

Current Portrait of Multiprofessional Residency Programs in Oncology for Dental Surgeons in Brazil

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Panorama Atual dos Programas de Residência Multiprofissional em Oncologia para Cirurgiões-Dentistas do Brasil

Panorama Actual de los Programas de Residencia Multiprofesional en Oncología para Cirujanos-Dentistas en Brasil

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ABSTRACT

Introduction: Multiprofessional Residency programs represent a fundamental strategy to increase the capacity of cancer management. **Objective:** To analyze the current portrait of Multiprofessional Residency programs in oncology for dental surgeons in Brazil, as well as the number of professionals graduating from these courses, based on data reported by the Ministry of Education (MEC). **Method:** Quantitative, exploratory study. The first phase consisted in requesting to the Brazilian MEC Technical Team of Multiprofessional Residency to list all the Multiprofessional Residency Programs in Oncology that included the professional category of dentistry. Additionally, a manual search was performed. In the second phase, a contact was made by e-mail and a search in the available Internet public notices of the unanswered cases was conducted. The data searched and analyzed descriptively consisted in the existence of an active program, inclusion of the professional dentistry category, number of vacancies offered and graduates for each year between 2010 and 2020. **Results:** Thirteen Multiprofessional Residency programs in oncology for dental surgeons were identified, distributed in 12 centers, located in ten cities in eight Brazilian states, mainly in the Southeast region. Six programs were implemented in 2010, six in 2016 and one in 2020. In the Brazilian scenario, between 2010 and 2020, a total of 216 vacancies were offered and just over 114 professionals specialized in this area completed the academic formation. **Conclusion:** It is emphasized the necessity to increase the quantity of centers, programs and vacancies for Multiprofessional Residencies in Oncology for dental surgeons in Brazil, as well as the recognition of oncology as a dental specialty.

Key words: Health Postgraduate Programs; Specialties, Dental; Internship and Residency; Medical Oncology; Dentistry.

RESUMO

Introdução: Os Programas de Residência Multiprofissional constituem-se uma estratégia fundamental para a ampliação da capacidade para o enfrentamento do câncer. **Objetivo:** Analisar o panorama atual dos Programas de Residência Multiprofissional em Oncologia para cirurgiões-dentistas no Brasil, bem como o número de profissionais egressos desses cursos, a partir de dados informados pelo Ministério da Educação (MEC). **Método:** Trata-se de um estudo quantitativo, exploratório. A primeira fase consistiu na solicitação à Equipe Técnica da Residência Multiprofissional do MEC do Brasil da relação de todos os Programas de Residência Multiprofissional em Oncologia que incluíssem a categoria profissional da odontologia. Adicionalmente, foi realizada busca manual. Na segunda fase, realizaram-se contato por e-mail e busca pelos editais disponíveis na Internet dos casos em que não houve resposta. Os dados investigados foram a presença de Programa ativo, inclusão da categoria profissional da odontologia, número de vagas ofertadas e de egressos para cada ano entre 2010 e 2020, que foram analisados descritivamente. **Resultados:** Foram identificados 13 Programas de Residência Multiprofissional em Oncologia para cirurgiões-dentistas, distribuídos em 12 centros, situados em dez cidades de oito Estados brasileiros, sobretudo, na Região Sudeste. Seis Programas foram implementados em 2010, seis em 2016 e um em 2020. No cenário Brasileiro, entre 2010 e 2020, foram ofertadas 216 vagas e formados pouco mais de 114 profissionais especializados nessa área. **Conclusão:** Ressalta-se a necessidade do incremento de centros, Programas e vagas para Residências Multiprofissionais em Oncologia para cirurgiões-dentistas no Brasil, bem como do reconhecimento da Oncologia como uma especialidade odontológica.

Palavras-chave: Programas de Pós-Graduação em Saúde; Especialidades Odontológicas; Internato e Residência; Oncologia; Odontologia.

RESUMEN

Introducción: Los Programas de Residencia Multiprofesional constituyen una estrategia fundamental para expandir la capacidad de enfrentar el cáncer. **Objetivo:** Analizar el panorama actual de los Programas de Residencia Multiprofesional en oncología para cirujanos-dentistas en Brasil, así como el número de profesionales que concluyeron estos cursos, con base en datos reportados por el Ministerio de Educación (MEC). **Método:** Este es un estudio cuantitativo exploratorio. La primera fase consistió en pedirle al Equipo Técnico de Residencia Multiprofesional del MEC del Brasil que enumerara todos los Programas de Residencia Multiprofesional en Oncología que incluían la categoría profesional de odontología. Además, se realizó una búsqueda manual. En la segunda fase, se contactó por correo electrónico y se buscaron los avisos disponibles en Internet de los casos en que no hubo respuesta. Los datos investigados fueron la presencia de Programa activo, inclusión de la categoría profesional odontología, número de vacantes ofrecidas y número de graduados para cada año entre 2010 y 2020, que fueron analizados descriptivamente. **Resultados:** Se identificaron 13 Programas de residencia multiprofesional en oncología para cirujanos dentistas, distribuidos en 12 centros, ubicados en diez ciudades de ocho estados brasileños, principalmente en la región Sudeste. Se implementaron seis Programas en 2010, seis en 2016 y uno en 2020. En el escenario brasileño, entre 2010 y 2020, se ofrecieron 216 vacantes y se capacitaron poco más de 114 profesionales especializados en esta área. **Conclusión:** Se enfatiza la necesidad de aumentar el número de centros, Programas y vacantes para residencias multiprofesionales en oncología para dentistas en Brasil, así como del reconocimiento de la oncología como especialidad odontológica.

Palabras-clave: Programas de Posgrado en Salud; Especialidades Odontológicas; Internado y Residencia; Oncología Médica; Odontología.

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INTRODUCTION

To provide better assistance, healthcare should be based on the diversity and complexity of the specific needs of the aim population and driven by integrality and interdisciplinarity¹. Within this perspective, while facing a preview of 625 thousand new cases of cancer in the Brazilian population for each year of the triennium 2020-2022⁴, the quality of the approach and multidisciplinary treatment becomes more evident^{2,3} when oncologic patients are considered^{2,3}. It needs to be emphasized that the odontology approach must be conducted not only in the preparation of the patient for the treatment but in its follow up during and after the therapy^{2,5,6}, assuring its quality of life.

It is paramount for such the presence of specialized professionals and in this scenario, teaching in health and the Multiprofessional Residency Programs are strategic to widen the capacity of coping with cancer⁷. In this context, the Interministerial Ordinance number 1,077 dated November 12, 2009⁸, disposing about Professional Residency in Health was published. These programs consist of *lato sensu* post-graduation teaching strategies, characterized by learning while working for two years, 5,760 hours load, mostly formed by practical and theoretical-practical activities (80%). These activities are met within an exclusive 60-hours week dedication⁹.

The inclusion of the dental surgeon in the multiprofessional team is a relevant step for the profession concerning the necessity of involving odontology in the management of the patient with cancer. Despite the generalist dental-surgeon can intervene and manage the treatment of acute and chronic symptomatology of patients with cancer, the current graduation courses fail to offer formation in mandatory classes focused to this group of patients and do not provide clinical management practice². Therefore, the objective of this article was to analyze the current program of the Multiprofessional Residency Programs in Oncology (MRPO) for dental surgeons in Brazil and the number of professionals graduating from these courses based in information from the Education Ministry (MEC).

METHOD

This is a quantitative, exploratory study. In the first phase the technical staff of the Multiprofessional Residency of MEC of Brazil was contacted, on March 18, 2020, to list the MRPO which addressed the professional category of odontology. Additionally, a manual search was conducted in Google with the words “multiprofessional residency, oncology and odontology”. The Programs of Residency in

Health in the area of oncology, multi-professionals, and addressing the professional category of odontology were added. Uniprofessional and Multiprofessional Programs that did not include odontology or belonging to other areas of action were excluded and those that could not be identified because of missed data in the list provided by MEC.

In the second phase, it was attempted contact with each Commission of Multiprofessional Residency (COREMU) through institutional emails. For the unanswered cases, direct contact was made with the Coordinators of the Programs through email. Finally, to obtain the data of the institutions without response, the public notices available on the Internet were searched.

The data investigated were the existence of active MRPO, the inclusion of the professional category of odontology, number of vacancies offered for dental surgeon, and number of graduated for each year between 2010 and 2020. The data were added to a spreadsheet and submitted to descriptive analysis.

RESULTS

The list provided by MEC contained 27 programs and through manual search, a program was identified. The 28 programs were analyzed thoroughly, 15 were excluded (four because of duplicated information, two were already approved but not implemented, two unidentified in the list for missing data, three Uniprofessional, three failed to address odontology, and one that offered vacancies for dental surgeons in surgery and buccal maxillofacial traumatology). The 13 MRPO identified were contacted and 10 responded with the data requested. Regarding the three that failed to respond, a search for the public notices available on the Internet was made and partial data of two programs were identified. Thus, after the search for information at the institution site or public notices, information about one of the programs was not found and then this one was excluded (Figure 1).

After the initial phase of identification, 13 MRPO for dental surgeons were included, distributed in 12 formation centers considering that the Foundation Pius XII/Cancer Hospital of Barretos has two active programs. Between 2010 and 2020, a total of 216 vacancies were offered in different centers (Table 1).

The first institutions that implemented their programs in 2010 were Brasília University, the Federal University of Uberlândia, the League of Fight against Cancer/Erasto Gaertner Hospital of Paraná, the National Cancer Institute José Alencar Gomes da Silva (INCA), the Federal University of Pelotas and the Foundation Antônio Prudente/Hospital A.C. Camargo *Cancer Center*. Later, in

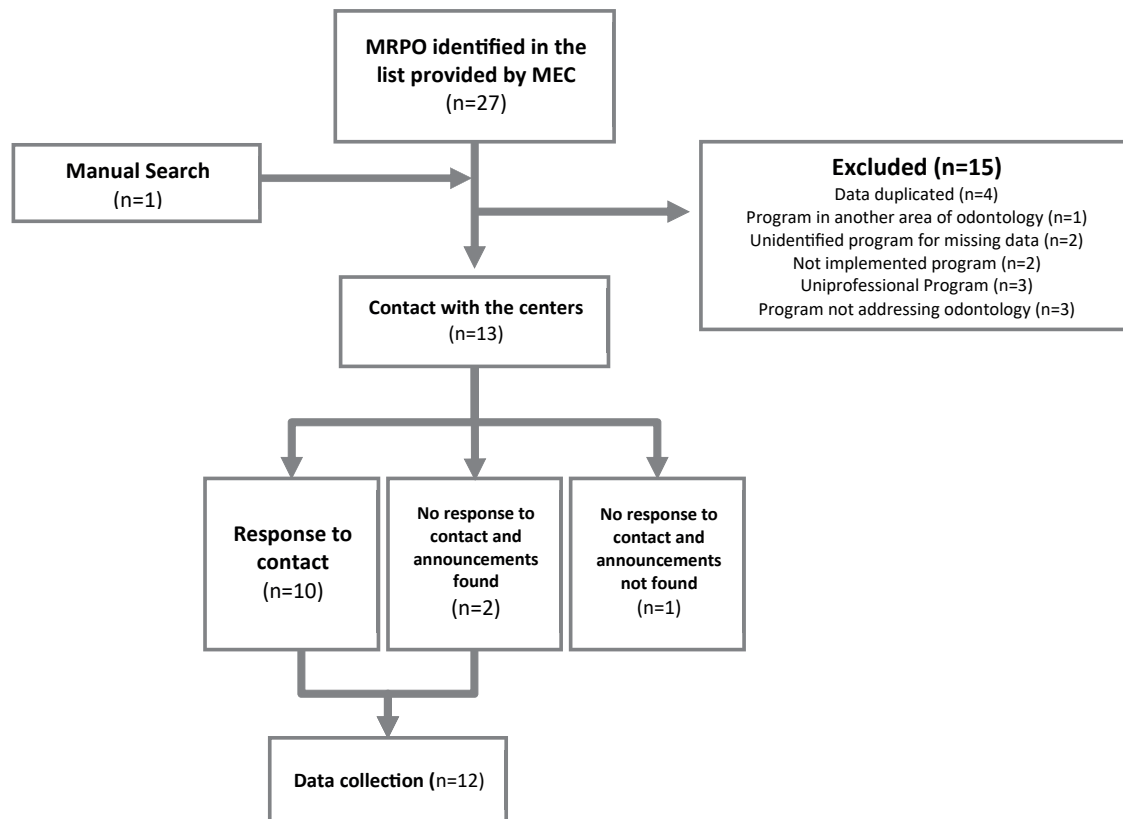


Figure 1. Process of identification, contact and data collection of MRPO for dental surgeons in Brazil between 2010-2020

Table 1. Number of vacancies offered to dental surgeons per MRPO in Brazil, between 2010-2020

State	Program/Institutions	Area	Year of implementation	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Total
Federal District	MR in Health of University Hospital of Brasília –University of Brasília*	Attention in Oncology	2010	2	2	2	2	2	2	2	2	2	2	2	22
Minas Gerais	MR of Hospital of Clinics of Uberlândia – Federal University of Uberlândia*	Attention in Oncology	2010	1	MD	1	1	2	2	0	3	2	2	2	16
Pará	MR in Health – Federal University of Pará	Attention in Oncology	2016	NA	NA	NA	NA	NA	NA	4	4	4	4	5	21
Pernambuco	MR in Attention to Cancer and Palliative Care – Association of Superior Teaching/ University Center Tabosa Almeida of Caruaru	Attention in Oncology	2016	NA	NA	NA	NA	NA	NA	2	2	2	2	2	10

to be continued

Table 1. continuation

State	Program/ Institutions	Area	Year of implementation	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Total
Paraná	MR in Cancerology – League to Fight Cancer/Hospital Erasto Gaertner of Paraná	Attention in Oncology	2010	3	3	3	2	3	2	2	1	3	3	2	27
Rio de Janeiro	MR in Oncology – INCA	Attention in Oncology	2010	4	3	3	3	2	0	0	0	2	3	0	20
	MR in Oncology of the Brazilian Army – Army Central Hospital	Attention in Oncology	2020	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2	2
Rio Grande do Sul	Multiprofessional Integrated Residency in Attention to Oncologic Health – Federal University of Pelotas	Attention in Oncology	2010	2	3	3	3	3	3	2	2	2	2	0	25
São Paulo	MR in Attention to Cancer – Hospital of Clinics of the Medicine College of Ribeirão Preto/University of São Paulo	Attention in Oncology	2016	NA	NA	NA	NA	NA	NA	4	4	4	4	4	20
	MR in Oncologic Pediatrics – Foundation Pius XII/Cancer Hospital of Barretos	Pediatric Oncology	2016	NA	NA	NA	NA	NA	NA	1	1	1	1	1	5
	MR in Health – Foundation Antônio Prudente/Hospital A.C. Camargo Cancer Center	Attention in Oncology	2010	2	2	4	4	4	4	4	4	4	4	4	40
	MR in Oncology Intensive Care Unit–Foundation Pius XII/Barretos Cancer Hospital	Attention in Oncology	2016	NA	NA	NA	NA	NA	NA	1	1	1	1	1	5
	MR Caring to the Oncologic Patient – Women Charitable Society/Hospital Syrian Lebanese	Attention in Oncology	2016	NA	NA	NA	NA	NA	NA	2	1	0	0	0	3
Total vacancies per year				14	13	16	15	16	13	24	25	27	28	25	216

Captions: *Information obtained through announcements; MR: Multiprofessional Residency; MD: Missing data; NA: Not applicable.

2016 other MRPO were implemented, and more recently in 2020, the Army Central Hospital implemented a MRPO and initiated its first residency class.

About the number of whom completed the residency, the centers that formed more oncologic dental surgeons in the last 10 years were the Foundation Antônio Prudente/ Hospital A.C. Camargo *Cancer Center*, with 29 completed residency; followed by the Federal University of Pelotas and the League of Fight Against Cancer /Erasto Gaertner Hospital in Paraná, both with 17 graduated; and INCA, with 15 graduated. In the Brazilian scenario, so far, there are little more than 114 specialized professionals in this area, considering that it was not possible to account for the completed residencies from Brasília University and Federal

University of Uberlândia (Table 2). In this context, while analyzing the regions, Southeast concentrates the higher number of centers (58.4%), MRPO (61.5%), vacancies (51.4%), and graduated (54.4%) (Table 3).

DISCUSSION

Whereas the Interministerial Ordinance number 1,077 of 2009⁸ about Residency Programs in health professional area and understanding the necessity of meeting the repressed demand in oncologic attention, several hospitals and teaching institutions had the initiative of implementing the MRPO. INCA, assuming the leadership in attention to patients with cancer, created the MRPO

Table 2. Number of dental surgeons graduated per MRPO in Brazil, between 2010-2020

State	Program/ Institution	Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Total
Federal District	MR in Health of the University Hospital of Brasília – University of Brasília*	Attention in Oncology	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD
Minas Gerais	MR of Clinics Hospital of Uberlândia – Federal University of Uberlândia*	Attention in Oncology	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD
Pará	MR in Health – Federal University of Pará	Attention in Oncology	NA	NA	NA	NA	NA	NA	NA	NA	4	4	4	12
Pernambuco	MR in Attention to Cancer and Palliative Care – Superior and Technical Teaching/ University Center Tabosa Almeida of Caruaru	Attention in Oncology	NA	NA	NA	NA	NA	NA	NA	NA	2	2	2	6
Paraná	MR in Cancerology – League of Fight against Cancer of Paraná/Erasto Gaertner Hospital	Attention in Oncology	NA	NA	3	2	2	2	3	2	2	1	0	17
Rio de Janeiro	MR in Oncology of the Brazilian Army – Army Central Hospital	Attention in Oncology	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0
	MR in Oncology – INCA	Attention in Oncology	NA	NA	3	3	3	3	2	0	0	0	1	15
Rio Grande do Sul	Multiprofessional Integrated Residency in Attention to Health – Federal University of Pelotas	Attention in Oncology	NA	NA	2	3	2	3	1	3	1	1	1	17

to be continued

Table 2. continuation

State	Program/ Institution	Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Total
São Paulo	MR in Oncologic Pediatrics – Foundation Pius XII/ Cancer Hospital of Barretos	Pediatric Oncology	NA	NA	NA	NA	NA	NA	NA	NA	1	1	1	3
	MR in Oncologic Intensive Care Unit – Foundation Pius XII/ Cancer Hospital of Barretos	Attention in Oncology	NA	NA	NA	NA	NA	NA	NA	NA	1	1	1	3
	MR in Attention to Cancer – Hospital of Clinics of Medicine College of Ribeirão Preto /University of São Paulo	Attention in Oncology	NA	NA	NA	NA	NA	NA	NA	NA	4	3	2	9
	MR in Health – Foundation Antônio Prudente/Hospital A.C. Camargo Cancer Center	Attention in Oncology	NA	NA	1	2	4	4	3	3	4	4	4	29
	MR in Care to Oncologic Patient – Women Charitable Society/Hospital Syrian Lebanese	Attention in Oncology	NA	NA	NA	NA	NA	NA	NA	NA	2	1	0	3
Total of graduates per year			0	0	9	10	11	12	9	8	21	18	16	114

Captions: *Information obtained through announcements; MR=Multiprofessional Residency; MD=Missing data; NA=Not applicable.

Table 3. Distribution per regions of the formation centers, active MRPO, vacancies offered and number of dental surgeons graduated in Brazil, between 2010-2020

Regions	Centers		MRPO		Vacancies		Graduated	
	n	%	n	%	n	%	n	%
West-Central	1	8.3	1	7.7	22	10.2	MD	MD
Northeast	1	8.3	1	7.7	10	4.6	6	5.3
North	1	8.3	1	7.7	21	9.7	12	10.5
Southeast	7	58.4	8	61.5	111	51.4	62	54.4
South	2	16.7	2	15.4	52	24.1	34	29.8
Total	12	100	13	100	216	100	114	100

Captions: MRPO=Multiprofessional Residency Programs in Oncology; MD=Missing Data.

in 2010, intending to form specialized professionals in health to work in cancer prevention and control, provide resources for care, teaching, research, and management within an interdisciplinary perspective according to the principles and guidelines of the Brazil Health System (SUS)⁹. This Program gathers nursing, pharmacy, physiotherapy, nutrition, odontology, psychology, and social work professionals⁹.

While analyzing the number of vacancies offered (216) and the number of graduates (114), there are discrepancies between these two data. However, it should be considered it was not possible to access the information about the number of graduates of two institutions who offer 38 vacancies in total. In the last two years (2019 and 2020), it was found a gap of 45 students in the other institutions, which reduces the difference between these data and the

other 19 vacancies could be attributed to withdrawal or available vacancies.

The results obtained in the search after these ten first years of the creation of MRPO reflect the reality of oncology dentistry: a clear gap in the formation of professionals properly skilled. In this same period, according to the records of the Federal Council of Odontology (FCO)¹⁰, 106,129 professionals signed in as specialists in their respective regional councils. Regarding specialties specifically, in this period, 3,710 were registered in orthodontic, 2,508 in endodontics, 963 in surgery and buccal maxillofacial traumatology, 637 in dentistry, 100 in stomatology, and 73 in patients with special necessities¹⁰.

The contrast between the raising demand of patients with cancer and the paucity of MRPO associated with low search for these courses is quite understandable when the current scenario is seen carefully. Most of the odontology colleges fail to address oncology as one of the subjects, the specialties recognized by FCO do not address full specific teaching in oncology¹¹, consequently, the professionals who graduated from MRPO are not even formally licensed and acknowledged by FCO in this area because there is no specific rule. Despite the specificities and complexities of the dental treatment in oncologic patients are not included in other specialties such as stomatology, buccal maxillofacial surgery, and odontology for patients with special necessities, they are in charge of these patients¹¹. In this context, despite the demand, the MRPO are programs of exclusive dedication and consequently, there are no stimuli to the dental surgeon to enter the programs. The situation demands the normative bodies and the universities to reflect on the actual inclusion of specialized odontology for the management of cancer patients, instead of rare, punctual, and ineffective initiatives focused only on mouth cancer as it were the only area of action of the dental surgeon under the oncologic perspective.

In addition to patients affected by oral cavity tumors, the oncologic dental surgeon is essential to manage patients diagnosed with head and neck cancers such as: ocular, oropharynx, salivary glands, maxillary sinus, nasopharynx and thyroid tumors and breast, prostate, lung, gastrointestinal cancer, osteosarcoma, lymphoma, leukemia, myeloma, multiple myeloma among others. According to the histological type, staging and location, it is important to emphasize that each one of these diseases will receive a specific treatment, either surgery, chemotherapy, immune therapy, radiotherapy, hematopoietic bone-marrow transplantation, or combined therapy and that each one of them will demand dental conduct with nuances and specificities unaddressed in the graduation courses and neither in the specialization courses focused to other areas than oncology⁵.

Associated with the evident numerical gap, it is observed that the centers that offer MRPO are concentrated basically in the Southern region, probably because of the bigger incidence of oral cancer in this region. Of the 114 professionals who graduated, 54.4% completed their residency in the Southeast and 29.8% in the South. Considering that a significant part of these professionals tends to remain in the regions where their residency was completed because of job opportunities and networking, it is clear the disparity and concentration of the offer of specialized labor in the national territory.

In the scenario of Residency Programs in Health that currently offer vacancies for the dental surgeons, there is also the Uniprofessional modality. These pedagogical projects are similar to the Specialization Program classically offered in odontology, that pursue the formation within the limits of the care assigned to the professionals to meet the demands of health. Within the scope of oncology, the following programs were identified:

- Residency in Dentistry focused on Oncology of the University of Pernambuco, sponsored by the University of Pernambuco in partnership with the Pernambuco Society of Cancer Fight, opened the first class of dental surgeon in 2015 and offered 12 vacancies ever since with six graduated.
- Residency in Hospital Odontology focused on Oncology offered also by Pernambuco University, the first class was in 2016, 12 vacancies were available ever since and six graduated.
- Residency in Oncologic Dentistry offered by Foundation Pius XII of Cancer Hospital of Barretos beginning in 2013, 32 vacancies were made available in this period and 24 graduated.

In this sense, it is important to emphasize that one of the main differences among the Multiprofessional Programs and the classical Specialization is that MRPO aims the formation of professionals with critical-reflexive profiles grounded in scientific and intellectual rigor, ensuring the capacity of interdisciplinarity and full performance in caring for the oncologic patient, taking into account social, economic, cultural, spiritual and epidemiologic questions⁹. Ethical, legal and humanitarianism aspects should be present in teaching, research, and management and these professionals should be guided to follow these aspects in pursuing to meet the needs of the patients cared for⁹. The performance of this professional should address the promotion of health and early detection through the prevention of harms by the diagnosis, treatment, rehabilitation, and bearing in mind it is focused on patients with chronic diseases, this action must also include palliative care⁹.

The action of the dental surgeon in the oncologic team is essential to manage oral lesions, pursuing preventive and therapeutic results, diagnose and treat oral conditions with systemic repercussions, and dental consultation before, during, and after the treatment¹². Furthermore, dentistry attention is responsible for promoting better conditions to restore the general situation of the patients, diminish local and systemic sequelae and devise a work plan to allow that the treatment is concluded with less damage to the quality of life of the patient^{3,6,13}. Considering the necessity of specific training and limitation inherent to the oncologic treatment because of the systemic involvement of the patients², it is evident the increasing necessity of the formation of specialized professionals in oncologic care.

CONCLUSION

The results of the present study highlight the necessity of increasing centers, programs, and vacancies for multiprofessional residencies in oncology for dental surgeons in Brazil aiming the formation of professionals able to handle the specificities of this group of patients and recognition of oncology as an odontology specialty. Furthermore, they ratify the importance of including specialized dental surgeons in oncologic teams and the necessity of dental follow up of these patients through all the phases of the antineoplastic treatment.

CONTRIBUTIONS

Lísia Daltro Borges Alves, Ana Carolina dos Santos Menezes, Ana Maria Dias da Costa, and Héilton Spindola Antunes contributed substantially to the conception or design of the study, gathering, analysis and/or interpretation of data and critical review. Fernanda Vieira Heimlich and Daniel Cohen Goldemberg contributed to the wording and critical review. All the authors approved the final version to be published.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interest to declare.

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REFERENCES

1. Silva LB. Residência multiprofissional em saúde no Brasil: alguns aspectos da trajetória histórica. *Rev Katálysis*. 2018;21(1):200-9. doi: <https://doi.org/10.1590/1982-02592018v21n1p200>
2. Rosen EB, Drew A, Huryn JM. Oncology curricula in postgraduate general dentistry programs: a survey of residency program directors. *J Cancer Educ*. 2019;34(2):329-33. doi: <https://doi.org/10.1007/s13187-017-1306-4>
3. Acosta Galeano MF, Jacquett Toledo NL. Importancia del odontólogo dentro del plantel multidisciplinario de oncología. *Mem Inst Investig Cienc Salud*. 2017;15(3):93-8. doi: [https://doi.org/10.18004/Mem.iics/1812-9528/2017.015\(03\)93-098](https://doi.org/10.18004/Mem.iics/1812-9528/2017.015(03)93-098)
4. Instituto Nacional de Câncer José Alencar Gomes da Silva. Estimativa 2020: incidência de câncer no Brasil [Internet]. Rio de Janeiro: INCA; 2019 [acesso 2020 maio 7]. Available from: <https://www.inca.gov.br/sites/ufu.sti.inca.local/files//media/document//estimativa-2020-incidencia-de-cancer-no-brasil.pdf>
5. Antunes HS, Crelier AC, Ribeiro AA, et al. Como o cirurgião dentista deve atender o paciente oncológico? *Rev Int Estomatol*. 2004;1(1):30-8.
6. Wani V, Kulkarni A, Pustake B, et al. Prevalence, complications and dental management of the oral cancer in the pediatric patients. *J Cancer Res Ther*. 2018;14(6):1407-11. doi: https://doi.org/10.4103/jcrt.JCRT_1251_16
7. Instituto Nacional de Câncer José Alencar Gomes da Silva. Projeto político-pedagógico [Internet]. Rio de Janeiro: INCA; 2019 [acesso 2020 maio 7]. Available from: https://www.inca.gov.br/sites/ufu.sti.inca.local/files//media/document//projeto_politico_pedagogico.pdf
8. Ministério da Educação (BR). Portaria Interministerial MEC/MS N° 1.077, de 12 de novembro de 2009. Dispõe sobre a Residência Multiprofissional em Saúde e a Residência em Área Profissional da Saúde, e institui o Programa Nacional de Bolsas para Residências Multiprofissionais e em Área Profissional da Saúde e a Comissão Nacional de Residência Multiprofissional em Saúde [Internet]. *Diário Oficial da União, Brasília, DF*; 2009 nov 13. Seção I, p. 7 [acesso 2020 maio 7]. Available from: http://portal.mec.gov.br/index.php?option=com_docman&view=download&alias=15462-por-1077-12nov-2009&Itemid=30192
9. Instituto Nacional de Câncer José Alencar Gomes da Silva. Programas de residência multiprofissional em oncologia e residência em física médica: plano de curso [Internet]. 4. ed. rev. atual. Rio de Janeiro: INCA; 2019 [acesso 2020 maio 7]. Available from: https://www.inca.gov.br/sites/ufu.sti.inca.local/files//media/document//plano_de_curso_programas-de-residencia_multiprofissional_em_oncologia_e_em_fisica_medica-2019.pdf
10. Conselho Federal de Odontologia [Internet]. Brasília, DF: CFO; c2020. Dados estatísticos de profissionais e entidades ativas por especialidade; [data desconhecida] [acesso 2020 maio 7]. Available from: <http://website.cfo.org.br/dados-estatisticos-de-profissionais-e-entidades-ativas-por-especialidade/>

11. Conselho Federal de Odontologia (BR). Resolução nº 63, de 8 de abril de 2005. Aprova a Consolidação das Normas para Procedimentos nos Conselhos de Odontologia [Internet]. Diário Oficial da União, Brasília, DF; 2005 abr 19. Seção I, p. 104 [acesso 2020 maio 24]. Available from: <http://pesquisa.in.gov.br/imprensa/jsp/visualiza/index.jsp?jornal=1&pagina=104&data=19/04/2005>
12. Macêdo TS, Melo MCF, Vidal AKL. Hospital and oncological dental care: a series of cases. RGO, Rev Gaúch Odontol. 2019;67:e20190036. doi: <https://doi.org/10.1590/1981-86372019000363610>
13. Sroussi HY, Epstein JB, Bensadoun RJ, et al. Common oral complications of head and neck cancer radiation therapy: mucositis, infections, saliva change, fibrosis, sensory dysfunctions, dental caries, periodontal disease, and osteoradionecrosis. Cancer Med. 2017;6(12):2918-31. doi: <https://doi.org/10.1002/cam4.1221>

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