

## The complexity of oncology care: current and future challenges

Oncological diseases have a worldwide increasing incidence and various non-controllable and controllable risk factors are related to this situation. The greater longevity of humans and genetic inheritance are the most relevant non-controllable risk factors. On the other hand, there is a considerable list of items among the controllable risk factors. We highlight smoking, abuse of alcohol, exposure to carcinogens including aflatoxins, asbestos, benzene, and formaldehyde; chronic inflammation and/or immunosuppressive states; obesity; and exposure to ionizing and/or ultraviolet radiation.<sup>(1)</sup>

Given this reality, everyday people are diagnosed with one of over a hundred different types of cancer in one of the different stages of disease involvement, either in its initial stage or near the end of life. Taking care of these people and their families with a comprehensive and interdisciplinary approach is a necessity and a duty, which is very well established in the global public policies. In Brazil, Ordinance No. 874 (16 May 2013) repealed a previous ordinance (No. 2429; 8 Dec 2005) and established the “National Policy for Cancer Prevention and Control in the Network of Health Care for People with Chronic Diseases within the Unified Health System (SUS)”.<sup>(2)</sup>

*(...) Art. 5<sup>o</sup>: The general principles of the National Policy for Cancer Prevention and Control are as follows:*

*I. recognizing cancer as a preventable chronic disease and offering a comprehensive care, taking into account the guidelines of the Network of Health Care for People with Chronic Diseases within SUS (...).*

Cancer patients are chronically ill people who require a complex and long-term therapeutic project, of which health professionals with different backgrounds should participate, foreseeing patients access to the necessary medicines and equipment, and extending towards social assistance to both patients and their families.<sup>(3,4)</sup> To articulate these demands in practice, the following conditions are imperative: establishing for years or decades an ongoing management that can generate conditions with a proper feedback by implementation of quality, productivity, and efficiency monitoring systems.

Promotion of qualified training of is also necessary for professionals to work in the Oncology field with the technical-scientific and social-humanistic perspectives. Ordinance No. 483 (01 Apr 2014) “redefined the network of health care for people with chronic diseases within SUS”. According to it:<sup>(5)</sup>

*(...) Art. 3<sup>o</sup>: The principles of the Network of Health Care for People with chronic diseases are the following:*

*I - to provide access and accept users with chronic diseases in all health care delivery sites;*

*II - to humanize the health care, seeking to make the user-centered model effective, based on patients health needs;*

*III - to respect the ethnic-racial, cultural, social, and religious diversities, as well as locations, habits, and cultures;*

*IV - to center the health care model on the user, who should be treated by multidisciplinary teams (...).*

The oncological diagnosis still entails the severity, suffering, and lethality stigmas. However, survival rates with either controlled or cured disease are a reality for many patients diagnosed with cancer. This is also a reality in many societies, whose health service organization meet the requirements of appropriate infrastructure and technologies, trained and qualified human resources, and sufficient material resources, equipment, and supplies.

Concern about care for patients who survived cancer is a current reality in developed countries, being an additional challenge that must be recognized in a close future in developing countries. The *American Society of Clinical Oncology* (ASCO)<sup>(6)</sup> recommends actions such as keeping the risk and psychosocial need evaluations; reporting of fertility and/or family planning of patients in the reproductive age; reporting of persistent collateral or late-occurrence effects related to cancer or even treatments carried out; and programing the screening of other cancers, which should be undertaken for the qualified care of cancer survivors.

Finally, the complexity of care for cancer patients and their families comprises challenges that should be not only known by all society segments, but mostly a commitment and responsibility of health sectors and a duty of professionals who should defend the good practices and patients' rights.

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**DOI:** <http://dx.doi.org/10.1590/1982-0194201600034>

