New Trends of the Cancer Control Policy in Brazil

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Novos Rumos da Política de Controle do Câncer no Brasil
Nuevas Direcciones de la Política de Control del Cáncer en Brasil

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Sustainable measures for cancer prevention and control are deemed necessary as the recent world estimates of cancer-related incidence and mortality indicate, mostly for low economic income countries and in development as Brazil³. Necessarily, these strategies beget the adoption and strengthening of supportive public policies for planning and prioritization of cancer control².

Ever since the National Health System (SUS) came into force, Brazil has been publishing an array of rules to ensure the access of the individual to full care and reduce mortality and cancer-caused impairments, diminish the incidence of certain types of neoplasms and contribute to ameliorate the quality of life of cancer survivors⁴. Endeavors appear to be but partial, nonetheless, to achieve effective results since the national metrics of incidence and mortality are still on the rise. It seems to be paramount to redesign the current trends and embrace innovative strategies able to favor the achievement of objectives and goals.

New laws addressing attention to cancer have come forward between November 2021 and March 2022 to attempt to redirect and reinforce control initiatives.

Law 14,238 dated November 19, 2021 created the bill of rights of the person with cancer⁴, and apparently appears to fill an important gap in the national regulatory backbone because besides being an additional tool to ensure the constitutional right to health, it is strategic for social control⁵. According to Jacobson et al.⁶, all countries should develop their bill of rights for persons with cancer addressing education to reduce cancer risks, screening to detect cancer earlier, timely access to diagnosis, planned treatment with trained multidisciplinary team, updated information and access to treatment, second opinion at any time, care management, understand the communication among professionals, access to supportive and ancillary services comprehending cancer-related issues, protection of privacy and post-therapy follow-up. Seemingly, the Brazilian legislation appears to meet all these principles further to reinforcing social rights already disposed in other laws in force.

Recently published Directive SAES 2 dated January 3, 2022⁷, an important rule, included the field “Reported Antineoplastic Drugs” in the screen of complementary data of chemotherapy in the Authorization of Outpatient Procedures (APAC) to select antineoplastic drugs utilized in the treatment of patients with cancer. This strategy, further to ensuring celerity and reliability to the registration of APAC by health services will ease the process of clinical and administrative auditing of the controlling bodies, monitoring the technologies that SUS has embraced and assessment of efficacy and safety outcomes in the treatment of patients with cancer.

The third document to be mentioned is Law 14,308 dated March 8, 2022⁸, which created the National Policy of Attention to Pediatric Oncology. To the credit of historical innovations to structure the attention to child and adolescent cancer in Brazil, much more needs to be done to boost survivorship, bettering the efficacy of care and quality of life of these patients⁹. It attempts to enhance the implementation of mechanisms to broaden the early access to diagnosis and treatment for a potential improved prognosis for children and adolescents with cancer.

The recent Brazilian rules redesigned the contours of cancer control and will be instrumental to develop studies able to show the impacts in the life of persons with cancer side-by-side to their role as beacons of the new trends of public policy.

The “Revista Brasileira de Cancerología (RBC)”, with its nearly 80 years of life is proud to have become an important channel of scientific-based publications which have been supportive to improve cancer control policy in Brazil and in
other countries. We hope that Oncology investigators, students and professionals continue to monitor and evaluate the implementation and performance of these policies and results in attention to cancer.

REFERENCES


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