

**PROFILE OF PATIENTS ASSISTED IN THE AMBULATORY OF ONCOLOGY OF
A PUBLIC TEACHING HOSPITAL****PERFIL DE PACIENTES ATENDIDAS EM AMBULATÓRIO DE ONCOLOGIA DE
UM HOSPITAL PÚBLICO DE ENSINO****PERFIL DE LAS PACIENTES ATENDIDAS EN EL SERVICIO AMBULATORIO DE
ONCOLOGIA DE UN HOSPITAL ESCUELA PÚBLICO**Thais Reis Oliveira¹, Nathália Silva Gomes², Sueli Riul da Silva³

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ABSTRACT

Objective: to describe the sociodemographic and clinical/therapeutics profile of patients with gynecological cancer in outpatient chemotherapy treatment. **Method:** retrospective, descriptive study, with a quantitative approach, with the patients seen in the period from January/2015 to December/2016. The collected data were transcribed and stored in a spreadsheet in the Excel® program and then transported to the Statistical Package for the Social Sciences software, version 22. The statistical analysis was based on absolute and relative frequency. The level of significance was set at 5%. **Results:** the records of 89 women were analyzed. The analysis showed prevalence of women aged 18 to 59 years, diagnosed predominantly with breast cancer (42,7%) and cervix (34,8%). The highest percentage of cases was diagnosed late (59,5%). The cisplatin and cyclophosphamide antineoplastics were the most used, followed by doxorubicin. **Conclusions:** the profile of the patients in this study corroborates the findings related to the same profile at the national level.

Descriptors: Female Genital Neoplasms; Drug Treatment; Epidemiology; Nursing Oncology.

¹ RN. Master. Oncologist Nurse at Ebserh, Hospital de Clínicas da Universidade Federal de Minas Gerais (UFMG).

² RN. Doctor. Nurse in Primary Health Care of the Municipal Government of Patos de Minas – Minas Gerais.

³ RN and obstetrician. Master and Phd in Fundamental Nursing. Associate Professor of the Graduate Program in Health Care at Universidade Federal do Triângulo Mineiro. Retired.

RESUMO

Objetivo: descrever o perfil sociodemográfico e clínico/terapêutico das pacientes portadoras de câncer ginecológico em tratamento quimioterápico ambulatorial. **Método:** estudo retrospectivo, descritivo, abordagem quantitativa, com pacientes atendidas no período de janeiro/2015 a dezembro/2016. Os dados coletados foram transcritos e armazenados em planilha eletrônica no programa *Excel*® e transportados para o *software Statistical Package for the Social Sciences*®, versão 22. A análise estatística baseou-se na frequência absoluta e relativa. Adotou-se nível de significância de 5%. **Resultados:** analisaram-se os registros de 89 mulheres. A análise mostrou prevalência de mulheres na faixa etária de 18 a 59 anos, diagnosticadas predominantemente com câncer de mama (42,7%) e colo de útero (34,8%), sendo que 59,5% destes casos foram diagnosticados tardiamente. Os antineoplásicos cisplatina e ciclofosfamida, respectivamente, foram os mais utilizados, seguidos da doxorubicina. **Conclusões:** o perfil das pacientes deste estudo corrobora com os achados relativos ao mesmo perfil, em nível nacional.

Descritores: Neoplasias dos Genitais Femininos; Tratamento Farmacológico; Epidemiologia; Enfermagem Oncológica.

RESUMEN

Objetivo: describir el perfil sociodemográfico y clínico/terapéutico de las pacientes con cáncer ginecológico en tratamiento ambulatorio de quimioterapia. **Método:** estudio retrospectivo, descriptivo, enfoque cuantitativo, con pacientes que recibieron atención entre enero de 2015 y diciembre de 2016. Los datos recolectados fueron transcritos y almacenados en planilla electrónica en el programa *Excel*® e ingresados en el *software Statistical Package for the Social Sciences*®, versión 22. El análisis estadístico se basó en la frecuencia absoluta y relativa. Se adoptó un nivel de significancia del 5%. **Resultados:** se analizaron los registros de 89 mujeres. El análisis mostró una prevalencia en la faja etaria de 18 a 59 años, diagnosticadas predominantemente con cáncer de mama (42,7%) y cuello de útero (34,8%), el 59,5% de estos casos fue diagnosticado tardíamente. Los antineoplásicos cisplatina y ciclofosfamida, respectivamente, fueron los más utilizados, seguidos de doxorubicina. **Conclusiones:** el perfil de las pacientes de este estudio coincide con los hallazgos relativos al perfil nacional.

Descriptores: Neoplasias de los Genitales Femeninos; Tratamientos Farmacológicos; Epidemiología; Enfermería Oncológica.

INTRODUCTION

Cancer is characterized as a public health problem, given the significant expansion of the occurrence of new cases of malignant neoplasia worldwide in recent decades, especially among developing countries.¹

It is known that cancer is a chronic multifactorial disease and its causes can be genetic or not. In the first situation, there are, for example, changes that give the cells some special characteristics, such as: unlimited proliferation, lack of capacity to enter into apoptosis, metastasis and angiogenesis.² There are also some current causes, namely: the increase in life

expectancy, urbanization and globalization, in addition to habits that are harmful to health.¹

In Brazil, it is estimated for the triennium 2020-2022, the occurrence of 625,000 new cases of cancer each year. Excluding non-melanoma skin cancer, 450,000 new cases of cancer will occur. Considering the incidence rates in women, cancers related to the predominant female reproductive system are breast and cervix, to the detriment of other structures.¹

Regarding gynecological cancer, this can be classified by neoplasms that affect the organs of the female reproductive system, and is divided into cancer of the cervix, the body of the uterus (the main cancer is endometrial), ovarian, vulva and of the vagina.³ Currently, oncology classifies breast cancer separately from other gynecological cancers.⁴

Given the relevance of gynecological cancers in the Brazilian population and their social magnitude, a strategy launched by the Federal Government is in place, the Strategic Action Plan for Confronting Chronic Non-Communicable Diseases (NCDs) in Brazil (2011-2022), with the control biases of cervical and breast cancers and expansion and qualification of cancer care.⁵

With regard to cancer treatment, there are different forms, being them

pharmacological and non-pharmacological. The definition of the most appropriate therapeutic modality for the specificities of the cases, in addition to the patients results from several aspects, for example, the profile of each tumor, location and scope. The most appropriate treatment is defined based on this assessment and identifying the type of tumor. Its treatment options are chemotherapy; radiotherapy; surgery and transplantation.⁶ Advances in the development and administration of antineoplastic therapy, with emphasis on adjuvant therapy, have allowed for the prolongation of the life of cancer patients.

In this context, the specialty of oncology is recognized as a specialty that demands high care complexity throughout the therapeutic process.⁷ It is noteworthy that this specialty requires extreme interpersonal skills from nursing professionals, considering the needs and specificities of the clientele.⁷

Based on this understanding, knowledge of the sociodemographic and clinical characteristics of the population subject to antineoplastic therapy becomes essential for administrative planning, dimensioning human resources, in addition to guiding oncology nursing care. Furthermore, it can corroborate the multidisciplinary work and the functioning of support sectors, such as pharmacy and

nutrition. Given this scenario, the importance of understanding the profile of patients with gynecological cancer is notorious. The expectation is that these data collaborate with health services, as well as with the improvement in the provision of services by professionals, with a view to better-targeted care for cancer patients undergoing chemotherapy.

Based on the above, the aim of this study was to describe the sociodemographic and clinical/therapeutic profile of patients with gynecological cancer undergoing outpatient chemotherapy.

METHOD

This is a documentary, retrospective, descriptive, quantitative study, with data collection directly from medical records, available in the archives of a public teaching hospital in the Southeast region of Brazil. The study population consisted of all patients diagnosed with neoplasms of the female genitals treated by the oncogynecology and who underwent outpatient antineoplastic therapy in the chemotherapy unit of this hospital.

The activities were developed with patients seen from January to December of the 2015-2016 biennium. Data collection

took place from October 1st to November 15th, 2017.

Data were collected using physical and electronic medical records. The unit's own record was also used, which is filled out exclusively by oncologist nurses. This record contains the following information: diagnosis, staging, medical record identification number, defined antineoplastic therapeutic plan, cycles performed and/or suspended cycles. Subsequently, the database of the Hospital Cancer Registry was also analyzed.

The following inclusion criteria were adopted: patients with a medical diagnosis of gynecological malignancy; in outpatient care; antineoplastic therapy with intravenous chemotherapy. The cases in which failure to identify the information in the data to be collected were excluded from the study.

For the characterization of the patients, the following variables were used: age, origin, diagnosis and staging, applied therapy. To determine the association between the variables and staging at diagnosis, the terms "early" were used for cases diagnosed in the clinical stages (EC I and II) and "late" (EC III and IV), following the Classification of Malignant Tumors (TNM) of the Union for International Cancer Control (uicc) and other similar studies.⁸

For data analysis, absolute and relative frequency distribution and simple tabulation analysis of the variables were used. The collected data were transcribed and stored in an electronic spreadsheet in the Excel® program and later transported to the Statistical Package for Social Sciences® (SPSS) software, version 22. The statistical analysis was carried out using absolute frequency (N) and relative (%) for the descriptive evaluation, and the Student t-test for the appropriate comparisons. A significance level of 5% was adopted.

The research was conducted according to the ethical precepts that govern Resolution 466/12 of the National Health Council/Ministry of Health, having been approved by the Research Ethics Committee of the UFTM, under protocol number 2,306.390.

RESULTS

In the development of the present study, the medical records of 91 patients who received outpatient chemotherapy

against gynecological cancer were analyzed, and of these, 89 were included, corresponding to 97.80%. Two medical records were excluded due to incomplete data.

The age ranged from 17 to 87 years, and the prevalence, regardless of the location of the tumor, was that of adult patients aged 18 to 59 years (51.7%), with a median of 59, mean 57.2 and standard deviation 14.77. Within the group of patients, 38.2% did not come from the city where they were undergoing treatment.

Regarding medical diagnosis, breast cancer predominated, corresponding to 42.7% of diagnoses, followed by cervical cancer with 34.8% of cases. It is noteworthy that there were no records of cancers of the vagina and fallopian tube. However, there were two cases of vulvar cancer during the study period, a type of neoplasm considered rare. These results are shown in table 1.

Table 1- Distribution of patients undergoing outpatient chemotherapy, according to sociodemographic and clinical variables. Uberaba/MG, 2017.

Variables	Frequency	%
Age group		
up to 17 years old	01	1.1
18 - 59 years old	46	51.7
≥ 60 years old	42	47.2
City of origin		
Uberaba	55	61.8
Another city	34	38.2
Staging		
Precocious	36	40.4
Late	53	59.5
Neoplasm types		
Breast	38	42.7
Cervical	31	34.8
Endometrium	10	11.2
Mole	03	3,4
Vulvar	02	2.2
Ovary	02	2.2
Peritoneum	02	2.2
Choriocarcinoma	01	1.1
Total	89	100

It was observed that the most prevalent neoplastic types have a higher percentage of advanced staging at diagnosis, despite not being statistically significant. In addition, it is understood that, regardless of the city of origin, patients were classified as having advanced

disease (EC III – IV) at diagnosis, p not significant. Note that hydatidiform mole, non-invasive or invasive, is not classified in the TNM system. The frequency of clinical and pathological variables in relation to the TNM system is shown in table 2.

Table 2– Association between the diagnosis of patients undergoing outpatient chemotherapy, the city of origin and clinical staging. Uberaba/MG, 2017.

Variables	Staging		p value
	Precocious	Late	
Diagnosis			
Breast	18	20	0.768
Vulvar	01	01	
Cervical	13	18	
Choriocarcinoma	00	01	
Endometrium	03	07	
Ovary	01	01	
Peritoneal	00	02	
Total	36	50	
City of origin			
Uberaba	25	29	0.279
Another city	11	21	

With regard to chemotherapy used in the treatment of patients, the antineoplastic agents cisplatin and cyclophosphamide (both 19.7%) were the most used, followed by doxorubicin (15.6%). This finding is in line with the prevalence of breast and cervical cancers, since they are the drugs of choice for its treatment.

In view of the prevalent diagnosis, when carrying out a detailed verification of the patients' cases, 1/3 of those with breast cancer overexpressed the human epidermal growth factor receptor 2 (HER2) gene, directly affecting the use of the drug trastuzumab, representing 6.9% as shown in table 3.

Table 3– Distribution of drugs used by patients undergoing outpatient chemotherapy. Uberaba/MG, 2017.

Medications	Frequency	%
Cyclophosphamide	34	19.70
Cisplatin	34	19.70
Doxorubicin	27	15.60
Paclitaxel	24	13.90
Carboplatin	13	7.50
Trastuzumab	12	6.90
Epirubicin	07	4.00
Methotrexate	04	2.30
Fulvestranto	04	2.30
Pamidronate	04	2.30
Etoposide	03	1.70
Bleomycin	03	1.70
Gemcitabine	02	1.20
Vincristine	01	0.60
Docetaxel	01	0.60
Total	173	100

DISCUSSION

The results obtained after reviewing the data allow us to perceive great similarity in relation to aspects such as age distribution, prevalent diagnosis and staging, using the world literature as a reference. The use of data of this nature, among other objectives, aims to support the direction of local public health policies.

Age group has been considered a risk factor for several types of cancers. Data referring to the age of the patients in question draw attention, 51.7% of adult patients, aged between 18 and 59 years. Considering that this age group corresponds to the period of productive life, the possible socioeconomic impact on the municipality and region is pointed out. The authors of a cross-sectional study involving 74 women diagnosed with breast cancer in the state of Santa Catarina corroborate this idea. This research found in the sample a result of 60% of patients diagnosed with absence from professional activities and 23% of patients left work after cancer treatment, that said, productive incapacity is suggested as a determinant in the health of cancer patients,

Added to the questions of the context of productive incapacity, the questions related to the quality of life of patients, as reported in a descriptive cross-sectional

study, conducted in a chemotherapy and radiotherapy clinic in the state of São Paulo, which also followed a group composed mostly by women with an average age of 55 years, and who showed a decline in their quality of life, due to the side effects of chemotherapy.¹⁰ Thus, the change in lifestyle of these people is twofold: on the one hand they are no longer productive and as aggravating factor, they become dependent on care.

The results show that regarding the most incident diagnosis of breast cancer, the data presented are similar to those found in the literature. This diagnosis is the most frequent in women in both developing and developed countries.³ Similar data was observed in a descriptive study conducted with women with cancer of childbearing age, where there was a predominance of participants with breast cancer (79.6%), followed by the cervix (4.1%), in line with the findings of the present study.¹¹

With regard to staging, the classification “late” was found when evaluated in relation to diagnoses, as well as when the two main diagnoses (breast and cervix) were stratified, with values found of 52.6% and 50%, respectively. These data agree with previous trials, namely, a descriptive cross-sectional study on women with breast cancer diagnosed

and treated by the Unified Health System (SUS) found that 59.5% corresponded to stage III, as well as a similar study using the The same methodology found a majority percentage of patients with locally advanced disease.^{12,13} Results consistent with clinical practice, in which the arrival of patients for treatment initiation in advanced stages of breast cancer is observed, resulting in worse prognosis.¹⁴

In relation to cases of cervical cancer (CCU), an equal number of cases diagnosed with early and late classification was observed. This tumor has a high potential for prevention and with the possibility of cure when diagnosed early.¹ In Brazil, and in most countries, as recommended by the World Health Organization (WHO), screening recognized as safe and efficient is performed through the examination cervical cytopathology, being considered the main strategy for the early detection of CCU.¹⁵ Ordinance 3222, of December 10, 2019, presents the Prevent Brazil Program, established on November 12, 2019, through Ordinance 2.979, and points out the new SUS financing model and its respective indicators for the years 2020-2022. One is the coverage of Pap smears, aiming to expand coverage and prevention of cervical cancer¹⁶. More recently, the vaccine against Human Papillomavirus

(HPV), a virus directly responsible for 99.7% of cervical lesions, was incorporated into the prevention process, giving rise to a new perspective of disease control through protection.¹

Regarding the drugs used, it is noted that the finding regarding the antineoplastic cyclophosphamide is due to its use being commonly used in the treatment of breast cancer.¹⁷

In the present study, it is necessary to consider the use of pamidronate. This drug belongs to the class of bisphosphonates, widely used, among other attributions, for the treatment of neoplasms with bone metastases, as it reduces pain and the risk of pathological fractures in cancer patients.¹⁸ It is important to pay attention to this drug, since side effects are commonly described in association with the use of chemotherapy. However, with the growth of the indications for the use of bisphosphonates, there is a real need for professionals to pay attention to their adverse effects, especially osteonecrosis of the jaws, a clinical picture so far without a propaedeutic that is considered effective, in addition to corroborating a decrease in the quality of life of cancer patients.¹⁹

It is noteworthy the use of the monoclonal antibody trastuzumab in 13 cases of diagnostic patients with HER 2+ breast cancer. According to the authors of

a 2006 study, HER2 is overexpressed in 25-30% of breast cancers, similar to the finding in this study, where they were found in 34.2% of patients.²⁰ With genetic advances and growing understanding Of the molecular bases of breast cancer, the molecular classification in relation to the status of the HER2 receptor represents relevant prognostic implications. The presence of HER2 gives the affected cancer cell a characteristic of aggressive behavior and, consequently, an association with a higher risk of recurrence and a lower chance of overall survival, with the use of trastuzumab as an approved and recognized therapeutic option.²⁰

Despite the limitations of this study regarding the fact that this is a cross-sectional and regional study, it is pointed out that the hospital in question is a reference in the macro-region, and it can be inferred that the statistical results of this study can be seen as epidemiological data for female genital tract cancers in this macroregion of Minas Gerais.

CONCLUSION

It is concluded that the cases of patients affected by neoplasms of the female genitals analyzed in this study had a predominant distribution in the productive age group, with prevalent diagnoses of

breast and cervical cancer, as well as advanced staging to the detriment of early diagnosis, corroborating the findings relating to the national profile. These results may contribute to knowledge in the area of oncology, supporting the planning of the service and guiding the performance of the nursing team as well as a multidisciplinary one, allowing for improving the quality and improving the care of cancer patients undergoing chemotherapy.

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