

CANCER AS A DRIVE OF PSYCHOSOCIAL DISORDERS IN ONCOLOGY PATIENTS IN BRAZIL

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Abstract: By having identified the high incidence rates of cancer in the world population, the psychosocial damages that affect patients in the stages of diagnosis and during the treatment of neoplasia, we seek to analyze the different psychological and social disorders that arise with the disease and can contribute to an aggravation in its evolution. This study has an exploratory, qualitative nature. It was carried out through bibliographical surveys. Thus, this work aims to become an important study tool for academics and health professionals, as it will enable them to obtain greater knowledge about psychosocial disorders in cancer patients in Brazil, allowing them to address the relationship between the consequences and treatments of cancer, issues that need be further explored to contribute to the scientific, social and public health spheres.

Keywords: mental health, cancer, public health, quality of life, depression.

INTRODUCTION

Cancer is a genetic disease that can trigger serious psychosocial disorders in patients. These dysfunctions, which are mainly acute anxiety and depression, reduce the quality of life of patients and directly impact their treatment.

Thus, cancer was approached as a driver of psychosocial disorders in patients, at different stages of diagnosis and treatment of the disease, due to its significance in obtaining a broader view of the patient's clinical condition and, therefore, enable a more efficient and collaborative medical approach.

Therefore, the purpose of this research was to identify the psychosocial disorders that affect cancer patients. To this end, a study was carried out with a qualitative exploratory approach in secondary sources, through a bibliographic survey, to detect productions on the topic. The study identification

and selection strategy were to search for publications indexed in open access databases: Scielo, Google Scholar and Pubmed, during the months of September, October and November 2021.

In summary, the reason for this article was motivated, above all, by the value it has as a study tool for academics and health professionals, as it addresses the relationship, consequences and treatments of cancer in patients. Furthermore, it enabled society to gain greater knowledge about this topic, which is not as explored, highlighting once again its relevance for the entire community.

CANCER

DEVELOPMENT OF CANCER IN THE BODY

According to Chammas (2013), cancer is a disease characterized by expressing genes in an uncontrolled manner. Thus, it is a genetic pathology, whose origin arises, at least in part, from conditions that exceed or even disrupt the conserved capacity for genomic stability.

Among the causes of neoplasms, several factors that may be associated stand out, such as "environmental, cultural, socioeconomic, lifestyle or customs, with emphasis on: smoking and eating habits, genetic factors and the aging process itself" (OLIVEIRA, 2015, p.147).

According to Chammas (2013), cancer has intrinsic and extrinsic characteristics of tumor cells. In general, it would be characterized by a capacity for autonomous proliferation, unlimited self-renewal, resistance to antiproliferative factors, evasion of cell death and immune defense mechanisms; and, recently, adaptive metabolic changes and genomic instability have been highlighted. Furthermore, it includes the ability to persistently induce angiogenesis, modify the tissue microenvironment, evade the

immune response specifically mounted against tumors, modulate the inflammatory response and tissue repair, and co-opt cells from this microenvironment in the processes of invasion and metastasis.

MOST COMMON TYPES OF CANCER

According to the World Health Organization (2020), the International Classification of Diseases (revision 11) lists more than 600 types of cancer, most of which require a single diagnosis and management approach.

According to the World Health Organization (2020), the most frequently diagnosed cancer is lung cancer (11.6% of all cases), which is also the leading cause of death from cancer, followed by female breast and colorectal cancer. Furthermore, the most common type of malignancy varies between countries, with certain types, such as cervical and Kaposi's sarcoma, much more frequent in countries at the lower end of the human development index (HDI) than in countries with a higher HDI.

According to the José Alencar Gomes da Silva National Cancer Institute (2019), in Brazil, the most common types of cancer in women in 2020, with the exception of non-melanoma skin cancer, will be breast cancer (29.7 %), colon and rectum (9.2%), cervix (7.4%), lung (5.6%) and thyroid (5.4%). In men, the main ones, according to the estimate for the year 2020, except non-melanoma skin cancer, will be prostate (29.2%), colon and rectum (9.1%), lung (7.9%), stomach (5.9%) and oral cavity (5.0%). Non-melanoma skin cancer will represent 27.1% of all cases of this disease in men and 29.5% in women.

Furthermore, the José Alencar Gomes da Silva National Cancer Institute (2019) considers the existence of a large variation in the magnitude and types of cancer between the different regions of Brazil. While in the

South and Southeast Regions, for example, the incidence pattern shows that prostate and female breast cancers predominate, as well as lung and intestinal cancers, in the Central-West Region, cervical cancer and cervical cancer predominate. stomach are the ones that are among the most frequent.

PSYCHOSOCIAL DISORDER

MOST COMMON PSYCHOSOCIAL DISORDERS IN ONCOLOGY PATIENTS

Considering the presence of physiological effects arising from the development of cancer, it is worth highlighting that the individual also experiences a notable impact on the psychological axis. In more advanced cases of the disease, for example, the presence of pain mainly increases the prevalence of depression and other psychiatric disorders, such as acute anxiety, agitation, irritability, despair and anger, results that can also compromise cases milder cancer. Furthermore, the possible emergence of social, cultural and spiritual consequences is present, in addition to fear, social isolation, fear and loss of the ability to carry out daily tasks. It is worth noting that these changes at a psychosocial level can be noticed in different ways for each individual, as well as in different types of cancer (BOTTINO, FRÁGUAS and GATTAZ 2009; SALCI and MARCON 2010).

It is worth exemplifying that, "female breast cancer is one of the most feared cancers, as it affects not only the anatomical body, but mainly some psychosocial aspects of the patient" (ALMEIDA, GUERRA E FILGUEIRAS, 2012, p.1003).

In this context, according to Almeida, Guerra and Filgueiras (2012), the implications arising from this type of tumor include, for example, the disruption of the healthy body, uncertainties regarding the effectiveness of

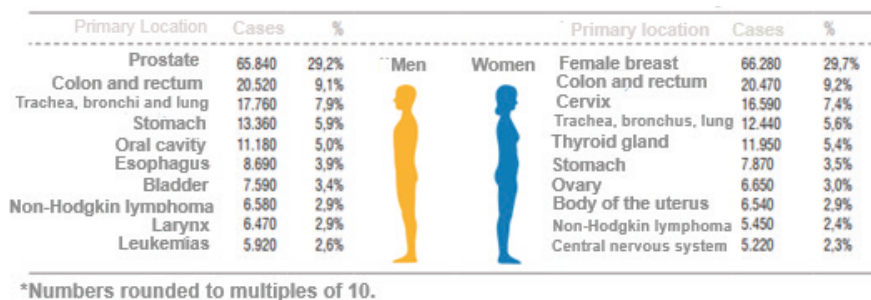


Figure 1 - Proportional distribution of the ten most incident types of cancer estimated for 2020 by sex, except non-melanoma skin

Source: National Cancer Institute José Alencar Gomes da Silva (2019).

Authors / year	Article Title	Results	Conclusions
Shirley de Souza Silva et al, 2008	The cancer patient: cognitions and emotions after diagnosis	The diagnosis of cancer, regardless of the stage, is associated with the harbinger of imminent death and these cognitions directly reflect on the patient's emotional state. Furthermore, there is the presence of religious thoughts, such as strategies adopted by patients as a way of facing the disease and overcoming the emotional shock resulting from it. Added to this is the temporary shock reaction associated with a form of patient denial in the midst of the diagnosis. Finally, suicidal thinking along with depression may be present in some patients.	The diagnosis of cancer generates some psychological reactions that, when not addressed, can make it difficult for the patient to adjust to the illness situation and, consequently, contribute to a worsening of the condition. Therefore, the present work suggests interventional practices with the patient, especially at the time of diagnosis, as well as during treatment. Therefore, a possible intervention is proposed in light of the assumptions of cognitive-behavioral therapy with the aim of working on dysfunctional cognitions about the disease, thoughts and feelings triggered by the diagnosis.
FERREIRA, Andreia Silva et al. 2019.	Prevalence of Anxiety and Depression in Oncology Patients and Identification of Predisposing Variables	The sample consists of 233 patients, 65% of whom are women; 55% of respondents in the chemotherapy sector; and 37% with up to three years of treatment. Among those interviewed, there were found 31.33% (95% CI: 25.37-37.28) of patients with probable or possible anxiety, and 26.18% (95% CI 20.53-31.82) with probable or possible depression. After correlating the data found using Chi-Square, no difference was identified in the subgroups, but there was a greater tendency for women to present depression.	Anxiety and depression are prevalent disorders in cancer patients. In this study, more than a quarter of patients demonstrate components of psychological disorder (26.18% anxiety and 31.33% depression), with a predominance of depression in women.

<p>ALVES, G. DA S.; VIANA, J. A.; SOUZA, M. F. S. DE. 2018</p>	<p>Psycho-oncology: an ally in cancer treatment</p>	<p>The results of the research carried out showed that Psycho-oncology provides important assistance in coping with cancer, and it was clear that the presence of these Psychology professionals is significant for subjects who receive an impactful diagnosis such as cancer. Psycho-oncologists can contribute by acting as facilitators in identifying the patient's fears, doubts and expectations, as well as offering a space for effective listening and psychological support. It is also important to work with family members and the team itself of health, as they are fundamental people in the assistance to the subject diagnosed with cancer.</p>	<p>In this study, the impasses and challenges faced by patients diagnosed with cancer were also addressed, and through the contributions of the authors used in the bibliography, it can be noted that, generally, when patients are faced with a cancer diagnosis, it is common to face reactions of fear, anguish, anxiety regarding treatment, the expectation of prolonged suffering, and, in addition to the feeling of threat to their life due to cancer. Furthermore, confirmation of the diagnosis brings patients beyond the idea of loss of health, changes in the personal, family and social sphere, roles previously played by the patient and life projects can be modified and limited. Therefore, upon receiving news of an undesirable diagnosis, such as cancer, psychological suffering begins, and this is when the work of the Psycho-oncologist begins.</p>
<p>COSTA, Juliana Monteiro et al. 2016</p>	<p>Biopsychosocial repercussions of colorectal cancer diagnosis for cancer patients</p>	<p>The diagnosis was experienced by patients as something painful and painful, with feelings of anxiety, doubt, sadness, fear and approaching death predominating among them. It was also found that the way the diagnosis was transmitted by the doctor had an influence on the understanding and treatment of the disease. Furthermore, spirituality, support from family and friends were present as coping strategies in the face of the illness process.</p>	<p>The experience of cancer has biopsychosocial repercussions on the life of the cancer patient, and it is essential to strengthen communication between the patient, family and healthcare team, aiming to offer greater autonomy, active participation and uniqueness of the patient and the entire system involved in this process.</p>
<p>SALCI, Maria Aparecida; MARCON, Sonia Silva.2010</p>	<p>Changes in family daily life and women's lives after starting cancer treatment</p>	<p>The physical, emotional and social changes resulting from cancer treatment cause unique experiences for women and their families. Although it is natural for women to experience this process more intensely, with consequences for the family, it is clear that, to a greater or lesser extent, everyone is affected. The experience caused by cancer and the need to change the concept of the disease implies personal and family reorganization in the various aspects of life: social, organic, psychological and emotional. Thus, women, even though they have a negative meaning about cancer, when faced with the diagnosis, reformulate their meanings and concepts, because they need to believe that they will be able to emerge alive at the end of the treatment and that they will be cured of the disease.</p>	<p>Thus, both the individual and their family need care from a multidisciplinary team, with the aim of promoting a cure for the disease or bringing quality of life when a cure cannot be achieved and, also, alleviating the emotional suffering that accompanies the disease. disease from the moment of its diagnosis and during all types and phases of treatment. Working with women and their families experiencing a serious illness such as cancer involves offering emotional support to everyone involved, as they need guidance, clarification and tips on how to deal with difficult moments, both physiological and emotional. Health professionals who serve this clientele must plan a care practice that involves the interaction of several factors, such as physical, behavioral, emotional and psychological, as well as valuing the relationships between the patient and their family.</p>

SALCI, Maria Aparecida; MARCON. 2011.	Coping with cancer in the family	Thus, it is observed in the study that the path taken to face cancer initially involves a phase of emotional conflict triggered by the discovery of the disease. The following phases are accompanied by perceptions about changes and alterations related to various aspects of life, resulting from the neoplasia and treatments. Finally, a phase of adaptation to living in the world as a cancer patient, as it requires rigorous control and constant observation, which implies adopting a new lifestyle. It is well known that the processes involving cancer lead to several adaptations, both in the woman's life and in that of her family. These changes are the result of a new meaning attributed to life, characterized by the insertion of habits previously little practiced or little valued in daily life and/or the re-evaluation of some pre-existing concepts.	The process of experiencing a serious illness is permeated with significant changes in daily life, a fact that does not only occur with those who become ill, but extends to all members involved in the family context. The experience caused by cancer and mainly by the need to change the concept of the disease requires personal and family reorganization in the various aspects of life: social, organic, psychological, emotional and spiritual. Regardless of the way women and their families experience these processes, each of them only occurs after experiencing the previous process, characterizing the existence of the theory that allows health professionals, especially nursing professionals, to visualize the needs of this population in different phases of these processes and rethink nursing care aimed at the current problem.
Souza <i>et al.</i> 2013	Patients using chemotherapy: depression and adherence to treatment	The results revealed that 10.8% and 1.9% of participants had moderate and severe depression, respectively. There was a statistically significant association between the presence of depression and the variables per capita income, number of surgeries and duration of illness. Lack of adherence to treatment was identified in 48% of participants.	These results indicate the need for training the healthcare team to detect depressive disorders and lack of adherence to chemotherapy treatment among cancer patients.

Table 1 – Presentation of the summary of articles included in the integrative review

the treatment, the possibilities of recurrences, the disruption of the daily routine and the feeling of impotence and dependence, and make this type of cancer one of the most frightening from a women's point of view, due to the negative psychosocial disorders arising from the problem. Added to this, the possibility of different types of surgical interventions for the total or partial removal of the breasts, in more serious cases, have a radical impact on the woman's body image and, consequently, worsen the psychological and social adversities arising from the disease.

In addition to this type of neoplasia, colorectal cancer also stands out, which, according to Costa et al. (2016), cancer patients tend to become vulnerable to various conditions that may influence the evolution of the disease. The appearance of psychological disorders is noted, such as: depression, anguish, anxiety disorders and even suicidal thoughts.

It is worth highlighting, according to Souza et al. (2013), although depression is a common

psychiatric disorder in cancer patients, it is often not diagnosed or treated adequately. This may occur due to the patient's attempt to appear strong to the doctor, avoiding exposing his feelings, as well as the oncologist's thought that the patient will speak spontaneously about, tending not to question him about possible depressive symptoms. Furthermore, the difficulty in diagnosing may be due to the fact that both diseases present common symptoms, such as fatigue, weight loss and lack of pleasure. Furthermore, the clinical staff can deal with depressed cancer patients normally.

PSYCHOSOCIAL REPERCUSSIONS IN THE PRE-DIAGNOSIS, DIAGNOSIS AND POST-DIAGNOSIS OF CANCER

According to Kübler-Ross (2017), total denial, or at least partial denial, is used by almost all patients, whether in the early stages

of the disease, immediately after the discovery, or sometimes at a later stage.

Regarding the pre-diagnosis stage, Salci and Marcon (2011) illustrate the situation of women who, when noticing some type of physical change in their body, automatically make assumptions. These speculations help in discovering the pathology, because they raise concerns that encourage them to seek to clarify the problem, seeking medical attention. In this search for answers, performing the biopsy represents the culmination of the path taken towards defining the diagnosis, that is, for some time the woman channels strength into positive thoughts that it will not be a malignant disease and after carrying it out, she enters into a stage of anguish, as nothing can be done before the results of the biopsy which takes a few days. During this time, the woman experiences moments of hope and hopelessness, marked mainly by anxiety.

Thus, receiving a cancer diagnosis is considered one of the worst moments, as it is when she is faced with an avalanche of feelings that cause a strong emotional impact, accompanied by sadness, frustration, anguish and difficulty in introjecting, accepting and apprehending the situation. which means perceiving oneself as a cancer carrier. Faced with the dilemma and the acceptance or not of the disease, now inserted in the woman's body and in her entire family context, it is necessary to develop new concepts and adaptations to the new reality (SALCI and MARCON, 2011).

According to Barros (2013) and Ferreira et al. (2019), the shock that the individual goes through when receiving the diagnosis is very intense, which can compromise their understanding of the disease and its treatment. Furthermore, because of the pessimistic view – which is largely due to society – of the prognosis of a cancer patient, there is the emergence of many doubts and insecurities for patients and families, consequently,

the process subsequent to the diagnosis of the disease can, often be accompanied by psychiatric disorders, the vast majority of which are anxiety and depression.

PSYCHOSOCIAL REPERCUSSIONS RESULTING FROM CLINICAL CANCER TREATMENT

According to Bottino, Fráguas and Gattaz (2009), impacts on the psychosocial axis are possible as a result of clinical treatments for cancer. Regarding antineoplastic therapies, the likely development of depressive conditions in patients stands out directly. In which, the symptoms of this psychological illness can be specific, such as the presence of mood changes, anxiety, cognitive complaints, anhedonia, anorexia and social disinterest. It is worth noting that these manifestations may arise from the use of some medications for antineoplastic treatment, such as the use of interferon and interleukin-2, procarbazine, asparaginase, vinblastine, vincristine, tamoxifen and cyproterone, in addition to other chemotherapy drugs and corticosteroids., for example, prednisone and dexamethasone.

PSYCHOLOGICAL AND CLINICAL TREATMENTS FOR CANCER PATIENTS

There is a need to apply different clinical and psychological coping strategies in order to provide considerable progress in cancer cases. These improvements are based on the reduction of neoplasia associated with pain and suffering present in different phases of the pathology, in addition to support in the psychosocial axis as a form of prevention and care (BOTTINO, FRÁGUAS and GATTAZ, 2009).

According to the ABC of Cancer (2020), the main types of treatments for cancer are linked to the search for a cure, prolongation and improvement in patients' quality of life.

Among the resources, surgeries, radiotherapy and chemotherapy predominate, which can be used together or separately. Currently, few neoplasms are treated with just one therapeutic modality, so several alternatives are used in different types of resources. At this juncture, chemotherapy is a systemic form of cancer treatment, carried out with medications known as “chemotherapeutics” that are administered at regular intervals.

In addition to the clinical therapy previously mentioned, there is also the widespread use of radiotherapy in cases of cancer. In this context, it is worth highlighting that: “Radiotherapy is the local or locoregional treatment method for cancer that uses various equipment and techniques to irradiate previously and carefully demarcated areas of the human body”. (ABC of Cancer, 2020, p.59).

Furthermore, depending on the severity of the pathology, surgical interventions may be the most appropriate means of treatment. According to Almeida, Guerra and Filgueiras (2012) and Paredes et al. (2012), there are specific types of surgery that can be performed. For example, for breast cancer, there are mastectomy (total removal of the breast), quadrantectomy (removal of about a quarter of the breast) and lumpectomy (removal of the tumor and a small surrounding region). Furthermore, in addition to this, the surgical process of breast reconstruction, which allows mastectomized women to add positive changes to their psychological state and integrity to traumatic procedures, with the preservation of self-image in addition to physical and social benefits. From this perspective, patients undergoing this type of method were satisfied with the result, demonstrated changes in their quality of life and found new meanings for what they experienced.

In addition to the treatments discussed, psychological therapeutic alternatives are essential in the context of neoplasms. It is

worth highlighting that, to deal with illness processes, strategies are used by patients and their families, the most common of which are: spirituality, family support, reflection on the problem, self-control measures and activities related to self-care (SANCHEZ, 2010).

Furthermore, according to Bottino, Fráguas and Gattaz (2009), some studies have evaluated other psychosocial interventions for care in this area in cancer patients, such as relaxation techniques, hypnosis and individual or group therapy. Of the 10 studies carried out, 5 presented evidence of social mediation in increasing survival. To illustrate, a psychiatric intervention was carried out on patients with melanoma in stages I and II, which consisted of evaluating some characteristics, such as stress management, reinforcement of cognitive strategies (solving problems) and psychological support. The recurrence observed in the control group validated the mediating role of psychosocial techniques in improving depressive conditions, with consequent evolution in adherence to medical care. Therefore, the effectiveness of psychotherapeutic interventions in psychological treatment, connected to the clinic, in cancer patients is noted.

In this sense, the existence of psycho-oncology, according to Alves, Viana and Souza (2018), is associated with an intervention alternative in which psychologists work with patients diagnosed with neoplasms. Its functionality is understood as psychological support in which the professional provides the necessary support during different moments of difficulty. Still according to the authors, this technique is based on offering information and concrete explanations about the disease and its development in the body, providing psychosocial and psychotherapeutic support to victims, offering a space that allows the expression of the patient's feelings. patient and seeks to discover ways to reduce stress, anxiety

and depression. In this context, priority is given to quality of life, the development of the return of hope and renewal in the face of processes that bring about drastic physical and psychological changes.

MATERIALS AND METHODS

This is a study with a qualitative exploratory approach in secondary sources, through a bibliographic survey, to identify productions on the topic 'CANCER AS A DRIVER OF PSYCHOSOCIAL DISORDERS IN ONCOLOGY PATIENTS IN BRAZIL'.

The study identification and selection strategy was to search for publications indexed in open access databases: Scielo, Google Scholar and Pubmed, during the months of September, October and November 2021.

The following criteria were adopted to select publications: original articles, literature review and/or experience report, articles with summaries and full texts available for analysis, published in Portuguese, English or Spanish, between the years 2009 and 2021, and articles that contain in their titles and/or abstracts the following descriptors: 'cancer, psychosocial disorder, depression, quality of life, neoplasms, tumor, suicide, feelings, psychiatric disorder, anxiety, insomnia, pain, antineoplastic therapies, antidepressants, psycho-oncology, risk factors, health, diagnosis, public health'. Scientific articles that do not meet the aforementioned inclusion criteria will be excluded.

The articles obtained in the survey were analyzed through thorough reading, highlighting those that responded to the objective proposed by this study, in order to organize and tabulate the data. In the tabulation, the authors created a table with the authors, year of publication, title, results and conclusions.

INTEGRATIVE REVIEW AND DISCUSSION OF RESULTS

17 works were used to prepare the theoretical framework, chosen according to the selection criteria presented in the previous chapter. Among these, 7 articles were selected to compose the integrative review and are presented in Table 1.

After analyzing the selected articles, a prevalence was noted, mainly, of anxiety and depression as the psychiatric disorders that most affect cancer patients. This way, the need for a multidisciplinary team capable of managing the patient and his family is reinforced in order, above all, to guarantee a humanized therapeutic follow-up that addresses the person as a whole, facilitating the patient's acceptance and adaptation to the diagnosis, conduct and management of the disease.

Other outcomes evaluated indicate that patients, after being diagnosed with cancer, feel frightened due to the idealization of death, and associate the disease as something very painful and completely disabling. Therefore, in this moment of psychological suffering, these people need physical, behavioral, emotional and psychological support.

CONCLUSION

It is therefore inferred that cancer impacts the patient's mental and emotional health, from pre-diagnosis to treatment. This is due, in part, to the stigma of suffering and death that the disease carries. Furthermore, the diagnosis and treatment process is usually arduous and exhausting, thus affecting the psychosocial condition of the patient, with depression and anxiety being the most common disorders. Furthermore, different types of cancer can influence self-esteem and psychology more intensely than others, varying according to the physical, emotional and social impact generated by the disease.

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