

Analysis of the Demands and Scenarios of Support for Cancer Survivors: Integrative Review

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Análises das Demandas e Cenários de Apoio para Sobreviventes de Câncer: Revisão Integrativa

Análisis de las Demandas y Escenarios de Apoyo para Sobrevivientes de Cáncer: Revisión Integradora

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ABSTRACT

Introduction: Cancer survival is a process beginning at diagnosis and continuing for life, bringing a series of additional health challenges. **Objective:** To analyze the demands and the care model to support cancer survivors. **Method:** Study of integrative literature review through search of articles published between January 2015 and March 2020 in the databases LILACS, MEDLINE, IBECs, SciELO and Cochrane Library about demands and support scenarios for cancer survivors. **Results:** Ninety articles were found, 20 of which are consistent with the objective of the study. The structure necessary to support the cancer survivor is multiple, and it includes: hospitals, cancer centers and spaces in the community. There was unanimity in meeting the needs of patients requiring clinical and educational interventions. Studies point out multidisciplinary performance, with the presence of symptoms in the physical, psychological, and socioecological domains. The role of the nurse was mentioned by 19 studies and involves clinical care up to coordination and initiatives related to counseling and guidance to change behaviors that are harmful to health. It was found that 8 studies cited the American Society of Clinical Oncology as the guiding entity for the interventions. **Conclusion:** Survivors demands include clinical follow-up, psychological support, primary care guidelines and a healthy lifestyle. The support networks should be extensive, conducted mainly by nurses, based on guidelines supported by scientific evidence and/or specialized entities focused to symptoms related to the physical, psychological, and socioecological domains. **Key words:** Medical Oncology; Cancer Survivors; Oncology Nursing; Comprehensive Health Care; Review Literature as Topic.

RESUMO

Introdução: A sobrevivência do câncer é um processo que começa no diagnóstico e continua por toda a vida, trazendo uma série de desafios adicionais à saúde. **Objetivo:** Analisar as demandas e o modelo de atendimento para o apoio ao sobrevivente de câncer. **Método:** Revisão integrativa de literatura sobre demandas e cenários de apoio para sobreviventes de câncer, nas bases de dados LILACS, MEDLINE, IBECs, SciELO e Biblioteca Cochrane, que buscou artigos publicados entre janeiro de 2015 a março de 2020. **Resultados:** Foram encontrados 90 artigos, sendo 20 compatíveis com o objetivo do estudo. A estrutura necessária para apoiar o sobrevivente de câncer é múltipla e dela participam: hospitais, centros oncológicos e espaços na comunidade. Houve unanimidade em relação a intervenções clínicas e educativas solicitadas pelos pacientes. Estudos apontam atuação multidisciplinar, com presença de sintomas nos domínios físico, psicológico e socioecológico. A atuação do enfermeiro foi citada por 19 estudos e envolveu desde o cuidado clínico até a coordenação e atuação quanto ao aconselhamento e orientação para a mudança de comportamentos prejudiciais à saúde. Verificaram-se oito estudos que citaram a *American Society of Clinical Oncology* como entidade norteadora das intervenções. **Conclusão:** As demandas dos sobreviventes incluem acompanhamento clínico, apoio psicológico, orientações de cuidados primários e estilo de vida saudável. As redes de apoio devem ser amplas e conduzidas principalmente por enfermeiros, embasadas em diretrizes sustentadas por evidências científicas e ou entidades especializadas com foco nos sintomas relacionados aos domínios físico, psicológico e socioecológico. **Palavras-chave:** Oncologia; Sobreviventes de Câncer; Enfermagem Oncológica; Assistência Integral à Saúde; Literatura de Revisão como Assunto.

RESUMEN

Introducción: La supervivencia del cáncer es un proceso que comienza en el momento del diagnóstico y continúa durante toda la vida, lo que conlleva una serie de desafíos de salud adicionales. **Objetivo:** Analizar las demandas de necesidades y el modelo de atención para apoyar a los sobrevivientes de cáncer. **Método:** Estudio de revisión integradora de la literatura, sobre demandas y escenarios de apoyo para sobrevivientes de cáncer, en las bases de datos LILACS, MEDLINE, IBECs, SciELO y Cochrane Library, en la que se buscaron artículos publicados entre enero de 2015 y marzo de 2020. **Resultados:** Se encontraron noventa artículos, 20 de los cuales son consistentes con el objetivo del estudio. La estructura necesaria para apoyar al sobreviviente de cáncer es múltiple e incluye: hospitales, centros oncológicos y espacios en la comunidad. Hubo unanimidad en la satisfacción de las necesidades de los pacientes que requieren intervenciones clínicas y educativas. Los estudios apuntan a un desempeño multidisciplinario, con presencia de síntomas en los dominios físico, psicológico y socioecológico. El rol de la enfermera fue mencionado por 19 estudios, e incluye la atención clínica hasta la coordinación y desempeño en el asesoramiento y orientación para cambios de conducta que son perjudiciales para la salud. Se encontró que ocho estudios citaron a la *American Society of Clinical Oncology* como entidad rectora de las intervenciones. **Conclusión:** Las demandas de los sobrevivientes incluyen seguimiento clínico, apoyo psicológico, pautas de atención primaria y un estilo de vida saludable. Las redes de apoyo deben ser desarrolladas de manera amplia principalmente por enfermeras, con base en pautas sustentadas en evidencia científica y/o entidades especializadas con foco en síntomas relacionados con los dominios físico, psicológico y socioecológico. **Palabras clave:** Oncología Médica; Supervivientes de Cáncer; Enfermería Oncológica; Atención Integral de Salud; Literatura de Revisión como Asunto.

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INTRODUCTION

The incidence of cancer is increasing significantly worldwide, it is considered an important cause of morbidity and mortality independent of the human development index. The cumulative risk indicates that one at each eight men and one at each ten women will develop the disease during their lifetime¹.

In Brazil, nearly 625,000 new cases of cancer are estimated for the triennium 2020 and 2022, with greater incidence for non-melanoma skin cancer (177 thousand) followed by breast and prostate cancer (66 thousand each), colon and rectal (41 thousand), lung (30 thousand) and stomach (21 thousand)².

Proportionally, these figures reflect in the survivors population according to the quality of the policy of control and cancer fight³. National data show that the number of survivors is increasing for breast and prostate cancer. Around 206 million adults survived cancer in 2012; of these, 23% were diagnosed with breast cancer and 20% with prostate cancer⁴.

The justification for this growth is connected with demographic ageing, advances of prevention, screening and treatment which improved the diagnosis of cancer with increased number of individuals with cancer^{5,6}.

Cancer survivorship is a process beginning in the diagnosis prolonging for the lifetime with additional challenges to health because a secondary cancer or other comorbidities, psychological, economic issues that may appear in addition to treatment-related toxicities involving physical alterations⁷. It can be divided in three stages: acute, initiating in the diagnosis and ending with the initial treatment, the core aspect being cancer treatment; prolonged, from the end of the initial treatment through the following months with emphasis in cancer and treatment effects; and permanent, years after the end of cancer treatment, the stage with less odds of relapse⁵.

The concept of cancer survivorship, although little known in Brazil reflects the complexity of the sickening process and the trajectory due to several situations and constant difficulties involving patients and family, calling for interdisciplinary care for both^{7,8}.

The end of the treatment creates anxiety, adaptation is required with health professionals support, which is paramount in this stage⁹.

For such, it is important a care plan for cancer survivor because it helps the coordination by the multidisciplinary team, the survivors themselves and others involved¹⁰.

The interaction patient-professional help survivors to reclaim their life routine matched to their necessities and abilities. The literature focused to communication in the context of cancer indicates that this connection is vital for

the Quality of life (QoL) of the survivors and a strong factor in the quality of the care⁹.

It is necessary to consider that cancer survivorship brings additional challenges to health and life as the increase of the risk for the development of secondary cancers, possible comorbidities like diabetes, cardiac diseases and psychological changes calling for continuous attention and proper care¹¹.

For being a complex process focused to QoL it is important to know the impact, possibilities and what to consider in this phase to become a source of support for cancer survivor. Thus, this study aims to analyze the demands and model of care of physical and processing structure to support the survivor of several types of cancer across various domains and roles played by professionals, especially the nurse in this scenario.

METHOD

Integrative literature review about the demands and scenarios of support to cancer survivors.

The method adopted consisted of six stages: identification of the theme, elaboration of the hypothesis or questions for integrative review, definition of inclusion and exclusion criteria in the literature and sampling, presentation of the characteristics of the studies selected and critical review, discussion of the results and presentation of the review^{12,13}.

The study questions were converted in the acronym SPIDER14 as shown in Chart 1.

Based in the structuring of the questions, analysis of the studies and clarity the subsequent stages followed as depicted in Chart 2. The descriptors were chosen from the definition and analysis of pertinence to the theme investigated based in the Medical Subject Headings (MeSH) and in the Descriptors of Sciences of Health (DeCS), isolated and combined: medical oncology; cancer survivors; oncology nursing; practice guidelines as topic; comprehensive health care in the databases and/or electronic libraries LILACS, MEDLINE (PubMed), IBECs, SciELO and Cochrane Library.

Two investigators selected the articles independently and later the results were compared. A third investigator made the final decision if discrepancies were found¹⁵.

RESULTS

Initially, 90 articles distributed at the databases mentioned addressing the theme proposed were identified. However, after applying the eligibility criteria, 20 articles were selected published in the last five years, 85% of which in English. Figure 1 shows the process of literature review and case-study.

Chart 1. Questions converted to acronym SPIDER

S	Sample	Patients survivors of cancer and nurses
PI	Phenomenon of interest	Main results about care to patients survivors of cancer and required structure to meet the demands; roles played by nurses
D	Studies of evaluation of QoL	Descriptive or cluster of signs and symptoms; intervention studies or reports of the process of implementation of care to the survivor; nursing or interdisciplinary studies focused to cancer survivors; published from January 2015 and March 2020 in national and international journals (Portuguese, English and Spanish)
E	Evaluation	Results characterizing the phenomena investigated: signs and symptoms in cancer survival, physical and processing organization of caring and nurses' activities
R	Research type	Quantitative or mixed methods

Chart 2 presents a summary of the articles indicated earlier and analyzed^{8,16-33}. It was identified the predominance of level 4 evidences (80%), with publications distributed within the study period but with hegemony in 2015, reaching 30% of the studies. The set of variables investigated was wide, offering possibility of analysis of the demands and support scenarios to cancer survivors.

DISCUSSION

The demands of cancer survivors involve clinical follow-up, guidance of primary care, sexual and fertility counseling, in addition to healthy lifestyle and psychological support. In that line, the American Society of Clinical Oncology (ASCO)²⁵ published evidence-based clinical practice guidelines focused to prevention and management of symptoms affecting many survivors who present late effects. The recommendations reinforce the attention to physical and psychological needs of cancer survivors²⁵.

It is necessary physical and organizational structure to care for this population, it can be person-centered or in group based in the guidelines developed by professional organizations or the health institution itself conducted in oncologic centers, hospitals' outpatient or in rooms available at the community. Many hospitals in Europe, USA, Canada, and Australia created Cancer Clinics or Cancer Centers with wards and rooms for cancer survivors²⁸.

In this same context, the American Cancer Society (ACS) provided financial resources for the creation of Clinical Centers for cancer survivors²⁵. ASCO is also involved and in 2012 created the Survivorship Committee with comprehensive agenda for the development of centers for survivals with long-term effects²⁵.

Institutions as the Institute of Medicine (IOM), the American College of Surgeons Cancer, a National

Coalition for Cancer Survivorship (NCCS) and ASCO involved with survivorship through the implementation of care plans containing guidelines to support the survivor and improve surveillance, quality of care post-treatment and healthcare. These plans included a summary of the treatment, potential side effects, surveillance guidelines, follow-up, warnings, and issues affecting the QoL^{34,35}.

The symptoms are associated with the domains physical, psychological, and socioecological comprehending depression, anxiety, fear of relapse, sexual disorder, infertility, pain, fatigue, urinary incontinence, respiratory issues, heat waves, food and sleeping disorders. In addition to the diagnosis, the several modalities of treatment create

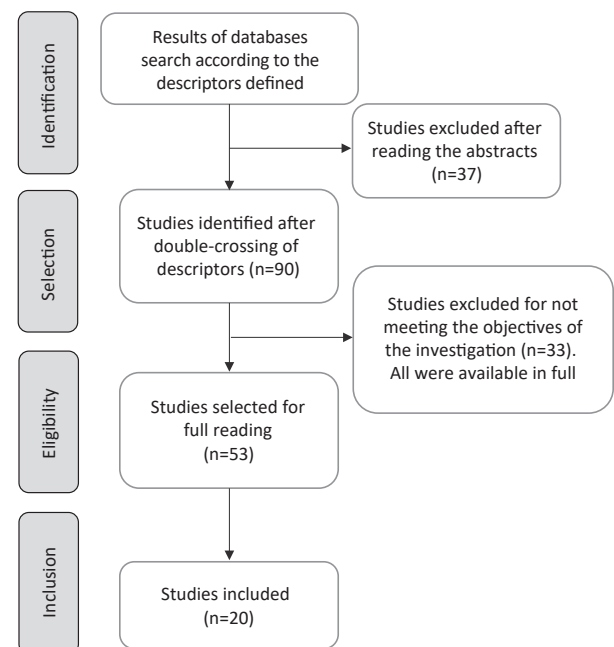


Figure 1. Stages of the eligibility of the scientific articles

Chart 2. Studies utilized

Author/ year	Objectives	Method/Level of Evidence	Main findings
Oliveira et al., 2017 ⁸	Review reports through semi-structured interviews with cancer survivors about the interaction with the health team and describe similarities and differences in the standard of treatment between Brazil and Canada	Interpretative, descriptive, qualitative approach case studies LE: 3	Outpatient consultations in hospitals and guidance by physicians and nurses (telenursing and telemedicine). Indication of sites and books for reference. Symptoms: insecurity, depression, and sexual dysfunction. Consultations and guidance by physicians and nurses. Nurse provides clinical care and plays an important role for good communication with patients with urologic cancer (males)
Wallace et al., 2015 ¹⁶	Investigate the perspectives of oncologic nurses about the network of care to the survivors; contribute for a greater study addressing the nursing routine of care to cancer survivors	Quantitative cross-sectional investigation with 119 nurses caring for patients with hematologic cancer LE: 4	Implementation of support groups in Cancer Centers to discuss and guide about fertility, intimacy, and sexuality in addition to orientation on primary care in wards. Symptoms: social, financial, and psychological limitations, depression, infertility, and sexual dysfunction. Technical and clinical care provided by nurses involving lymphomas and leukemia
Cox et al., 2015 ¹⁷	Monitor the visions and perspectives of women survivors of ovary cancer; obtain information about the process of coping and contribute to develop care survivors-centered innovative approaches	Quantitative study with interpretative phenomenological analysis LE: 4	Support groups with telephone clinical follow-up for 3 years. Psychosocial morbidity and necessity of physical adjustment. Action of the nurse in the emotional domain with psychosocial orientation and surveillance exams for patients with ovary cancer
Hall-Alston, 2015 ¹⁸	Show the implications of the routine of exercises in the trajectory of cancer survivorship	Bibliography review LE: 4	Support groups utilizing rooms and wards for ASCO-based physical exercise practice. Symptoms: anxiety, depression, fear of cancer recurrence, increase of risk of chronic diseases and change of body after breast removal. Nurses organize environments to promote physical exercises for breast cancer
Campbell et al., 2019 ¹⁹	Define important aspects to care for cancer survivors of gynecological cancer in USA; evaluate and manage care for quality of life of survivors	Bibliography review LE: 4	Support groups in wards and Cancer Centers based in guidelines of the Society of Gynecology Oncology. Issues detected: sexual, depression, urinary incontinence, pain, eating and sleeping disorders. Action of the nurse with educative program, medical coordination, nutritional guidance, and recommendations of physical exercise for gynecologic cancer (cervical, endometrium, ovary, and vulva)
Heveran and Andrewes, 2020 ²⁰	Review needs for support to hematologic cancer survivors; determine measures of nursing for support	Literature review and thematic analysis of primary sources LE: 4	Need for support network focused to information, physical and psychological treatment. Education utilizing survivorship plan with guidance about physical activities, nutrition, regular exams, necessity of individualized and in-group nursing support. Symptoms: depression, anxiety, infections, fatigue, respiratory difficulty, cardiovascular problems, fertility issues and feeling of abandonment. Action of the specialist nurse in clinical and educational care for patients with lymphomas and leukemia
Karvinen et al., 2015 ²¹	Investigate the practices of counseling of oncologic nurses about lifestyle behavior to cancer survivors	Quantitative study LE: 4	Outpatient clinical consultation for lifestyle counseling: nutrition, practice of physical activity. In-person individual consultation based in CANO-ACIO. Psychological, social, and financial problems (depression and anxiety). Oncologic nurses: clinical practice and participation in the educational program of behavioral counseling for several types of cancer
Ferguson and Aning, 2015 ²²	Describe the implementation of the survivorship program for prostate cancer survivors	Descriptive study on the implementation of a care model for prostate cancer survivors LE: 4	Support group in ward and individualized consultation based in the plan created by the institution: Newcastle upon Tyne Hospitals NHS Foundation Trust. Symptoms: erectile dysfunction, heat waves and frustration. Action of the nurse in clinic and education with counseling on physical exercises, psychosocial and psychosexual orientation for prostate cancer patients

to be continued

Chart 2. continuation

Author/ year	Objectives	Method/Level of Evidence	Main findings
Singh-Carlson et al., 2018 ²³	Evaluate the development and implementation of a plan of attention to breast cancer survivorship in South Asia	Mixed methods (qualitative and quantitative) longitudinal approach LE: 4	Outpatient support group and individualized consultation through counseling of patients and their families with questionnaires via e-mail. Symptoms: depression, anxiety, psychosocial difficulties in relation to sexuality and fear of relapse. Action of nurses and oncologic physicians. Nurses provide clinical and educational consultation focused to physical needs, psychosocial symptoms, sexuality, and lifestyle for breast cancer
Nolte et al., 2016 ²⁴	Investigate the impact of the implementation of SCP in a Cancer Center in Australia	Case-study with questionnaire LE: 4	Outpatient follow-up with patients for post-treatment support through support groups based in ASCO and IOM guidelines. Psychosocial and physical issues. Action of nurses and physicians based in SCP for gynecological, hematological, and urologic cancers
Corcoran et al., 2015 ²⁵	Review the advanced nursing practice in planning, implementation, and evaluation of the care to cancer survivors	Literature review LE:4	Outpatient support groups in clinical sites for oncologic care through group meetings and individual consultation based in ASCO guidelines. Symptoms: sexual dysfunction, pain, fatigue, and psychological stress. Action of the multidisciplinary team coordinated by nurses. Psychosocial evaluation, nutritional advice, physical activity, and support to family. Specialist nurses work in planning, implementation of health educative programs and clinical care for patients with all types of cancers
Peixoto et al., 2017 ²⁶	Management strategies of anxiety the cancer survivors utilize	Systematic review of the literature LE: 2	Rehabilitation-focused outpatient support and therapy groups. Symptoms: anxiety, depression, stress, and fatigue. Action of multidisciplinary team (nurses, occupational therapists, and physicians) with management of health-diseases processes, rehabilitation, and psychoeducational intervention. Nurses providing clinical care and indication of practice of physical exercises predominantly for breast cancer
Oliveira et al., 2018 ²⁷	Analyze the concept of cancer survivorship utilizing Rodgers evolutionary concept analysis	Systematic review of the literature based in Rodgers' concept LE: 2	Support groups to monitor the quality of life of survivors in rooms of the community and clinical centers. Physical, psychologic, and financial issues. Action of the multidisciplinary team (physical education, psychologist, and social worker) to monitor the quality of life of patients with all types of cancers
Loonen et al., 2018 ²⁸	Present models of multidisciplinary and shared care for cancer survivors	Descriptive study LE: 4	Support groups with consultations in specialized clinics for cancer survivors based in plans of the institution. Sexuality issues, depression, anxiety, and physical limitations. Action of physician, psychologist, social worker, nurse, dentist, and nutritionist with educative program about physical activity, nutrition, sexuality, and clinical care. Nurse takes over team coordination for several types of cancer in adults and children
Kinahan et al., 2017 ²⁹	Evaluate the implementation of good practices for primary caretakers (physicians and nurses) to expand the information in electronic charts for shared care of youngsters and adults survivors of cancer	Qualitative approach case-study LE: 4	Outpatient and Cancer Centers support groups and individual consultation to monitor the cases through control of electronic charts for possible interventions based in ASCO guidelines. The issues include: depression, sexuality, and finance. Multidisciplinary action for patients with cancers in general focused to nutrition, physical exercises, and sexuality
Peckham and Mott-Coles, 2018 ³⁰	Determine the contributions of the oncology nurse specialist in caring for the patient in radiologic monitoring after early diagnosis of lung cancer	Retrospective and descriptive studies of charts of lung cancer survivors LE: 4	Support groups with person-centered care in hospitals and Cancer Centers based in ASCO guidelines. Respiratory difficulties. Action of the oncologic nurse as facilitator of the communication with patient with lung cancer and family
Handberg et al., 2018 ³¹	Analyze and describe the attitudes and perspectives of the health professionals about the complexities of cancer survivorship	Interpretative and descriptive study LE: 4	Outpatient and support group in Cancer Centers and wards according to ASCO guidelines. Oncologic nurse is responsible to create the link between the patient and the responsible for the cancer treatment, offering clinical care and health guidance for patients with hematological cancer

to be continued

Chart 2. continuation

Author/ year	Objectives	Method/Level of Evidence	Main findings
Pandey and Barber, 2016 ³²	Describe the lack of professionals for basic and oncologic medical care in USA Cancer Centers; discuss the necessity of treatment with nurses for specialization in oncology and basic care to survivors	Case study LE: 4	Support groups with group or individual sessions based in ASCO guidelines. The symptom includes pain. The role of the nurses aims the prevention of secondary cancer, health counseling and educative programs with guidance about tobacco cessation, nutrition, and physical exercises for several types of cancers.
Hartnett, 2016 ³³	Discuss recommendation of ACS for breast cancer treatment, surveillance, screening, and management of late effects	Descriptive study LE:4	Outpatient support group and Cancer Centers based in ASCO guidelines. The symptoms include: depression, anxiety, and sexual relations issues. Action of the multidisciplinary team (nurse and occupational therapist), conducting meetings on nutrition, physical exercises, and sexuality. Nurses provide educational information to help the follow-up of guidelines after the treatment for patients with breast cancer

Captions: ASCO = American Society of Clinical Oncology; SCP = Survivorship Care Plan; CANO-ACIO = Canadian Association of Nurses in Oncology; ACS = American Cancer Society; IOM = Institute of Medicine; LE = Level of evidence.

physical, social, and psychological problems impacting the QoL and can persist throughout the survivorship^{36,37}. Diagnosis and cancer treatment are associated with substantial suffering, a barrier to resume normal life³⁷⁻³⁹.

Another concerning issue addresses the increase of likelihood of chronic diseases, comorbidities, and recurrence of secondary cancers due to unhealthy behavior as lack of physical activity and tobacco use, impacting the QoL²¹.

The multidisciplinary team is present in clinical care or educative programs with psychosocial, nutritional, psychosexual, screening tests, practice of exercises and physical needs. The diverse range of changes in various domains calls for multidisciplinary follow-up¹⁹. Depression, anxiety, and fear of relapse when no follow-up occurs in post-treatment were detected²⁰. These symptoms can be attenuated with guidance and proper psychosocial care²¹.

Nurses are active in planning or clinical care and implementation of models of health educative programs. The nurses play a critical role in caring for cancer survivors²⁶ because they are the most expressive number of professionals among other categories, in addition to the interaction with the patients in the process of health-disease. Further to clinical care, they can assume the role of instructor of health programs, healthy diets and practice of physical exercises and manager, developing and evaluating care models with a wide range of practical configurations reflecting in the QoL of the cancer survivor^{20,40}.

The active action of the Oncology Nursing Society (ONS) is relevant in rehabilitation and QoL of cancer survivors developing evidence-based resources to guide the education and interventions for this population²⁵.

A Dutch study described an innovative model of integrated care for cancer survivors called “Cancer Survivorship Person-centered Care Model“. A

multidisciplinary team provided care in a coordinated and integrated medical consultation environment for adults and children for several types of cancers. A skilled physician or nurse coordinated the service in three levels, the first, primary attention for prevention and basic guidance in health, the second, more specialized with physicians, oncologic nurses and psychosocial counseling with psychologists and level three, skilled multidisciplinary team with pediatricians, cardiologists, and dentists to cover physical and psychosocial comorbidities as hypertension, hypothyroidism, depression among others²⁸.

The current study shows the scope of several types of cancer with more predominance for breast and hematological cancers in relation to cancers included in the supporting networks for survivors. Regardless of the type of cancer, Campbell et al.¹⁹ in their study presented the necessity of defining important aspects of care to survivors, including planning, health promotion, support, and management of treatment late effects.

CONCLUSION

Survivor’s demands involve clinical follow-up, guidance of primary care, healthy lifestyle further to sexual counselling and fertility.

Care can be individualized or in group based in ASCO guidelines conducted in oncologic centers or outpatient facilities.

Symptoms are associated with the domains physical, psychological, and socio-ecological counting with the multidisciplinary team either in clinical or educative programs. The nurse is the professional with clear leadership expression from clinic to coordination and action in counselling and guidance about change of health damaging behavior.

CONTRIBUTIONS

Andréia Rosangela Delli Paoli Rocha, Erika Yuri Lee, Heloisa Maria Jorviguinovi dos Reis and Maria das Graças Silva Matsubara contributed substantially for the study design and/or conception, collection, analysis and/or interpretation of data, wording, and critical review. Edvane Birelo Lopes De Domenico contributed for critical review. All the authors approved the final version to be published.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

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REFERENCES

- Bray F, Ferlay J, Soerjomataram I, et al. Estatísticas globais de câncer de 2018: estimativas GLOBOCAN de incidência e mortalidade mundial para 36 cânceres em 185 países. *CA Cancer J Clin*. 2018;68(6):394-424. doi: <https://doi.org/10.3322/caac.21492>
- Instituto Nacional de Câncer José Alencar Gomes da Silva. Estimativa 2020: incidência de câncer no Brasil [Internet]. Rio de Janeiro: INCA; 2019 [acesso 2020 ago 2020]. Disponível em: <https://bit.ly/33AdN8y>
- Rowland JH, Bellizzi KM. Cancer survivorship issues: life after treatment and implications for an aging population. *J Clin Oncol*. 2014;32(24):2662-8. doi: <https://doi.org/10.1200/JCO.2014.55.8361>
- The Economist Intelligence Unit [Internet]. New York: The Economist Intelligence Unit; c2021. Cancer Survivorship country profile Brazil; 2017 [cited 2020 Dez 20]. Available from: <https://worldcancerinitiative.economist.com/pdf/BMS-Global-cancer-survivorship/Brazil.pdf>
- Marzorati C, Riva S, Pravettoni G. Who is a cancer survivor? A systematic review of published definitions. *J Cancer Educ*. 2017;32(2):228-37. doi: <https://doi.org/10.1007/s13187-016-0997-2>
- Ashing-Giwa K, Tapp C, Brown S, et al. Are survivorship care plans responsive to African-American breast cancer survivors?: voices of survivors and advocates. *J Cancer Surviv*. 2013;7(3):283-91. doi: <https://doi.org/10.1007/s11764-013-0270-1>
- Cancer.Net [Internet]. Alexandria, VA: American Society of Clinical Oncology; c2005-2021. Survivorship; [cited 20 June 2020]. Available from: http://www.cancer.net/survivorship/what_survivorship
- Oliveira RAA, Zago MMF, Thorne SE. Interaction between professionals and cancer survivors in the context of Brazilian and Canadian care. *Rev Latino-Am Enfermagem*. 2017;25:e2972. doi: <https://doi.org/10.1590/1518-8345.2253.2972>
- Thorne S, Hislop TG, Kim-Sing C, et al. Changing communication needs and preferences across the cancer care trajectory: insights from the patient perspective. *Support Care Cancer*. 2014;22(4):1009-15. doi: <https://doi.org/10.1007/s00520-013-2056-4>
- Mayer DK, Deal AM, Crane JM, et al. Using survivorship care plans to enhance communication and cancer care coordination: results of a pilot study. *Oncol Nurs Forum*. 2016;43(5):636-45. doi: <https://doi.org/10.1188/16.ONF.636-645>
- Darby K, Davis C, Likes W, et al. Exploring the financial impact of breast cancer for African American medically underserved women: a qualitative study. *J Health Care Poor Underserved*. 2009;20(3):721-8. doi: <https://doi.org/10.1353/hpu.0.0176>
- Ganong LH. Integrative reviews of nursing research. *Res Nurs Health*. 1987;10(1):1-11. doi: <https://doi.org/10.1002/nur.4770100103>
- Aromataris E, Munn Z, editors. JBI manual for evidence synthesis [Internet]. [place unknown]: JBI; 2020. doi: <https://doi.org/10.46658/JBIMES-20-0114>. Camilo C, Garrido MV. Systematic review in psychology: challenges and guidelines. *Anál Psicol*. 2019;37(4):535-552. doi: <https://doi.org/10.14417/ap.1546>
- Camilo C, Garrido MV. Systematic review in psychology: challenges and guidelines. *Anál Psicol*. 2019;37(4):535-552. doi: <https://doi.org/10.14417/ap.1546>
552. doi: <https://doi.org/10.14417/ap.154615>. Santos CMC, Pimenta CAM, Nobre MRC. The PICO strategy for the research question construction and evidence search. *Rev Latino-Am Enfermagem*. 2007;15(3):508-11. doi: <https://doi.org/10.1590/s0104-11692007000300023>
- Wallace A, Downs E, Gates P, et al. Provision of survivorship care for patients with haematological malignancy at completion of treatment: a cancer nursing practice survey study. *Eur J Oncol Nurs*. 2015;19(5):516-22. doi: <https://doi.org/10.1016/j.ejon.2015.02.012>
- Cox A, Faithfull S. Aiding a reassertion of self: a qualitative study of the views and experiences of women with ovarian cancer receiving long-term nurse-led telephone follow-up. *Support Care Cancer*. 2015;23(8):2357-64. doi: <https://doi.org/10.1007/s00520-014-2578-4>
- Hall-Alston J. Exercise and the breast cancer survivor: the role of the nurse practitioner. *Clin J Oncol Nurs*. 2015;19(5):E98-102. doi: <https://doi.org/10.1188/15.CJON.E98-E102>
- Campbell G, Thomas TH, Hand L, et al. Caring for survivors of gynecologic cancer: assessment and management of long-term and late effects. *Semin Oncol Nurs*. 2019;35(2):192-201. doi: <https://doi.org/10.1016/j.soncn.2019.02.006>

20. Heveran L, Andrewes T. Nursing measures to support the needs of haematological cancer survivors post-treatment: a literature review. *Br J Nurs*. 2020;29(3):S18-S24. doi: <https://doi.org/10.12968/bjon.2020.29.3.S18>
21. Karvinen KH, Bruner B, Truant T. Lifestyle counseling practices of oncology nurses in the United States and Canada. *Clin J Oncol Nurs*. 2015;19(6):690-6. doi: <https://doi.org/10.1188/15.CJON.690-696>
22. Ferguson J, Aning J. Prostate cancer survivorship: a nurse-led service model. *Br J Nurs*. 2015;24(18):S14-21. doi: <https://doi.org/10.12968/bjon.2015.24.Sup18.S14>
23. Singh-Carlson S, Wong F, Oshan G. Evaluation of the delivery of survivorship care plans for South Asian female breast cancer survivors residing in Canada. *Curr Oncol*. 2018;25(4):e265-e274. doi: <https://doi.org/10.3747/co.25.3734>
24. Nolte L, Kinnane N, Lai-Kwon J, et al. The impact of survivorship care planning on patients, general practitioners, and hospital-based staff. *Cancer Nurs*. 2016;39(6):E26-E35. doi: <https://doi.org/10.1097/NCC.0000000000000329>
25. Corcoran S, Dunne M, McCabe MS. The role of advanced practice nurses in cancer survivorship care. *Semin Oncol Nurs*. 2015;31(4):338-347. doi: <https://doi.org/10.1016/j.soncn.2015.08.009>
26. Peixoto NMSM, Peixoto TASM, Pinto CAS, et al. Estratégias de autogestão da ansiedade nos sobreviventes de cancro: revisão sistemática da literatura. *Rev Enf*. 2017;4(12):143-54. doi: <http://doi.org/10.12707/RIV16024>
27. Oliveira RAA, Conceição VM, Araujo JS, et al. Concept analysis of cancer survivorship and contributions to oncological nursing. *Int J Nurs Pract*. 2018;24(1). doi: <http://doi.org/10.1111/ijn.12608>
28. Loonen JJ, Blijlevens NMA, Prins J, et al. Cancer survivorship care: person centered care in a multidisciplinary shared care model. *Int J Integr Care*. 2018;18(1):4. doi: <http://doi.org/10.5334/ijic.3046>
29. Kinahan KE, Kircher S, Altman J, et al. Promoting the shared-care model for adolescent and young adults with cancer: optimizing referrals and care coordination with primary care providers. *J Natl Compr Canc Netw*. 2017;15(1):38-44. doi: <http://doi.org/10.6004/jccn.2017.0005>
30. Peckham J, Mott-Coles S. Interprofessional lung cancer tumor board: the role of the oncology Nurse Navigator in improving adherence to national guidelines and streamlining patient care. *Clin J Oncol Nurs*. 2018;22(6):656-62. doi: <http://doi.org/10.1188/18.CJON.656-662>
31. Handberg C, Thorne S, Maribo T. When a policy decision meets practice realities: the case of cancer survivorship care and rehabilitation needs assessment. *Eur J Oncol Nurs*. 2018;33:70-77. doi: <http://doi.org/10.1016/j.ejon.2018.01.010>
32. Pandey P, Barber F. Improving the education and training of primary care nurse practitioners to meet the healthcare needs of long-term cancer survivors. *Clin J Oncol Nurs*. 2016;20(3):334-5. doi: <http://doi.org/10.1188/16.CJON.334-335>
33. Hartnett E. Impact of collaborative evidence-based breast cancer survivorship care guidelines on survivors and providers. *Clin J Oncol Nurs*. 2016;20(3):332-3. doi: <http://doi.org/10.1188/16.CJON.332-333>
34. Ashing K, Serrano M, Weitzel J, et al. Towards developing a bilingual treatment summary and survivorship care plan responsive to Spanish language preferred breast cancer survivors. *J Cancer Surviv*. 2014;8(4):580-94. doi: <http://doi.org/10.1007/s11764-014-0363-5>
35. Building a bridge of continued care for cancer survivors. *J Oncol Pract*. 2006;2(2):77-82. doi: 10.1200/JOP.2006.2.2.77
36. Vidotti JF, Scorsolini-Comin F, Santos MA. Qualidade de vida em sobreviventes de longo prazo ao câncer de mama: análise da produção científica. *Psicol Teor Prat*. 2013;15(3):49-68.
37. Tompkins C, Scanlon K, Scott E, et al. Survivorship care and support following treatment for breast cancer: A multi-ethnic comparative qualitative study of women's experiences. *BMC Health Serv Res*. 2016;16:401. doi: <http://doi.org/10.1186/s12913-016-1625-x>
38. Seiler A, Jenewein J. Resilience in cancer patients. *Front Psychiatry*. 2019;10:208. doi: <https://doi.org/10.3389/fpsy.2019.00208>
39. Ruini C, Vescovelli F, Albieri E. Post-traumatic growth in breast cancer survivors: new insights into its relationships with well-being and distress. *J Clin Psychol Med Settings*. 2013;20(3):383-91. doi: <https://doi.org/10.1007/s10880-012-9340-1>
40. Post KE, Moy B, Furlani C, et al. Survivorship Model of Care: Development and implementation of a nurse practitioner-led intervention for patients with breast cancer. *Clin J Oncol Nurs*. 2017;21(4):E99-E105. doi: <https://doi.org/10.1188/17.CJON.E99-E105>

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