontradas na assistência de Enfermagem. Rio de Janeiro (RJ), Brasil, 2016.

When questioned about the difficulties they encountered in Nursing care during graduation, 42.5% identified the short period in stage; 12.5%, the theoretical basis they had during graduation; 10%, the lack of a qualified teacher or professional, and infrequent infrastructure; 7.5%, emotional aspect, delay in diagnosis and high demand and 2.5%, lack of inputs.

Table 4. Difficulties of the participants found in Nursing care. Rio de Janeiro (RJ), Brazil, 2016.

Variables	%
Lack of inputs	2.5
Emotional aspect	7.5
Delay in diagnosis	7.5
Great demand	7.5
Lack of qualified teacher or professional	10
Unfriendly infrastructure	10
Theoretical background	12.5
Short internship	42.5
Total	100

Participants were also asked about what they thought was relevant to oncology care / attendance, where 44.5% of respondents answered specific knowledge; 24.5%, Nursing care; 22%, quality of life of the patient and 9%, permanent education / professional qualification.

When questioned whether participants felt prepared to assist cancer patients, 76% said no and 24% said yes. Of the participants who did not feel prepared, 30.5% showed the lack of theoretical classes; 27%, lack of practical classes; 23%, lack of experience; 15.5%, lack of psychological structure and 4%, professional qualification. Of the participants who feel qualified, 62.5% showed the experience they had during graduation and 37.5% because they were generalist nurses.

I believe that undergraduate education could deepen and expand the subject by engaging in disciplines and creating compulsory disciplines. (Q4)

Graduation does not provide sufficient support for specifically oncology care. (Q13)

DISCUSSION

The National Curricular Guidelines of the Undergraduate Nursing Course (DCNEnf) define the principles, foundations, conditions and procedures of nurses' education, established by the National Board of Education of the National Council of Education, for national application in the organization, development and evaluation of the pedagogical projects of the Undergraduate Courses in Nursing of the Institutions of the System of Higher Education.

In this sense, the DCNEnf, which define that the training of nurses aims to "provide the professional with the knowledge required to exercise the following general skills and abilities: health care, decision making, communication, leadership, administration and management. permanent education "6 and be able to diagnose and solve health problems, to communicate, to make decisions, to intervene in the work process, to work as a team and to face changing situations", 8

The graduate / professional profile described in the curricular guidelines is: Nurse, with a generalist, humanistic, critical and reflexive background. Professional qualified for the Nursing exercise, based on scientific and intellectual rigor and based on ethical principles. Able to recognize and intervene on the most prevalent health-disease problems and situations in the national epidemiological profile.⁸

From this point of view, the great challenge in the training of nurses is to transpose what is determined by the Law of Guidelines and Bases and by the DCNEnf, forming professionals who surpass the theoretical-practical domain demanded by the labor market and become innovative and transforming agents of reality, inserted and valued in the world of work.

It is also important to consider that Nursing undergraduate courses have been challenged to break paradigms and to move towards a formation with social relevance and coherence with the DCNEnf. It is within this logic that higher education institutions are expected to assume, in an articulated way to the world of work, their responsibility in the formation of the citizen needed to make UHS feasible and consolidated, which aims at universality, decentralization and equity in access to health services and the integral approach of the person inserted in the family and society.

The National Policy for the Prevention and Control of Cancer aims to reduce the mortality and disability caused by this disease and, also, the possibility of reducing the incidence of some types of cancer, as well as contribute to the improvement of the quality of life of the users with cancer, through actions for promotion, prevention, early detection, timely treatment and palliative care.⁷ One of the general principles of the policy is the training of professionals and the promotion of lifelong education, through activities aimed at acquiring knowledge, abilities and attitudes of health professionals to qualify care at different levels of health care and to implement this policy.

The oncology care scenario presents enormous challenges for the transformation of the practices in health care from the point of view of facing the cancer problem integrally, towards the guiding principles of SUS. The development of strategies for the control of cancer depends on the approach to problems that affect from the mechanisms of formulation of health policies to social mobilization, organization and development

of health actions and services and the generation and diffusion of knowledge.

With a view to overcoming problems, the National Cancer Institute (INCA) has established, since 2004, an inductive policy of structuring, at the national level, the understanding that, for the fight against cancer, it is a non-transmissible chronic disease (NTCD), it is essential to promote the integration of the different actors of cancer care in the formulation of policies and development of actions aimed at social mobilization, knowledge production and health care across the spectrum of care in this area. Complying with a commitment of this nature requires adherence to the strategy of Permanent Education in Health fully, incorporated into the structure of the Oncology Attention Network and the training of human resources for the network. Permanent Education, understood as a process of linking education and work, is a strategic tool for the reconfiguration of training, management and assistance practices, to modify the logic of the formulation of public policies and strengthen social control.

Access to and use of health services has been a problem for Brazilian society since the use of health services is linked to the characteristics of the offer and the conduct of people in relation to morbidity and services.⁹

Faced with this scenario, cancer patients find it difficult to perform treatments, which often, presents delays and problems in their recovery. Numerous factors are involved in the course of oncological care, from the frequency of searching for public hospitals, the waiting time to be taken care of in the institutions, to the availability of complex procedures with high cost to the population with chronic disease.¹⁰

It is known the importance of early diagnosis combined with its adequate management in the treatment of cancer for its effective control. Since any delay in establishing it implies a lower chance of cure and higher costs for the patient, family and health system.⁹ However, this presents itself as a challenge in Brazilian health, since the difficulty of early diagnosis is related with the lack of preparation of the health professionals to recognize the symptoms of the manifestation of the disease and the delays and difficulties of access for the accomplishment of examinations. In Brazil this lack of preparation is linked to the lack of qualification in oncology. Permanent education is one of the fundamental components of cancer control, as well as adequate qualification and specialization.² It

is necessary for health professionals to have knowledge to detect cancer, to guide the patient and to refer him to the appropriate unit.¹¹

CONCLUSION

Oncology is a very specific area, which is not part of the generalist curriculum for nurse training. At the conclusion of the undergraduate course, nurses should be prepared to promote health care actions such as prevention, promotion, protection and rehabilitation of health, and they do not feel prepared to assist oncological patients. It was evidenced that in order to provide resolute and integral Nursing care to cancer patients, the continuous improvement of technical and scientific knowledge becomes relevant.

It was possible to identify that the training of nurses for oncology care is still insipient. This fact was evidenced by the difficulties like lack of theoretical foundation and short period of internship. The theoretical classes were identified by the respondents as a factor that facilitates the assistance in the area. It is recommended to carry out studies with this theme articulated to the laws of guidelines and bases for training of the nurse and the public policies for the better training of the nurses and assistance of the cancer patient.

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Corresponding Address

Fabiana Godoys Lins
Universidade Federal do Estado do Rio de Janeiro/UNIRIO
Av. Pasteur, 296
Bairro Urca
CEP: 22290-240 – Rio de Janeiro (RJ), Brazil